

## ETHICAL AND PRACTICAL CHALLENGES IN THE PERFORMANCE OF MULTIDISCIPLINARY TEAMS IN COLLECTIVE HEALTH



<https://doi.org/10.56238/arev7n1-204>

Submitted on: 12/24/2024

Publication date: 01/24/2025

**Queila Carvalho de Jesus<sup>1</sup>, Maria Eduarda Silveira Perman<sup>2</sup>, Aline Sousa da Luz<sup>3</sup>,  
Francisca Erica Santos Andrade<sup>4</sup>, Franciely Fernandes Duarte<sup>5</sup>, Mayara Karoline  
Silva Lacerda<sup>6</sup>, Matheus Mendes Pereira<sup>7</sup>, Rafael Soares Cavalcante<sup>8</sup>, Jacqueline  
Jaguaribe Bezerra<sup>9</sup> and Patrícia Meneses de Sousa Santos<sup>10</sup>.**

---

<sup>1</sup> ICU Specialist Nurse

Unibf

E-mail: [queila.carvalho2023@gmail.com](mailto:queila.carvalho2023@gmail.com)

ORCID: <https://orcid.org/0009-0004-6711-4181>

LATTES: <https://lattes.cnpq.br/9023051025401970>

<sup>2</sup> Medical

Mauritius University Center of Nassau

Email: [Mesilvierap@hotmail.com](mailto:Mesilvierap@hotmail.com)

LATTES: <https://lattes.cnpq.br/7882970500445760>

<sup>3</sup> Nurse

UNINOVAFAPÍ

Email: [alinneluzz17@gmail.com](mailto:alinneluzz17@gmail.com)

ORCID: <https://orcid.org/0000-0002-5022-5350>

LATTES: <http://lattes.cnpq.br/4924582639665342>

<sup>4</sup> Physical therapist

Brazilian University Center UNIBRA

Email: [erica.andrade15@hotmail.com](mailto:erica.andrade15@hotmail.com)

LATTES: <https://lattes.cnpq.br/7521380409896181>

<sup>5</sup> Dr. in Sociology

Federal University of Paraíba

E-mail: [franciely.duarte@ufrn.br](mailto:franciely.duarte@ufrn.br)

ORCID: <https://orcid.org/0000-0002-7682-5063>

LATTES: <https://lattes.cnpq.br/0027417549622247>

<sup>6</sup> Nurse and Master in Primary Health Care

State University of Montes Claros (Unimontes)

E-mail: [mkslacerda93@gmail.com](mailto:mkslacerda93@gmail.com)

ORCID: <https://orcid.org/0000-0002-7188-227X>

LATTES: <http://lattes.cnpq.br/0068833834513569>

<sup>7</sup> Nurse and Master in Primary Health Care

State University of Montes Claros (Unimontes)

Email: [matheusmendesp4@gmail.com](mailto:matheusmendesp4@gmail.com)

ORCID: <https://orcid.org/0000-0002-9794-298X>

LATTES: <https://lattes.cnpq.br/4058141531534406>

<sup>8</sup> Psychologist and Master's student in Psychology

Federal University of Delta do Parnaíba - UFDPA

Email: [rafaelcavalcante269@gmail.com](mailto:rafaelcavalcante269@gmail.com)

ORCID: <https://orcid.org/0009-0006-3663-3995>

LATTES: <http://lattes.cnpq.br/1796751854726253>

<sup>9</sup> Master's student Cbs Education

Email: [jjaguaribe62@gmail.com](mailto:jjaguaribe62@gmail.com)

ORCID: <https://orcid.org/0000-0002-6346-0480>

LATTES: <https://lattes.cnpq.br/1854315807115988>

<sup>10</sup> Anesthesiologist (Medical Residency)

HU-UNIVASF

Email: [paty\\_mss@hotmail.com](mailto:paty_mss@hotmail.com)

ORCID: <https://orcid.org/0009-0003-7455-6407>

## **ABSTRACT**

This study aimed to analyze the ethical and practical challenges faced by multidisciplinary teams in the area of collective health, showing how the integration of different knowledge contributes to the provision of a more comprehensive and humanized care. Based on a narrative review in scientific databases (SciELO, LILACS and Google Scholar), articles and chapters were selected that address the joint action of professionals such as doctors, nurses, psychologists, social workers, pharmacists and physical educators. In general, the results indicated that the articulation of multiple perspectives allows for a broader understanding of the social, cultural, and biological determinants that influence the health-disease process, facilitating the development of more effective intervention strategies that are appropriate to local realities. However, the existence of important obstacles was also evidenced, such as the lack of clarity in the definition of roles, the deficiency of infrastructure and the turnover of professionals, which can compromise the continuity of actions and the quality of care provided. From the ethical point of view, the need to respect the autonomy, dignity and uniqueness of users was emphasized, understanding them not only as recipients of services, but as active subjects in the construction of solutions that take into account their cultural and social references. In addition, the teams face the challenge of articulating with different sectors (health, social assistance, education, among others) to deal with complex demands, especially in contexts of greater social vulnerability. In short, the success in the implementation of interdisciplinary practices in public health depends on the adoption of strategies that bring together technical-scientific knowledge, ethical sensitivity and political articulation, in order to respond more effectively to contemporary challenges in the field of public health.

**Keywords:** Collective Health. Multidisciplinary Teams. Ethics. Interprofessionality. Humanization.

## INTRODUCTION

The performance of multidisciplinary teams in collective health has gained increasing relevance in the Brazilian context, especially in the face of complex social demands that require the integration of different knowledge and professional practices. In general, these teams are composed of professionals from different areas, such as medicine, nursing, psychology, social work, physical education, pharmacy, among others, who are articulated to promote the improvement of the population's health conditions (Oliveira; Silva, 2016). However, this integration is not exempt from ethical and practical challenges, as each professional brings with him or her a specific background, values and conceptions of care that may conflict or, on the contrary, enrich the joint work.

One of the main ethical challenges lies in ensuring respect for the autonomy and dignity of users. In many situations, the clinical, social and cultural complexity of certain groups requires interventions that cannot be reduced to a single model of care or to a purely biomedical view. As Veridiano, Andrade and Gomes (2017) point out, intersectoral practice emphasizes that users must be understood in an integral way and in their life context, which requires respect for both their health needs and their cultural and social references. In this sense, teams need to maintain effective communication based on ethics, in order to ensure the collective construction of decisions involving care.

Teamwork also requires the recognition of the competencies and limits of each profession, favoring the construction of comprehensive care. However, this process requires organization, definition of clear attributions, and space for interdisciplinary dialogue (Zanchet; Dallacosta, 2016). Conflicts may arise around the scope of each area or who should take the lead in certain situations. This is often related to hierarchical views of the health professions, perpetuating fragmented practices. Overcoming this scenario requires continuous reflections on practices, with ethics as the foundation for group cohesion.

Practical challenges also include issues of infrastructure, management, and institutional support. Care models that value multidisciplinary approaches require professional training and adequate material resources (Vasconcelos et al., 2012). In several contexts, there is a lack of appropriate spaces for team meetings, information exchanges, and the development of joint actions. In addition, the turnover of professionals in some services compromises the continuity of care, making it difficult to consolidate a cohesive team (Cardoso et al., 2013).

Another practical aspect to be considered is the need to build bonds with the community, especially when it comes to vulnerable populations, such as homeless people, adolescents at social risk or individuals with mental disorders (Jorge; Corradi-Webster, 2012; Henriques et al., 2010). In these cases, multidisciplinary action is not limited to treating physical or psychological symptoms, but also requires articulations with social assistance, education, and housing programs, among others. This set of interfaces increases the complexity of the work and can generate overload in teams. Even so, when well structured, these initiatives provide greater effectiveness and humanization in care (Verdi et al., 2014).

Therefore, ethics permeates the entire work process, from the definition of priorities to the choice of interventions. According to Ferrazza (2016), overcoming normative practices in collective health implies a critical and reflective posture of the teams, which must question established models and seek constant improvement of care strategies. This exercise includes recognizing the user as an active subject in the construction of solutions that make sense for their reality (Castro, 2018). Ethics in multidisciplinary work in public health is not restricted to compliance with norms or codes, but involves the continuous search for co-responsibility and mutual respect between professionals and users.

In short, the ethical and practical challenges of multidisciplinary action in public health are diverse and complex. The heterogeneity of education, the different views on care and the need for intersectoral articulation can result in tensions, but they also enhance the capacity for intervention. As Oliveira and Silva (2016) emphasize, the training of professionals capable of acting collaboratively and ethically is crucial for the consolidation of qualified practices in collective health. In this sense, this research aims to deepen the understanding of these challenges, analyzing forms of organization and communication that promote the effectiveness and humanization of care.

## **METHODOLOGY**

The present study used the narrative review method to investigate the ethical and practical challenges in the performance of multidisciplinary teams in collective health, seeking to offer a critical and reflective analysis of the available academic productions. First, a search was carried out in scientific databases (SciELO, LILACS and Google Scholar), using descriptors in Portuguese such as "collective health", "multidisciplinary teams", "ethics in health" and "intersectoral practices". Subsequently, inclusion criteria were

established that included texts in Portuguese, with an explicit focus on the performance of multidisciplinary teams in collective health, especially in ethical or practical aspects, while works without a direct relationship with the proposed themes or restricted to very specific contexts were excluded.

Subsequently, the full reading and critical analysis of each selected material was carried out, in order to identify central elements related to the organization of the teams, interdisciplinary communication, ethical dimensions and strategies for overcoming conflicts. Finally, the information considered relevant was grouped into thematic categories to systematize the results and support the discussion about the potentialities and limitations faced by multiprofessional teams, contributing to an in-depth understanding of the challenges and demands present in the scope of collective health.

## **RESULTS**

The results obtained from the narrative review showed that the performance of multidisciplinary teams in collective health promotes a more comprehensive view of the users' needs, as it enables the articulation of different areas of knowledge in the elaboration and implementation of care strategies. In several studies, it has been found that effective collaboration between professionals in areas such as medicine, nursing, psychology, social work, and pharmacy broadens the understanding of the social, cultural, and biological determinants that influence the health-disease process (Zanchet; Dallacosta, 2016).

However, obstacles were also identified that hinder this articulation. Among them, the lack of clarity in the definition of roles and attributions, the lack of resources and infrastructure, and the turnover of professionals stand out, factors that can compromise the continuity of care (Cardoso et al., 2013). In addition, ethical aspects arise as a challenge, involving the need to respect the autonomy and uniqueness of each user. Such issues indicate the importance of investing in continuous training processes and in the construction of participatory work environments, in which team members can dialogue and share knowledge in a systematic way.

## **DISCUSSION**

The discussion around the ethical and practical challenges faced by multidisciplinary teams in the area of public health reveals the intrinsic complexity of comprehensive care,

as well as the importance of articulating knowledge, practices, and policies that contemplate the plurality of social demands. First of all, the decisive role of professional training is emphasized, since graduates of health courses must be prepared to deal with heterogeneous scenarios and realities in constant transformation. As Oliveira and Silva (2016) emphasize, an educational approach that favors interprofessionality and critical thinking tends to strengthen the ability of professionals to act collaboratively, not only from a technical point of view, but also from an ethical and political point of view.

Nevertheless, it is observed that the consolidation of multiprofessional teams demands efforts that transcend the simple meeting of professionals with different backgrounds. It is imperative to establish work environments that value the active participation of each member, stimulating negotiation and shared decision-making processes. Zanchet and Dallacosta (2016) emphasize that, when the importance of interprofessional work is recognized by the professionals themselves, the quality of care is significantly increased, given that the exchange of perspectives broadens the understanding of the health-disease process and, consequently, of the needs of users.

Regarding the practical challenges, the lack of structuring policies that offer institutional and financial support in order to mitigate the effects of the fragmentation of health services is highlighted. Cardoso et al. (2013) show that the insufficiency of infrastructure and the turnover of professionals hinder the continued implementation of innovative projects, such as home pharmaceutical care, in order to compromise the comprehensiveness and longitudinality of care. Furthermore, this limitation tends to worsen in contexts of greater social vulnerability, in which users often lack basic housing, food and security conditions.

Intersectoral articulation, in turn, stands out as a promising way to expand the reach of health actions, especially in the face of complex problems that require multicausal interventions. Veridiano, Andrade and Gomes (2017) assert that intersectoral practices aimed at homeless people, for example, can promote more coordinated action between health, social assistance and other public policies, which favors the construction of support networks for vulnerable groups. From a similar perspective, Jorge and Corradi-Webster (2012) show, in the context of the Street Clinic, that the convergence of efforts between health teams and other social services emerges as a crucial factor for the effectiveness of care and for the realization of the right to health.

With regard to ethical aspects, the need to respect the autonomy, dignity and cultural specificities of users should be highlighted, which presupposes the adoption of a reflective and critical posture on the part of professionals. Ferrazza (2016) emphasizes that overcoming normative practices demands the construction of an ethics that transcends formal regulations, recognizing the user as an active subject in the care process. In line with this perspective, Castro (2018) stresses the relevance of valuing the memories and cultural identities of the territories, as the cultural dimension is intrinsically related to the way communities perceive health, disease, and care.

From this perspective, innovative practices, such as the matrix support in mental health described by Vasconcelos et al. (2012), can reconfigure the health work process, by providing the integration of different knowledge centers and the sharing of responsibilities between specialized teams and Primary Care teams. No less important, Verdi et al. (2014) illuminate the ethical-aesthetic-political dimension of humanization in the SUS, arguing that the training of supporters and the dissemination of collaborative practices produce significant effects on the quality of care. This ethical and aesthetic movement becomes even more pertinent when it comes to specific groups, such as adolescents, users of psychoactive substances or people in psychological distress, whose approach requires flexibility and sensitivity to their living conditions (Henriques et al., 2010; Miranda; Freire; Oliveira, 2011).

Furthermore, the multiprofessional perspective contributes to the improvement of actions aimed at peculiar demands, such as ostomy care discussed by Moraes et al. (2017), in which the articulation between surgeons, nurses and other professionals enhances the comfort and safety of patients. Thus, the construction of solutions to health problems becomes more robust and expanded, contemplating both the biomedical aspect and the subjective and social dimensions.

In summary, the review indicates that the effectiveness and legitimacy of multidisciplinary teams in collective health depend on the consolidation of training and management policies that stimulate cohesion, dialogue, and reciprocal recognition of the various professional fields. Connected by an ethical commitment focused on humanization and comprehensiveness, professionals can overcome historical barriers and build practices capable of responding, with greater efficiency and sensitivity, to the multiple issues that cross the health-disease-care process.



## CONCLUSION

The narrative review showed that multidisciplinary action in collective health represents a significant advance for the promotion of more comprehensive and humanized care practices. At the same time, the perception that such an approach imposes ethical and practical challenges was reinforced, which demand efforts from both professionals and the institutions involved.

On the one hand, the integration of different types of knowledge broadens the view of the health-disease process, facilitating the recognition of social, cultural and biological determinants that permeate the reality of users. On the other hand, for this integration to be effective, the definition of roles and attributions, the promotion of spaces for dialogue and the guarantee of appropriate resources are indispensable. The consolidation of cohesive teams, with clear communication and mutual respect, reduces the fragmentation of care and improves the continuity of health actions.

In the ethical sphere, the main challenge is to keep the user at the center of the process, ensuring their autonomy, dignity and active participation. Overcoming normative practices and valuing them as subjects of rights implies understanding their cultural, social, and historical references, as well as involving different sectors (health, education, social assistance, among others) to meet the most complex demands. This ethical commitment requires professional training that emphasizes interprofessionality, reflective practice and co-responsibility in care.

Finally, the need to strengthen management policies, continuing education and institutional support that encourage interprofessional work was highlighted. In addition to contributing to a greater problem-solving capacity of health actions, these policies can minimize problems such as the turnover of professionals and insufficient resources, especially in contexts of greater social vulnerability. Thus, the findings reinforce the importance of investing in strategies that combine scientific rigor, ethical sensitivity, and political articulation, in order to consolidate care practices capable of responding to the challenges and dynamics of the field of public health.



## REFERENCES

1. Cardoso, C. K., Malheiros, R. T., Torres, O. M., et al. (2013). Atenção farmacêutica domiciliar: Série de casos de usuários do programa práticas integradas em saúde coletiva. *Revista de Ciências Farmacêuticas Básica e Aplicada*, 34, 263–268.
2. Castro, N. J. C. (2018). Territórios da saúde: Memórias para o cuidado cultural. *Revista Anthropológicas Visual*.
3. Ferrazza, D. A. (2016). Psicologia e políticas públicas: Desafios para superação de práticas normativas. *Revista de Psicologia Política*, 6(1), 36–58.
4. Henriques, B. D., Rocha, R., & Madeira, A. M. F. (2010). Saúde do adolescente: O significado do atendimento para os profissionais da atenção primária do município de Viçosa, MG. *Revista Saúde em Debate*, 20, 24–30.
5. Jorge, J. S., & Corradi-Webster, C. M. (2012). Consultório de Rua: Contribuições e desafios de uma prática em construção. *Revista Saúde em Debate*, 3, 39–48.
6. Miranda, E. D., Freire, L. A., & Oliveira, A. R. C. (2011). Os desafios da Educação Física no Centro de Atenção Psicossocial de Coari (AM). *Revista de Saúde Coletiva*, 2, 163–169.
7. Moraes, J., Silva, A. E., Medeiros Silva, M. D., et al. (2017). A percepção de cirurgiões sobre o cuidado em estomias. *Journal of Health Science*, 19, 14–18.
8. Oliveira, M. D. L., & Silva, F. S. (2016). Saúde Coletiva: O olhar do egresso sobre a formação. *Revista Saúde e Sociedade*, 7, 78–93.
9. Vasconcelos, M. G. F., Jorge, M. H. B., Pinto, A., et al. (2012). Práticas inovadoras de saúde mental na atenção básica: Apoio matricial na redefinição do processo de trabalho em saúde. *Revista de Saúde Pública*, 46(4), 166–175.
10. Verdi, M., Finkler, M., Matias, M. C., et al. (2014). Em foco a dimensão ético-estético-política da humanização do SUS: Efeitos dos processos de formação de apoiadores da PNH nos territórios do Rio Grande do Sul, Santa Catarina e São Paulo. *Revista de Saúde Coletiva*, 5, 29–38.
11. Veridiano, A. L., Andrade, L. Q., & Gomes, A. H. (2017). Práticas intersetoriais na atenção às pessoas em situação de rua: Uma atuação entre “Saúde” e “Assistência Social”. *Revista Brasileira de Saúde Coletiva*, 6, 1–12.
12. Zanchet, S., & Dallacosta, F. M. (2016). Percepção do profissional da saúde sobre a importância do trabalho multiprofissional e interdisciplinar na atenção básica. *Revista Interdisciplinar de Estudos em Saúde*, 4, 145–153.