

MULTIPROFISSIONAL PRACTICE ON HEALTH FROM THE NURSING PERSPECTIVE

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ARTICLE INFO

Article History:

Received 07th March, 2019

Received in revised form

22nd April, 2019

Accepted 19th May, 2019

Published online 30th June, 2019

Key Words:

Nursing, Interdisciplinary Health Team, Interpersonal Relations.

ABSTRACT

Objective: This study aims to analyze the scientific production in nursing about the multiprofessional performance. To this end, we have as guiding question: What is the scientific production in nursing about the multiprofessional performance? **Methods:** This is an integrative review where data collection was carried out between February and March 2019, based on consultations carried out on the following bases: Latin American and Caribbean Literature on Health Sciences, CAPES Portal and the Library Virtual Scientific Electronic Library Online. **Results:** Some activities were seen as potential for interdisciplinary practice, such as multiprofessional visits to inpatients and team meetings. The nursing professional is seen as an integrator of various knowledge because he is constantly with the patient, and because of this he is able to identify more easily possible changes during 24 hours. Thus, the nurse is the meeting point between the components of the multiprofessional team, being responsible for unifying the communication. **Final considerations:** Currently, education is undergoing a process of transition from multiprofessionalism to interprofessionalism. The deficit of the theme is focused both on the differentiation and separation of the concepts of each one, as well as on the lack of strategies that support the proposal of interdisciplinary action.

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Citation: Camila Mousinho de Melo Moreira, Francisca das Chagas Alves de Almeida, Aline Freire Falcão, Marta Miriam Lopes Costae et al. 2019. "Multiprofessional practice on health from the nursing perspective", *International Journal of Development Research*, 09, (05), 28501-28505.

INTRODUCTION

Faced with the complexity of health work, conflicts between categories are not exempt. In a hospital environment, for example, it is quite common to experience disagreements between nurses and physicians. These conflicts directly affect the work routine and consequently negatively influence the emotional state of the workers, thus interfering with patient care (Amestoy et al., 2011).

In order to meet the population's health demand, the Unified Health System (SUS) is based on the principles of universality, completeness and equity, being decentralized and allowing the participation of the population (Brazil, 1990). These principles have had a major impact on health systems as well as on the education of health professionals (Ely, 2017). The National Program for the Reorientation of Professional Training in Health - Pro-Health, established by the Interministerial Ordinance MS/MEC N°. 2,101, dated November 3, 2005 (Brazil, 2005), and the Work Education for Health Program

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PET-Saúde, implemented by Interministerial Ordinance N°. 421, of March 3, 2010 (Brazil, 2010). According to Batista *et al.* (2015), these programs aim to reorient vocational education from the perspective of teaching / service integration. Pro-Saúde and PET-Saúde lead to new means of interaction and exchange of information between the courses and individuals involved. The policy still favors this communication happening in real scenarios, directly confronting two points that offer greater difficulty in health education: the teaching / service junction and the capacity to work in a team (Costa *et al.*, 2015). In the literature, some of the particularities that can characterize a team are: participation in planning, reliability, common purpose and commitment. In addition, it is where there is the peaceful recognition and resolution of possible conflicts that arose from divergent opinions (Oderich *et al.*, 2015). According to the research carried out, the professionals who are part of a multiprofessional team, working in a referral hospital for liver transplantation, emphasize the importance of the activities performed by nurses, recognizing and respecting their role. They also emphasized that nurses had effective attitudes toward planning, implementing, and supervising the care model. Thus, the nurse is the professional that facilitates the communication between the team, mainly for being closer to the user, which allows him to detect with more dexterity the needs presented by the patient and in turn to share among the team (Negreiros *et al.*, 2017).

Multidisciplinarity, according to Schwartzman *et al.* (2017) can be conceptualized as the perspective and interpretation that professionals from different areas have on a given theme in common, taking into account only the particularity of their area of activity. On the other hand, interdisciplinarity launches the proposal of integrating both theory and practice in an approach of correlating disciplines. In an interdisciplinary perspective, teaching goes beyond the barrier of the fragmented and becomes the interaction of divergent disciplines. In the view of transdisciplinarity, the integration of disciplines reaches extreme levels and it is not possible to differentiate one from the other (Oderich *et al.*, 2015). Interprofessional Education (EIP) can be conceptualized as a teaching-learning modality that gives priority to teamwork that must be consolidated based on recognition of the particularities of each profession. The EIP includes Medicine, Nursing, Physiotherapy, Pharmacy and Dentistry seeking the integration and insertion, both of professionals and of the faculty itself, in the medium of acting itself (Aguilar-da-Silva *et al.*, 2011).

In this sense, this study aims to analyze the scientific production in nursing about the multiprofessional performance. To this end, we have as guiding question: What is the scientific production in nursing about the multiprofessional performance?. The motivation for choosing the theme is to identify the importance of multidisciplinary and interdisciplinary care, integrating the different areas of knowledge for patients who need care. The SUS requires the participation of a variety of professionals besides the medical figure, such as: nursing team, community health agents, dentistry team, speech therapists, physiotherapists, psychologists and others, the SUS is interprofessional (Pezuzzi, 2016).

METHODS

It is an integrative review whose purpose is to investigate and analyze already published researches on a given topic,

ordering the results found in a systematic and methodological way, in order to highlight points in the literature that need to be further studied and that can be clarified with the creation of new studies (Mendes *et al.*, 2019). The integrative review includes 6 (six) steps. The first step is to identify the theme, define the problem, formulate the guiding question and the search tools. In the second stage will be established the inclusion and exclusion criteria, from the theme listed for the search in the databases. The third stage comprises the identification of the pre-selected and selected studies: reading and synthesis of the studies to fit the inclusion and exclusion criteria. The fourth step addresses the categorization of the selected studies, that is, the organization of the information of the articles in a succinct and easy to understand way. The fifth step is intended for analysis and interpretation of results, is where the researcher interprets and evidence points that need to be further discussed in the literature. The sixth stage encompasses the synthesis of knowledge, explaining the importance of the study and the need for new projects on the subject (Botelho *et al.*, 2011). Data collection was carried out between February and March 2019, based on consultations made on the following bases: Latin American and Caribbean Literature in Health Sciences (LILACS), CAPES Portal (Coordination for the Improvement of Higher Level Personnel) and the Scientific Electronic Library Online (SciELO). The term used to search the platforms mentioned were established from the Descriptors in Health Sciences (DeCS): "Interdisciplinary Health Team" and "Nursing" interconnected by the "AND" Boolean connector. After reading the titles and abstracts, the inclusion and exclusion criteria succeeded in reading the articles selected in full.

As inclusion criteria were established: studies that addressed as central axis the interdisciplinary team, articles related to nursing, those that are available in full, free of charge, in Portuguese, English or Spanish, and finally those published between 2008 and 2018. excluding studies in duplicate in the same or another database and which did not correspond to the theme as central axis, editorials and technical notes. In the subsequent step, which aims to synthesize and organize the information obtained, a spreadsheet was built through Microsoft Office Excel 2016 software with the following variables: title, authors, periodicals, country, year of publication and level of evidence where it was used the classification proposed by Hood (2003) in Table 1. In the present study, the cited articles were duly referenced, respecting and identifying the sources of research, obeying the ethical and legal precepts regarding the intellectual property of the texts described and analyzed with regard to the use of the content and citation of the sections consulted.

RESULTS

After researching the articles from the descriptors, 240 articles were found in LILACS, 416 articles in the Portal of Periodicals of CAPES and 35 articles in SciELO, totaling 691 articles according to Figure 1. A total of eight ($n = 8$) were selected for the review part, as specified in table 2 below. Regarding the literature databases, two studies (25%) were found in the CAPES Portal of Periodicals. They were present in the study and in the Nursing Research of USP, Brazilian Journal of Nursing, Nursing Journal Reference and Gaúcha Nursing Journal. In the interval between 2008 and 2015 there was a period without the publications from 2013 to 2014, resuming in 2015.

Table 1. Classification of the level of evidence proposed by Hood (2003) Level of Evidence (LE) –Kind of study

10 -Increased Evidence: Systematic Reviews with Meta-Analysis of Randomized Trials
9 - Systematic reviews with meta-analysis
8 - RandomizedClinicalTrials
7- ClinicalPracticeGuidelines
6 - Cohort and Case-Control Studies
5 - Observational studies (longitudinal or transverse)
4 - Clinical Cases and Case Series
3 - Basic LaboratoryResearch
2 - Expert Opinions
1 - Minor Evidence: Non-systematic literature reviews

Source: Hood, 2003.

Table 2. Selected Studies for Review, João Pessoa, PB, Brazil, 2019

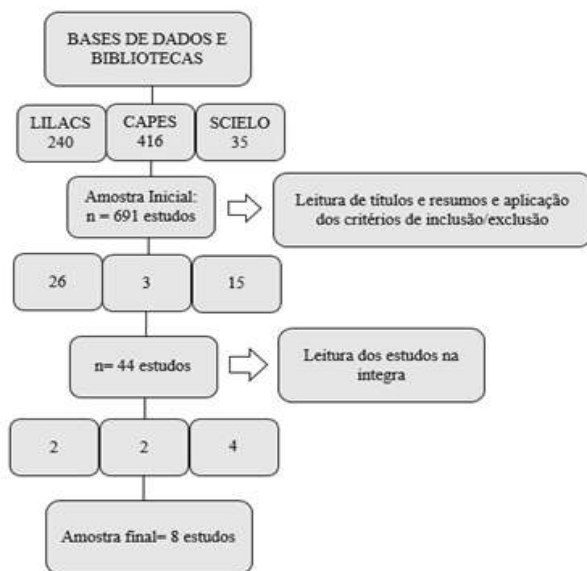
n	Title	Data base/ Library	Periodical	Type of study / Level of Evidence	Authors	Year	Country
1	Sistematização da assistência de enfermagem: vislumbrando um cuidado interativo, complementar e multiprofissional	LILACS	Revista da Escola de Enfermagem da USP	Qualitative study / 5	Nascimento KC, Backes DS, Koerich MS, Erdmann AL	2008	Brazil
2	Práticas de cuidado na perspectiva interdisciplinar: um caminho promissor	SciELO	Texto e Contexto Enfermagem	Descriptive exploratory study, of qualitative nature / 5	Matos E, Pires DEP.	2009	Brazil
3	Relações de trabalho em equipes interdisciplinares: contribuições para novas formas de organização do trabalho em saúde	SciELO	Revista Brasileira de Enfermagem	Qualitative study / 5	Matos E, Pires DEP, Sousa GW.	2010	Brazil
4	Relacionamento interdisciplinar de profissionais de saúde que atuam em unidades de alta complexidade	CAPES	Revista de Pesquisa: Cuidado é Fundamental Online	Descriptive, reflexive study with qualitative approach / 5	Amaral MHSP, Souza RCR, Soares E.	2010	Brazil
5	O exercício da integralidade em uma equipe da estratégia saúde da família: saberes e práticas	SciELO	Texto e Contexto Enfermagem	Descriptive and qualitative research / 5	Mattioni FC, Budó MLD, Schimith MD.	2011	Brazil
6	O cuidado interdisciplinar do enfermeiro na equipe multiprofissional em saúde: Revisão sistemática	CAPES	Revista de Pesquisa: Cuidado é Fundamental Online	Systematic review / 9	Silva PS, Felipe KC.	2011	Brazil
7	O papel dos enfermeiros na equipa multidisciplinar em Cuidados de Saúde Primários – Revisão sistemática da literatura	SciELO	Revista de Enfermagem Referência	Systematic review of literature / 9	Neves MMAMC.	2012	Portugal
8	Cuidados paliativos em oncologia pediátrica: percepções, saberes e práticas na perspectiva da equipe multiprofissional	LILACS	Revista Gaúcha de Enfermagem	Qualitative, exploratory and descriptive research / 5	Silva AF, Issi HB, Motta MGC, Botene DCA.	2015	Brasil

As for the type of study in the systematic literature review process (25%), two qualitative studies (25%), qualitative descriptive studies study (25%), a descriptive qualitative study (12.5%) and a descriptive-reflexive study with a qualitative approach (12.5%). The public public report seven public education (87.5%) were published in Brazil followed by one (12.5%) in Portugal. After reading in full the selected studies and synthesis of knowledge, two categories emerged: The performance and practice in the interdisciplinary perspective and The nurse as a member of the multiprofessional team.

DISCUSSION

The performance and practice in the interdisciplinary perspective: The interdisciplinary perspective brings with it the need to build relationships based on communication and respect for differences. These relationships are based on collaboration and interaction between the disciplines and professionals, on the combination of knowledge and practices and on cooperation in decision-making. Satisfaction in relation to work relations is shown as a reason for permanence in the teams, as there is concern about respect and welcoming new professionals to make up the group. However, such relationships change constantly, and the problems that affect the work, negatively influence the relations between the

members and directly affect the users and family members (Matos *et al.*, 2010). The distinctive characteristics and specificities of each profession generate limitations in the performance of practices integrated by the professionals of the team (Mattioni *et al.*, 2011). In the perspective of attendance in high complexity units, for example, teamwork requires interaction between professional categories, in order to achieve efficiency and effectiveness in service, that is, it is fundamental that each member recognizes the assignment of the other within the team, seeking solutions and improvements in the quality of service. Thus, interdisciplinarity needs to be addressed so that the fragmentation of the service does not constitute an error in the diagnosis and conduct offered (Amaral *et al.*, 2010). It was noticed that professionals with less experience seek to share experiences with their colleagues, with the goal of building knowledge, and in return, this exchange of information helps in the clinical management of the patient. However, the demand for work and the accelerated routine tend to make it difficult to maintain moments of knowledge exchange among professionals, who often feel fatigued with their attributions (Silva *et al.*, 2015). For a palliative care team, the difficulties that stood out most were the conflicts between medical professionals and nurses. The friction between these categories interferes substantially with



Source: Research data, 2019.

Figure 1. Flowchart of the study search, João Pessoa, PB, Brazil, 2019

the group as a whole, since the other categories feel uncomfortable with this conflict. However, there is an open space for dialogue and overcoming differences, and it is in these moments that friction can be solved. In professional practice, there are different practices and knowledge, and these are recognized and valued in the scope of health work. In this perspective, considering and reflecting on the contribution that the other represents, is primordial for the development of an interdisciplinary work (Matos *et al.*, 2010). Some activities were seen as enhancing interdisciplinary practice, such as multiprofessional visits to inpatients and team meetings. These present a prominent role in teamwork, where, at both times, they enable a weekly meeting to plan about collective work, providing a broader view of the individual and directing a more effective care plan to the current needs of the patient. From another point of view, the case study has proved to be a significant instrument for interdisciplinary interaction and for the planning of healthier care to users, since it allows the perception of the situation at global levels. From there the professionals establish collective interventions in order to approach the individuals (Matos and Pires, 2009)..

The nurse as part of the multiprofessional team: The multiprofessional team is made up of professionals from different categories, where the interactions of such professionals direct a care in an integral way to the user of the health service. The interdisciplinary work carried out within the scope of multiprofessional teams is based on principles such as, interpersonal relationships originating from the work process, care directed directly at the patient and complementation of the different areas of knowledge. Another point to be raised is that, acting in an interdisciplinary way is based on recognizing that the patient is the meeting point between all professional categories present in that environment (Silva and Felipe, 2011). From researches it has been observed that the key element that will enable the dynamics of the team are the leaders. The leader is the motivational input that will influence and direct the good performance of the team, promoting communication, removing obstacles and conducting decision-making processes. Given this, nursing professionals have identified the importance of developing management skills as a vital point for working in teams.

It has been identified that hierarchization, the lack of common goals and the inability to communicate are the main obstacles that surround teamwork. Each one present in the team has their professional characteristics and the dynamics of interaction between them depends directly on the recognition of their respective attributions (Neves, 2012). With regard to nurses, it is noticeable the progress in the recognition of their roles within the team, however, it is also visible the limitation of participation in planning and decision making, minimizing the interdisciplinary action (Neves, 2012). The nurse represents a fundamental element in the dynamics of care considering the multiprofessional team, as it is responsible for carrying out a range of interdisciplinary activities that surround the individual who is receiving the assistance. In order to ensure that the service provided is indeed incorporated under the precepts of interdisciplinarity in health services, it is fundamental that all professionals, with more emphasis on nurses, develop a critical census on care in an integrated way (Silva and Felipe, 2011).

The assignment of the nurse within the team is not presented in a specific way, however, the performance of such a category exceeded expectations, especially regarding technical and relational assignments. The ability to listen, guide, explain, proximity and the ability to provide in-depth information are characteristics that satisfy the needs (Neves, 2012). The nursing professional is seen as an integrator of various knowledge because he is constantly with the patient, and because of this he is able to identify more easily possible changes during 24 hours. In this way, the nurse is the meeting point between the components of the multiprofessional team, being responsible for unifying the communication. In this perspective, it is necessary to recognize and be attentive to a model of performance that goes beyond the limits of the fragmented (Nascimento *et al.*, 2008). The Systematization of Nursing Assistance (SAE) was seen as an important instrument, not only for the nurse, but also for the team and the patient. SAE is shown as a guiding tool for the organization and orientation of nursing care and, consequently, for the care of the entire team, providing a technical-scientific base with the capacity to sustain the continuity of care. From this point of view, SAE provides the closer ties of professionals within the scope of the multiprofessional team directing interdisciplinarity (Nascimento *et al.*, 2008).

Final Considerations: Currently, education is undergoing a process of transition from multiprofessionalism to interprofessionalism. The Ministries of Health and Education have launched strategies to provide greater dissemination on the subject at hand, taking as an example the multiprofessional health residency program, as discussed previously, and distance learning courses in Interprofessional training. However, there is still a long way to go. Although multiprofessional work has an auspicious impact on health care, as discussed above, it is necessary to have a careful planning of the means to be used to achieve the objectives, seeking what is best suited to both parties, whether to whom is receiving care as to who is offering it. During the elaboration of the present study, a fragility was identified in the scientific publications of nursing and the knowledge about multiprofessionality and interdisciplinarity. The deficit of the theme is focused both on the differentiation and separation of the concepts of each one, as well as on the lack of strategies that support the proposal of interdisciplinary action. It is noticeable that multiprofessionality and interdisciplinarity are closely intertwined.

The interaction between professionals in conjunction with interdisciplinary practices, refers to a proposal for individual, collective qualification and the continuous construction of knowledge, since in order to transmit experiences and knowledge in an interdisciplinary way, it is necessary to have mastery of their respective area of action.

REFERENCES

- Aguilar-as-Silva RH, Scapin LT, Batista NA (2011). Avaliação da formação interprofissional no ensino superior em saúde: aspectos da colaboração e do trabalho em equipe. *Avaliação (Campinas)*[Internet] 16(1),165-184. Available from: http://www.scielo.br/scielo.php?pid=S1414-40772011000100009&script=sci_abstract&tlng=pt
- Amaral MHSP., Souza RCR., Soares E. 2010. Interdisciplinary relations of healthcare professionals who perform in units with high levels of complexity. *Rev. de Pesq.: cuidado é fundamental online* [Internet] 2(1):646-654. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/585>
- Amestoy SC., Backes VMS., Thofehn MB., Martini JG., Meirelles BHS., Trindade LL. 2011. Conflict management: challenges experienced by nurse-leaders in the hospital environment. *Rev. GaúchaEnferm.* [Internet] 35(2): 79-85. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472014000200079&lng=en.
- Batista SHSS., Jansen B., Assis EQ., Senna MIB., Cury GC. 2015. Formação em Saúde: reflexões a partir dos Programas Pró-Saúde e PET-Saúde. *Interface - Comunicação, Saúde, Educação* [Internet] 19(Suppl. 1), 743-752. Available from: <https://dx.doi.org/10.1590/1807-57622014.0996>
- Botelho L., Cunha C., Macedo M. 2011. O método da revisão integrativa nos estudos organizacionais. *Rev. Eletr. Gestão e Sociedade* [Internet] 5(11),121-136, 2011. Available from: <https://www.gestaoesociedade.org/gestaoesociedade/article/view/1220>
- Brasil. Lei 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Available from: http://www.planalto.gov.br/ccivil_03/leis/L8080.htm
- Brasil. Ministério da Saúde; Ministério da Educação. Portaria Interministerial nº 2.101, de 3 de novembro de 2005. Dispõe sobre os profissionais que compõem a Comissão Executiva do Pró-Saúde. *Diário Oficial União*. 4 nov 2005; seção 2:25. Available from: http://www.lex.com.br/doc_541196_PORTARIA_INTERMINISTERIAL_N_2101_DE_3_DE_NOVEMBRO_DE_2005.aspx
- Brasil. Portaria Interministerial nº 421, de 3 de março de 2010. Institui o Programa de Educação pelo Trabalho para a Saúde - PET-Saúde e dá outras providências. *Diário Oficial União*. 5 mar 2010; seção1. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/pri0421_03_03_2010.html
- Costa MV., Patrício KP., Câmara AMCS., Azevedo GD., Batista SHSS. 2015. Pró-Saúde e PET-Saúde como espaços de educação interprofissional. *Interface - Comunicação, Saúde, Educação* [Internet] 19(Suppl. 1), 709-720. Available from: <https://dx.doi.org/10.1590/1807-57622014.0994>
- Ely LI. 2017. Vivência multiprofissional na graduação em cenários de prática do sistema único de saúde: a potencialidade para a educação interprofissional. *Mestrado Profissional em Ensino na Saúde* – Programa de Pós-Graduação Ensino na Saúde, Faculdade de Medicina da Universidade Federal do Rio Grande do Sul, Porto Alegre, Brasil.
- Hood PD. 2003. *Scientific Research and Evidence-Based Practice*. San Francisco: WestEd.
- Matos E., Pires DEP. 2009. Práticas de cuidado na perspectiva interdisciplinar: um caminho promissor. *Texto contexto - enferm.*[Internet] 18(2),338-346. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072009000200018&lng=en&nrm=iso
- Matos E., Pires DEP., Sousa GW. 2010. Relações de trabalho em equipes interdisciplinares: contribuições para novas formas de organização do trabalho em saúde. *Rev. Bras. Enferm.*[Internet] 63(5),775-781. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000500013&lng=en&nrm=iso
- Mattioni F.C., Budo MLD., Schimith MD. 2011. O exercício da integralidade em uma equipe da estratégia saúde da família: saberes e práticas. *Texto contexto - enferm.*, [Internet] 20(2),263-271. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000200007&lng=en&nrm=iso
- Mendes KS., Silveira RCCP., Galvão CM. 2019. Use of the bibliographic reference manager in the selection of primary studies in integrative reviews. *Texto contexto - enferm.* [Internet] 28(e20170204). Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072019000100602&lng=pt&nrm=iso&tlng=pt
- Nascimento KC., Backes DS., Koerich MS., Erdmann AL. 2008. Systematization of nursing care: viewing care as interactive, complementary and multiprofessional. *Rev. Esc. Enferm. USP* [Internet] 42(4),643-648. Available from: <https://dx.doi.org/10.1590/S0080-62342008000400005>
- Negreiros FDS., Pequeno AMC., Garcia JHP., Aguiar MIF., Moreira TR., Flor MJN. 2017. Multi-professional team's perception of nurses' competences in liver transplantations. *Rev Bras Enferm.* [Internet] 70(2):242-8. Available from: <http://dx.doi.org/10.1590/0034-7167-2016-0223>
- Neves MMAMC 2012. O papel dos enfermeiros na equipa multidisciplinar em Cuidados de Saúde Primários: Revisão sistemática da literatura. *Rev. Enf. Ref.* [Internet] 3(8),125-134. Available from: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832012000300013&lng=pt&nrm=iso
- Oderich C., Avelino LPRS., Queiroz MSF. 2015. Visão sistêmica interdisciplinar em grupo multiprofissional: estudo de caso em Foz do Iguaçu. *Rev. Eletr. Ciências.* [Internet]2(2), p. 31-47. Available from: <http://recc.crapr.org.br/index.php/recc/article/view/33/47>
- Peduzzi M. 2016. O SUS é interprofissional. *Interface comun. saúde educ.*, [Internet] 20(56),199-201. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832016000100199.
- Schwartzman UP., Martins VCS., Ferreira LS., Garrafa V. 2017. Interdisciplinaridade: referencial indispensável ao processo de ensino-aprendizagem da bioética. *Rev. Bioét.* [Internet] 25(3),536-543. Available from: <https://dx.doi.org/10.1590/1983-80422017253210>
- Silva AF., Issi HB., Motta MGC., Botene DCA. 2015. Palliative care in paediatric oncology: perceptions, expertise and practices from the perspective of the multidisciplinary. *Rev. GaúchaEnferm.* [Internet] 36(2),56-62. Available from: <http://search.bvsalud.org/portal/resource/en/lil-752585>
- Silva PS., Felipe KC. 2011. The interdisciplinary care of the nurse in the multidisprofessional team in health care: Systematic review. *Rev. de Pesq.: cuidado é fundamental online*, [Internet] 3(4),2403-2403. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1370>