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Teamwork and collaborative practice in Primary Health Care*

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Collaborative practice and teamwork can contribute to improve universal access and the quality of healthcare. However, the operationalization of interprofessional work constitutes a current challenge. This challenge is increased by conceptual imprecisions in the study of interprofessional work, in which terms like collaboration and teamwork are often used as synonyms. This article aims to present current concepts of interprofessional work, problematizing them in the context of primary care. We conclude that teamwork and collaborative practice in primary care need to be addressed in a contingent manner, according to the characteristics of service users/catchment population as well as to the context and working conditions. We highlight that collaboration involves professionals willing to work together to provide better healthcare, and can occur both as "Team collaboration" and "Intersectoral and community collaboration".

Keywords: Patient care team. Primary Care. Intersectoral collaboration.

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Introduction

The teamwork proposal emerged in the 1960s/1970s, with the movements of Preventive, Community, and Comprehensive Medicine. It gained renewed attention from the 1990s onwards, in the context of debates about models of healthcare and health systems organization, in view of the need to replace health professionals' uniprofessional education by interprofessional education.

Since the year 2000, teamwork has been associated with collaborative practice, as it is not sufficient to have integrated and effective teams to improve the access and quality of healthcare. It is necessary that teams from the same service collaborate with each other, and that professionals and teams from a service collaborate with professionals and teams from other services and sectors in the logic of networks.

Primary care has been the locus where proposals for the organization of health services based on teamwork and collaborative practice have most advanced. Comprehensive primary care is recognized as the best strategy for organizing health systems, as well as the most efficient way of facing health problems and fragmentation of actions and of the system itself. In Brazil, studies have shown the effectiveness of primary care, as it produces positive impacts on the access and quality of healthcare[1-4].

It has been argued that interprofessional education and interprofessional practice can contribute to promote universal access and improve the quality of healthcare[5-10]. However, the operationalization of interprofessional practice is a current challenge[11], and initiatives in Brazil are still incipient[12]. The majority model is that of professionals who "continue to be educated separately to work together in the future"[13] (p. 198), reproducing the strong division of health work and the tribalism of professions[14].

In addition to the difficulty in operationalizing interprofessional education and practice, the study of the themes is marked by polysemy and conceptual imprecision, which end up hindering their advance[8]. Terms like collaboration, coordination and teamwork are frequently used as synonyms.

The present article aims to present the current concepts of interprofessional work, problematizing them in the context of primary care.

Teamwork, interprofessional collaboration and interprofessional collaborative practice

Interprofessional teamwork has been defined as work that involves different professionals, not only from the area of health, who share the sense of belonging to a team and work together in an integrated and interdependent way to meet health needs[15,16]. Constituting a team demands hard work. It is a construction, a dynamic process in which professionals get to know each other and learn to work together, in order to: Recognize each profession's work, knowledge and roles; learn about the profile of the catchment population, that is, users' and population's health characteristics, demands and needs; define, in a shared way, the team's common objectives, and plan, also in a shared way, actions and healthcare - for example, the shared construction of individual therapeutic projects for users and families in complex health situations. Interprofessional teamwork involves elements from the social, political and economic context[17].

In the international scenario, Reeves et al.[18] criticized the scarcity of studies and theoretical models incorporating the sociological perspective in the understanding of the complexity of interprofessional health work. The authors proposed a model for the understanding of interprofessional work in its relational, contextual and work organization dimensions. In the model, the authors explain the difference between modalities of interprofessional work: "Teamwork", characterized by intense sharing of values, objectives and team identity, and intense interdependence and integration of actions, tends to respond to unpredictable, urgent and complex care situations; "Interprofessional Collaboration" is a more flexible form of interprofessional work, with lower levels of sharing and interdependence of actions; and "Net work", in which there is even more flexibility and less interdependence of actions, but networked integration is maintained. The authors argue that teams alternate between the different forms of work described above (teamwork, collaboration, net work)

according to local needs, in a contingent approach to interprofessional work. This approach to interprofessional work recognizes that teams do not vary in a linear model that ranges from "weak to strong", "real or pseudo teams". Rather, teams become more effective as they succeed in adapting different forms of interprofessional work - teamwork, collaboration and net work - in a contingent manner, according to the needs of users, families and the community.

The contingent approach proposes that it is necessary to expand the traditional notion of interprofessional work, which, usually, is based only on teamwork, and add others forms of interprofessionality, such as collaboration and interprofessional collaborative practice[18].

Morgan et al.[19] consider "Interprofessional Collaboration" an umbrella term that houses other two terms (Figure 1): "Interprofessional collaborative practice", used to describe collaboration elements implemented in the practice of health services, and "Interprofessional teamwork", a deeper level of interprofessional work with intense interdependence of actions.

The different terms presented above are related to each other but are not synonyms and cannot be interchanged, as they refer to different modalities of interprofessional work that, we propose, should be apprehended under the contingent perspective, that is, depending on the health needs of users, families and the community, on their context, and on professionals and services. In this approach, interprofessional work is presented as: Teamwork, interprofessional collaboration, interprofessional collaborative practice, and net work.



Figure 1. Relationship between interprofessional collaboration, collaborative practice and teamwork

Source: Agreli, HLF. *Prática interprofissional colaborativa e clima do trabalho em equipe na Atenção Primária à Saúde*[20]. Adapted and translated from Morgan, Pullon and McKinlay[19] and Reeves et al.[18]

D'Amour et al.[21] use the term collaboration to refer to situations in which professionals from different areas want to work together to provide the best healthcare for users but, at the same time, recognize they have their own interests and want to maintain some degree of autonomy. Instead of reinforcing the expectation of full autonomy and independence of each profession, in collaborative practice, professionals aim to reduce competition[21] and replace unbalanced power relations in healthcare with relations marked by interprofessional partnership and collective responsibility[22].

The literature on collaborative practice frequently goes beyond interprofessional issues and includes the perspective of users, families and the community, with the aim of 'caring together with people, instead of caring for people'[23]. This approach recognizes patient-centered care as a central element of interprofessional collaborative practice. Shifting professions' and services' focus to people's health needs - therefore, to patient-centered care - is described as a component of change in the care model, with potential for improving the quality of healthcare and for rationalizing the costs of health systems[24]. The important participation of users, families and the community in collaborative practice clarifies the notion that this practice is not restricted to relationships among professionals, although the term "interprofessional" is frequently used to designate it.

Although the conceptual definitions reveal differences between the terms teamwork, collaboration and collaborative practice, it is recognized that all the forms of interprofessional work have teams as their nucleus and focus on patient-centered care. The literature on teamwork and interprofessional collaboration highlights the relevance of relational aspects and work organization among professionals to the establishment of effective, integrated, and collaborative teams[17,25,26]. Distinguishing teams according to their effectiveness and impact on the quality of healthcare is necessary and can be performed by the analysis of teamwork climate[27], as the concept of climate is considered an adequate proxy[(c)] to analyze the phenomenon of teamwork.

Interprofessional collaborative practice and teamwork climate in primary care[(d)]

Teamwork climate

Teamwork climate is defined as the set of perceptions and meanings shared by the members of a team concerning the policies, practices and procedures they experience at the workplace[28]. Based on the theoretical framework of team climate for innovation, Anderson and West[27] developed the scale Team Climate Inventory (TCI), which was validated by Silva[29] in the Brazilian primary care context, within the Brazilian National Health System (SUS). Silva et al.[30] highlight that the conception of team climate adopted in the TCI corresponds to the understanding of teamwork described in Brazilian studies in the sphere of the public policy of the SUS, that is, articulation of actions and interaction among professionals, with communication playing a major role[31].

It is believed that the study of teamwork climate is capable of providing insights about professional relationships, teamwork organization, and aspects of interprofessional collaboration. According to Agreli et al.[32], teamwork climate and interprofessional collaboration have four conceptual elements in common:

- Interaction and communication among team members: Sphere of communication and social interaction among team members as a *sine qua non* for teamwork and collaboration, team members' capacity for involvement in

[(c)] Proxy: The term proxy is used here in the sense assigned to it in the area of Statistics, that is, as a variable measured to infer the value of a variable of interest. In this sense, the variable team climate is measured and used to infer the variable teamwork climate.

[(d)] The discussion presented here is based on the Doctoral dissertation "*Prática interprofissional colaborativa e clima do trabalho em equipe na Atenção Primária à Saúde*", carried out at *Universidade de São Paulo* in collaboration with the University of Southampton, authored by Heloise Agreli and supervised by Marina Peduzzi and Christopher Bailey.

decision-making, perception of a supportive environment that is reliable, not hostile nor threatening, allowing the expression of disagreements and differences.

- Common objectives around which collective work is organized: Shared construction of the team's objectives and perception of one's and other professionals' commitment to the outlined objectives, shared objectives around which collective work is organized.

- Shared responsibility for orienting work towards excellence: Professionals' and team's commitment to and responsibility for developing their work with quality, which demands reflectiveness - being engaged in reflecting on oneself and on each professional's and the team's processes and action. This is fundamental to guarantee the implementation of changes that become necessary in the team's work.

- Promotion of innovation in the workplace: Practical support to team members' attempts to introduce new ways of apprehending and responding to the health needs of users, families and community in the territories. Support to innovation can be considered an indicator of interprofessional collaboration, as it involves new arrangements of responsibilities between professionals and Institutions[21].

The intersection areas outlined above between teamwork climate and collaboration reveal, conceptually, the relation between the themes and suggest that the understanding of macro aspects from the organization of interprofessional work, like collaboration for the establishment of *Rede de Atenção à Saúde* (RAS - Healthcare Network), includes the study of aspects from the micro sphere (of social interaction) in the immediate context of teamwork in primary care.

Teamwork in primary care

Understanding primary care, specifically the Family Health Strategy, as a strategy to reorganize the health system implies recognizing it as the coordinator of primary care and the communication center of the RAS and specialized networks. Networks are a way of facing the hegemony of fragmented healthcare systems. It is argued that the change from fragmented systems to the RAS will only be fulfilled if it is supported by high-quality primary care[33], with teams capable of amplifying interprofessional action beyond the scope of the team, to other teams that work in the RAS and in partnership with users and the community. Collaborative practice refers to this broader situation of interprofessional action - intra-teams, inter-teams and in network, with the participation of users.

In Brazil, primary care has approximately 43,160 teams implemented in the Family Health Strategy, attending approximately 64.9% of the population[34]. The thousands of teams of the Brazilian primary care have contributed significantly to improve the access and quality of healthcare. They are capable of meeting health needs in spite of barriers to interprofessional work articulated in different sectors, with focus on and participation of users, families and the community. Among these barriers, we cite: Communication and coordination problems in net works[35]; absence of specialized networks adequate to the population's demand and articulated with primary care; fragmentation of care in primary care services[36]; and social inequities that intensify unbalanced power relationships between professionals and users. Fox and Reeves[17] analyzed the last barrier mentioned above, discussing the risk of collaborative practice reiterating hierarchical and unequal relationships between professionals and users, and the risk of collaborative practice and primary care becoming rhetorical discourses.

However, it is important to mention some characteristics of primary care in the context of the SUS, approached in the national literature, which can contribute to collaboration in the sphere of teams and networks:

- Users and families are in the catchment area of teams, which constitute their reference, replacing the strictly medical reference[37]. This scenario favors interprofessional practice and reveals the demand for the effective participation of all the team members.

- The Humanization Policy transverses health practices, fostering teamwork, transdisciplinary action and the very construction of networks[38].

- Work is organized in teams, as established in the public policy of the SUS, and primary care is recognized as a strategy that reorients healthcare and a form of innovation of the health system in Brazil[29].

- Management Councils are part of the architecture of the SUS and instruments of expression, representation, social participation and social control, with potential for political transformation.

In view of the peculiarity of different health systems, the World Health Organization suggests that efforts to establish and consolidate collaborative practice should be grounded on the exploration of aspects of the local reality[7]. Although there has been an increasing number of national publications focusing on the interprofessional theme, little is known about the characteristics of collaborative practice in the Brazilian primary care.

Collaborative practice and teamwork climate in the primary care of the SUS

A recent study conducted in the Family Health Strategy by Agreli[20] revealed a relationship between collaborative practice and teamwork climate, namely, that teamwork climate is a key element for collaboration, as Pullon et al.[39] had already discussed in the sphere of international literature. In the study of the Brazilian primary care, it was found that teams with good teamwork climate presented: Intense participation of their members in decision-making; activities oriented by consolidated work assessment mechanisms, such as individual feedback and team reflection meetings; support to new ideas; and user-centered care (developing consolidated health promotion and prevention actions with the participation of users and the community). Teams with higher climate scores were also those that were most able to expand collaboration from the sphere of teams to that of networks and work articulated with other sectors. This result suggests that investing in teams' permanent education is an important step to comprehensive care and work in the RAS, not only because it is through teamwork that different professionals integrate their expertise, but because collaborative teams are also capable of integrating different social and health services, as well as the participation of users, families and the community[40].

According to Agreli[20], collaboration as a form of interprofessional work in primary care can be understood in two modalities that alternate depending on users' conditions and needs. The first modality is "Team collaboration", in which professionals search for alternatives among the members of their team or among teams from the same primary care unit to improve the quality of healthcare, and collaborate with each other to increase users' participation in individual clinical care (supported self-care[(e)]).

The second modality is "Intersectoral and community collaboration", in which team professionals search for alternatives in the team and also in other services, sectors, and with users, families and the community. This collaboration modality highlights the importance of interprofessional teamwork in the promotion of intersectoral work and social participation[(f)]. In addition, it emphasizes the strong relationship between collaborative practice and primary care, which, together, constitute the teams' movement to include users as protagonists, stimulating their participation in the "doing together" of the interprofessional team.

[(e)] Supported self-care is a proposal for care management that incorporates collaboration between the health team and users, instead of a merely prescriptive action[33,41].

[(f)] Social participation, which expresses the relationship between civil society and the State, exercised in the SUS by means of Management Councils and Health Conferences[40], expands the sharing of decision-making from the sphere of the therapeutic project to the management of the health system.

Final remarks

There must be integration and collaboration in the sphere of teams and also between them and the other services of the healthcare network, in view of the increasing complexity of healthcare. As we presented above, collaboration is

characterized especially by effective communication among professionals, users and the population in the construction of partnerships:

- With users, families, and social groups of the territories;
- With other teams, services, and sectors in a network.

These partnerships can even constitute forms of resistance against threats of regression in the health policies that constituted and consolidated the SUS, and expand the access to primary care services. It is important to highlight that, in Brazil, the Family Health Strategy is a consolidated interprofessional intervention, as it has been in force for more than two decades.

In the present article, we aimed to present current concepts of interprofessional work. Teamwork and collaborative practice must contribute and have repercussions in two directions: Improving the access and quality of the healthcare provided for the territory's users and population, and promoting job satisfaction among the professionals involved. To achieve this, teamwork and interprofessional collaboration in primary care need to be addressed in a contingent manner, that is, according to the characteristics of users/catchment population and according to the context (health policies, care models, etc.) and working conditions. It is important to emphasize that collaboration requires the desire to cooperate with/contribute to the work developed by the other professional. It can occur both in the micro-context of teams (Team collaboration) and in a broader way, in the scenario of the RAS and the community (Intersectoral and community collaboration).

Finally, we highlight the importance of interprofessional collaborative practice performed jointly with users, families and the community, which requires ensuring conditions for their effective participation.

Authors' contributions

The authors participated actively and equally in all the stages of the preparation of the manuscript.

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