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RESEARCH

Relacionamento interpessoal no trabalho da equipe multiprofissional de uma unidade de saúde da família

Interpersonal relationships in work of multiprofessional team of family health unit

Relacionamiento interpersonal en el trabajo del equipo multiprofesional de una unidad de salud de la família

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ABSTRACT

Objective: To learn the interpersonal relationships established by the multidisciplinary team in a Family Health Unit. **Method:** It is a qualitative, descriptive and exploratory study in a basic health unit located in a large city in southern Rio Grande do Sul. Participants were seven professionals of the staff, whose data were collected through semi-structured interviews and then treated by thematic analysis. **Results:** Three themes emerged in which it was revealed the fragility of interpersonal relationships in the study unit. Thus, some strategic aspects were listed for the consolidation of healthy interpersonal relationships as the proposal of a dialogical work environment and availability of spaces for discussions and team meetings, reflecting the improvement of health care to the described population. **Conclusion:** This study evidences the relevance of giving emphasis on interpersonal relationships and subjectivities of professionals in the labor process. **Descriptors**: Nursing, Interpersonal relations, Primary health care, Workplace.

RESUMO

Objetivo: Conhecer as relações interpessoais estabelecidas pela equipe multiprofissional em uma Unidade de Saúde da Família. **Método:** Trata-se de uma pesquisa qualitativa, descritiva e exploratória, realizada em uma unidade básica de saúde localizada em uma cidade de grande porte da região sul do Rio Grande do Sul. Participaram do estudo sete profissionais da equipe, cujos dados foram coletados por meio de entrevista semiestruturada e, em seguida, tratados por análise temática. **Resultados:** Emergiram três temas nos quais foi possível perceber a fragilidade nas relações interpessoais, na unidade do estudo. Desse modo, foram elencados alguns pontos estratégicos para a consolidação das relações interpessoais saudáveis como a proposta de um ambiente de trabalho dialógico e disponibilidade de espaços para discussões e reuniões de equipe, refletindo na melhora da assistência à saúde da população descrita. **Conclusão:** Evidenciam-se a relevância em dar ênfase aos relacionamentos interpessoais e as subjetividades dos profissionais no processo de trabalho. **Descritores**: Enfermagem, Relações interpessoais, Atenção primária à saúde, Ambiente de trabalho.

RESUMEN

Objetivo: Conocer las relaciones interpersonales establecidas por el equipo multi-profesional en una Unidad de Salud de Familia. **Método:** Se trata de una investigación cualitativa, descriptiva y exploratoria, realizada en una unidad básica de salud localizada en una gran ciudad de la región sur de Rio Grande do Sul. Participaron del estudio siete profesionales del equipo, cuyos datos fueron recogidos por medio de entrevista semi-estucturada y, en seguida, tratados por análisis temático. **Resultados:** Surgieron tres temas en los cuales fue posible notar la fragilidad en las relaciones interpersonales, en la unidad del estudio. Así, fueron enumerados algunos puntos estratégicos para la consolidación de las relaciones interpersonales saludables como la propuesta de un ambiente de trabajo dialógico y disponibilidad de espacios para discusiones y reuniones del equipo, reflejando en la mejora de la asistencia a la salud de la población descripta. **Conclusión:** Se evidencia la relevancia en dar énfasis a los relacionamientos interpersonales y las subjetividades de los profesionales en el proceso de trabajo. **Descriptores:** Enfermería, Relaciones interpersonales, Atención primaria a la salud, Ambiente de trabajo.

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INTRODUCTION

The multidimensionality of the subject-worker in nursing is done through the recognition of subjectivity, worked through the collective reconstruction of forms of interaction, communication and action, strengthening both the worker and the user of health services by emphasizing the relational area.[1] Thus, in health, the work is developed most of the time, by a team, a form of collective work, being the communication essential to the establishment of interpersonal relationships and a between toil and common denominator of labor in team, which arises from the reciprocal relation between labor and interaction.[2]

Therefore, it is essential that healthcare professionals recognize the importance of dealing with interpersonal relationships, as these turn out to significantly interfere with the care provided to the client. The professional demotivation may have an adverse effect on the provision of care, since the humane and comprehensive care are based on listening and understanding the individual to be cared.[3]

On the care provided in primary health care, it is noteworthy that the National Primary Care Policy was developed from a multidisciplinary team, comprised of vertical mode, in which the individual and family have a composite approach of several looks for distinct professionals.[4]

Teamwork does not mean always working smoothly, but the difference lies in converting the conflicts in growth, knowing how to deal with different ideas or behaviors and, therefore, act professionally in the presence of conflicts.[5]

The Family Health Strategy (FHS) has characteristics of change in the pattern of health care for the population; it has focused on the family center and the emphasis on preventive actions. Furthermore, it aims at integrating health teams in the community, through an interdisciplinary relationship with the strengthening of the bond between the workers and the population enrolled.[6]

Thus, the choice of the FHS as a place for the study is related to the size and richness of relationships of this type of team, which seeks a collective vision care to individuals, groups and the community, delivered by professionals from various areas.

Given the above, this study aims to understand the interpersonal relationships in the work of the multidisciplinary team in a Family Health Unit.

METHOD

This is a descriptive, exploratory study with a qualitative approach, performed in a Family Health Unit located in the southern state of Rio Grande do Sul. This is a service of mixed health care, which provides, in daytime, care provided by four health teams of the

family, consisting of nurse, doctor and nursing technician; and also a social worker, a nutritionist and a dentist who meet every demand of the unit. At night, the unit functions as a traditional Basic Health Unit, restricted to spontaneous demand arising from this period.

Participants were seven members of the multidisciplinary team: a doctor, two nurses, a social worker, a nutritionist and two nursing technicians, which met the following inclusion criteria: being a health professional, acting in Family Health Unit, accepting to be part of the research and allowing the relevant disclosures to the collected data, signing the Informed Consent Form.

This research meets the ethical guidelines and was approved by the Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas, under the number 003/2012. Data collection occurred during the months of April and May 2012 through semi-structured interviews, audio-recorded, performed at the participants' workplace, individually, in a private environment and transcribed soon after its completion. To ensure anonymity, each subject received a code, and the letter regarding the profession (N = nurse, S = social worker, D = doctor, T = nursing technician and R = nutritionist) and the numbering on the order of the interviews.[7]

Research data were subjected to thematic analysis which consists of three stages: pre analysis, material exploration and processing of the results. First we sought to interact with readings on the topic, then it was held the description, understanding and aggregation of responses, and finally, the inference and interpretation by making a connection to the goal of research with existing theoretical references on the subject .[8]

RESULTS E DISCUSSION

From the data analysis the following themes emerged: overview of the multidisciplinary team on interpersonal relationships at work; factors that hinder interpersonal relationships at work; strategies noted as facilitating the establishment of good relations in the workplace. They will be displayed in sequence.

OVERVIEW OF THE MULTIDISCIPLINARY TEAM ON INTERPERSONAL RELATIONSHIPS AT WORK

The family health strategy presupposes a reorientation of the health care model, characterized essentially by teamwork. In this sense, the work process of the FHS is marked by interdisciplinary and team work, the appreciation of different knowledge and practices in the context of a comprehensive and problem-solving approach (BRAZIL, 2006).[9]

In this study, it was revealed that some workers expressed an idea still centered on interaction between staff, while others had much broader view of the complexity and importance of interpersonal relationships in care planning, assisting in the exchange of information, which are among professionals and between professionals and service users:

> *Interpersonal [relations] means interacting with colleagues, all within the group. Mostly, it happens in the staff, among all components within the unit. (T2).*

> *I understand [relations] as among people, they are the relationships of all kinds. It can involve a good or a bad type of behavior. Interpersonal relationships at work are a way that there must be an exchange of work, an exchange of energy, an exchange of information. (N1).*

Thus, interpersonal relations consist of procedures which enable a mutuality, i.e., the human exchange and interactions, which have technical, theoretical or everyday experience characteristics; they provide and the improvement of the people and, in contrast, can sometimes hinder the work development.[3] From this perspective, the subjectivity at work suggests a collective reconstruction of interaction, communication and action, reinvigorating the worker, reflecting in the user seeking health services.[1]

Thus, interpersonal relationships at work are necessary for human beings to develop teamwork. The formation of bonds reflects the reversal of a piecemeal approach: it makes the workgroup integrated, forms a system of complementarity, values the exchange of knowledge and experience and provides more richness, reflecting the subjectivity at work.[10] A worker emphasized the importance of relating with colleagues:

> *When everything is good, things flow, everything goes right. Even your spirit, your emotional and your colleagues. Things flow quite well. You manage to develop a good work and collaborate with others. (N1).*

In SFH teams there is the need of individuals to adapt and raise awareness about the importance of teamwork, as each plays a significant role in the composition of the care offered to the community and may influence productivity and achieving the goals of the group. The key advantage of teamwork is the uniqueness of each individual, his wisdom, his experience; therefore, the differences should not be considered as a way of preventing the improvement of the work, but as an opportunity to exchange.[5]

Thus, the toil in teams depends on the performance of workers and their awareness in establishing a work environment that values discussions, both about the existing problems in the workplace, and the strengthening of potential of each employee. One of the research participants verbalize in her testimony concern for improving the quality of professional relationships:

> *There is not a work that once a week we go to the unit to do group dynamics to improve interpersonal relationships [...] Some private companies do this kind of work. Why? Not because they feel sensitized with interpersonal issue, it is because they have the awareness and scientific data that if they treat well mental health, not only the physical health, but mental health of their employees, the company will profit financially. They will make money, there will be fewer people putting on sick leave (N1).*

It is observed the concern on improving relations and reflection on the influence on quality of life of workers. Job satisfaction is seen as a subjective evaluation, in which labor issues may hinder or benefit the well-being and may vary according to the general conditions offered. Authors state that the source of dissatisfaction and revolt may be

related to vertical management of coordination and conflictive relations in hierarchical levels.[11]

This is a concern to be analyzed not only by service workers, but especially by managers. Based on these, the need for continued investment in municipal management in relationships at work emerges, in order to promote the training and welfare of these workers, since it is directly reflected in health actions offered to the community and users. Another professional exposes the lack of concern of professionals in evaluating issues of subjective dimension:

> *There is not this concern about how things are, how they are not (R3).*

This statement is to confirm the aloofness of managers in contemplating the subjective dimension of teamwork, so important in FHS. This issue is already explicit in the guiding principles of the Policy for Humanization of Care and Management, created in 2003 with the goal of enhancing the looks for management practices and health care, as part of subjectivity, as a form of commitment to the rights of the citizen.[12]

Thus, it is understood that although the Family Health Strategy foresees an integrated and articulated teamwork with healthy interpersonal relationships, this possibility is not always visualized. It takes work on the logic of improving relations between workers in order to qualify the health care, the care provided to the population and the working process of the basic units. For this, it is necessary to invest in interpersonal relationships by understanding them as an element of relevance to operationalize the work in the FHS, and as a way of maintaining teamwork.

FACTORS THAT HINDER INTERPERSONAL RELATIONSHIPS AT WORK

A study in a large hospital located in Minas Gerais pointed in first place, among other stressors, situations deemed critical and, next, interpersonal and excess workload (MONTANHOLI; TAVARES; OLIVEIRA, 2006).[13] In this context, workers in family health teams labor, mostly in poor condition and cope with intense work pace, causing problems in communication. One factor that can cause discouragement in the workplace is the great burden of suffering and daily stress, as in the following account:

> *I have much more courage to meet all my patients than to face anything between colleagues or see a situation with another colleague. This kind of kills us. It is too bad [...] you get in here happy, joyful and content [...]. Of course you will not let this brings you down. But you get out with no will to come back the other day, depending on the situation (N1).*

This situation influences the pleasure of the worker, which is the result of identification with the labor and his relevance to the development of people. Suffering comes from the lack of recognition in labor. In this relationship of pleasure and pain at work, professionals can present the main defensive strategies such as isolation and individualism.[14]

The reflection of poor working conditions can also be seen in the area of health, with the use of such defensive strategies in job performance:

> *I particularly work much in my little world than worldwide. So my little world is my room, than the whole unit. What I see is that it is every one for oneself [...] There is this thing that you have your space there, and no one can get there. There is no opening. We have difficulty to open, to discuss, to see some things. (Jade).*

This report shows explicitly the gap between professionals, individualism and isolation. Thus, it is important to establish an open and transparent dialogue to build healthy interpersonal relationships and teamwork.

Teamwork in health involves constant and intense interaction of a number of healthcare workers to perform the task of comprehensive care, of reconstruction of ways of dealing with the knowledge and disciplines, required for health care (FORTUNA, 2005).[15] Thus, the team needs to take responsibility for spaces and reservations of moments for free dialogue among professionals, and make it to be seen in order to benefit effectively. However, it is up to the team coordinator to maintain an asymmetrical relationship with the group of workers, through flexibility, humanization of management models and valorizing teamwork.[16]

The lack of opportunities for dialogue and discussion at work can also be translated in the absence of team meetings, as some professionals mention:

> *There is no team meeting. When we discuss clinical cases, it is very unusual. Sometimes, with the doctor and the nurse together. Sometimes, with the social worker when you have social issue involved. (R3).*

> *Some meetings are carried out, but most of the time, these little meetings are like I said, little meetings, really. They are more informal. We see the case, discuss the individual case. It is not usually performed a meeting to discuss a case didactically (D5).*

As expressed by the workers, the debates can foster insights among participants, especially in team meetings, which are essential devices for structuring, organization, information, establishment of guidelines and decision-making space. It is also a space in which the specificities emerge as subjects from different backgrounds who need to relate.[10]

Team meetings within the *HumanizaSUS* (Program for Humanization of Care) are essential both in the aspect of being able to provide knowledge exchange, as to strengthen bonds and facilitate discussion of issues. The core principles of this policy of humanization are the concepts of transversality, and groupality, in which the actions are collectively constructed, increasing communication between people.[12]

From this perspective, one of the main causes of conflicts is focused on the difficulty of understanding and divergent manifestations as follows:

> *You can count with one hand the professionals here at the Basic Health Unit (BHU) that you may say things openly, because most will leave here and will not look at your face again. Because they will say why are you telling me this? Now you want to tell me what to do? Because I can call someone and say: I think you did something wrong, I think it was not cool. But with the aim to build [...] but most people here, if say this, they turn into an erupting volcano. (R3).*

Another study suggests these same difficulties for workers to express ideas and opinions contrary to the group, as well as to adopt a critical stance, since this is represents

risk of group segregation. [17] These obstacles affect teamwork that only consolidates effectively if there is an exchange between professionals, i.e., an interdisciplinary approach involving knowledge integration and interaction of workers.

The wear on the ties between workers may generate a lack of commitment and cooperation.[10] Still therefore result in more friction on these absences, as reported below:

> *What causes more friction is lack of involvement of people. If people commit themselves more with their work… If everyone did their job well done I think the work would flow better, the teams would work together and population would get most of it. (T4).*

> *If there is no cooperation, population gets more impaired. [...] Interpersonal relationships can interfere in positive or negative ways if everyone works together and each play their part, limiting and respecting the others, things might work, flow well and I think we can give a good yield for the population. [...] The relations are not so good because some people work more, some less, others pretend, others only cheat. (T2).*

The lack of commitment is one of the factors most frequently reported as significant on performance teamwork. The opposition to changes and not fulfilling the work can compromise the health team, being a major impediment for professional development.[18] Such questions are essential, because signs of cooperation are observed when the group is more cohesive and actions within the area are more transparent.[11] It is noteworthy that commitment consists of an inherent feature of health workers, regardless of where they perform their professional practice.

The redefinition of public spaces is often given in the worker's will to get hold of it because acting, creating and experiencing something new, from initiatives is a proposal for improvement, maybe a new beginning between the workers of the team without even counting and waiting for an institutional support (THOFEHRN; AMESTOY; LEOPARDI, 2007).[19]

The lack of space to express these frictions in the group may cause the distance between members, even decrease the moments of affection in the workplace, as stated by respondents:

> *After the conflict, the professionals do not relate, they ignore each other. And when they need to relate professionally, it is very formally. (D5).*

> *We do not have much affectivity [...] Some people who show a bit more affectionate and do not worry too much about themselves, or want to appear more than others or want to be more important than another person. (R3).*

It is possible to observe the relationship between affectivity, individualism and competition, which can prevent the establishment of a favorable location for the desired performance. In this case, the worker makes an analogy that people who are more affective are those who can work collectively, or who are not seeking to compete with colleagues.

Additionally, the work environment eventually becomes heavy, hostile, breaking bonds, exposing workers. It can even bring health problems to them:

> *The staff here at BHU most ended up in psychiatrist, that is a fact [...]. But as colleagues, it broke the link. There are severe cases. There are interpersonal issues here that ended up in forum. I have*

> *already felt bad about the situation. It was a very, very, very bad situation. (N1).*

In this perspective, since coping with conflicts is seen with certain complexity by some professionals, it can cause difficulties when one cannot have a general scope of the situation, often being called immature. Sometimes, the most concrete form of facing a masked conflict is through the imposition of power.

> *I also see that some professionals have kind of a fight of egos over others. I may not have the knowledge, but I have the power. So I will tell you what to do [...] One of the things I think that do not favor relationships is the fight of egos, power. I hold the power. I command, I do.. I think that to me is the main issue. (S6).*

On the speech of the interviewee we can perceive the existence of power relations, which can interfere with interpersonal relationships. Often, the use of power in a vertical manner or the lack of building a space for citizenship within the health work process may result in the oppression of other professionals who end up not developing their work in an interdisciplinary team and performing their basic professional activities.[20]

It is worth mentioning that the power relations are dependent on the way the relationships are articulated between people in a group, in which the coordinator of this group moves to promote and set, jointly, the place, the space of each, making clear degree of input into decisions of health practices.[16]

Teamwork also requires the commitment of each professional. Therefore, the co-responsibility is an essential factor for the promotion of integrated care through interdisciplinary work; however this aspect still has weaknesses in the BHU investigated:

> *Because after visits professionals come back knowing that the problems are huge and you know what they tell me: this is for you, because this is a social problem. [...] But I think [...] I sit with all the professionals who serve that person and discuss that case. [...] Because I think that the work must be united, we must be together. (S6).*

When collective decides something and the person accepts, the person assumes responsibility and thus becomes responsible for promoting care and prevention of injuries to health of this individual and his family.[1] There seems to be here again, the highlight of individual over collective work, compromising the quality of care.

Thus, we realize that the difficulty of working in a team can be a major barrier to the achievement of interdisciplinarity.

STRATEGIES NOTED AS FACILITATING THE ESTABLISHMENT OF GOOD RELATIONS IN THE WORKPLACE

The conflict has been for many years associated with unpleasant situations, usually occurring due to differences in personalities or leadership deficiency; it is believed that conflicts should not be admitted in organizations. However, modern approach related to conflict resolution considers them as inevitable consequences of the interactions between people and depending on their intensity and the way they are treated, can be beneficial to the work environment, provided that their resolution take into account the root-cause that

gave rise to them, and they should be resolved directly by the involved (MARTA; LACERDA; CARVALHO; STIPP; LEITE, 2010).[20]

The process of health work, especially with regard to family health strategy, has its structure in an integrated teamwork with sharing mode, since it allows the workers to interact with the richness of diversity of professions.[21] For this it is necessary to study the various dimensions and outcomes of conflicts developed in the workplace:

> *Some conflicts I often think that they are necessary. What for? To make it possible to reflect on the work process that you are doing, on the relationship that you are engaging with your colleague. I think that if you really have interest in improving in that aspect, you will end up improving. (N7).*

Conflicts often arise from unresolved situations of daily work. However, changes to an open position and dialogue can qualiify the work and facilitate health. Thus, the team leader needs to develop skills involving managing conflict, negotiation and communication.[22]

To be able to conduct a mediation between interpersonal relationships, it is important that the leader makes a frontal approach among stakeholders, seeking to minimize the differences between the conflicting members, negotiating interests, reconciling differences; lessening the dimension of the conflict through the team meetings.[23] From this perspective, some professionals establish the importance of communicating and having an open dialogue:

> *When we dialogue, we can make a better service, so I think in that sense the interpersonal relationships are extremely important because they improve the quality of work. (R3).*

Thus, the conflict is likely to generate an enrichment of teamwork, provided that the leader acknowledges and seeks riches in these situations for the group.

Sharing responsibilities has proven a very effective method to control conflicts. In this context, through group work with motivation and personal satisfaction, conflict can be mitigated or resolved as early as possible without major disruption or damage to work (MARTA; LACERDA; CARVALHO; STIPP; LEITE, 2010).[20]

In this respect, some professionals extol the importance of teamwork:

> *I am a good team worker, actually, I like working in teams. I do not like to work individually because if we want to embrace the world with our legs is [...] even more in the world we live, nowadays. The overall trend is that everything is made in team. It yields more, the result is better; the end result is better, almost always when working in a team. (D5).*

Teamwork implies understanding of subjective issues, including physical and mental health of individuals who compose it, encountering suffering, fear, tension, power struggles, among other factors. Therefore, it is emphasized that awareness of diversity of knowledge and skills between team members can be built, just as it is possible to articulate the actions developed by different professionals to interact with each other, respecting the colleague and the clientele, planning and building a common project (FRANCISCHINI; MOURA; CHINELLATO, 2008).[24]

In this sense, respect is essential to deepen the intensity of interpersonal relationships. This is the basis for the construction of a good living and for the prophylaxis of misunderstandings, as well as being appointed by the study subjects:

> *Our beliefs are totally different. We have tempers and opinions totally different, but we relate very well. Professionally and personally. Although ways of thinking and opinions are very different. If we were to base our relationship by our conceptions, we would never have a relationship not professional either personal. And we respect each other; we have a good working relationship and a good personal relationship. Personal relationship within our working relationships. (R3).*

> *I think you have to respect the other first, as a person. Really respect it. And from that you draw a work that is together and that has the cooperation of everybody. (S6).*

A professional explicitly points out the importance of respect in the establishment of healthy occupational ties, because the absence respect often characterizes bullying in nursing practice, as an example, humiliation in public and behind closed doors and depreciation of professional image, which are supported by the lack of respect among professionals.[25] Another worker brought the issue of the link between respect and cooperation.

In the speeches are still expressed some moments of affection on the team. The affection favors ties and results in a healthier work environment, and it is a source of pleasure, motivating each team member. Promoting times when staff can enhance affectivity is looking fondly at those who care and who also deserve to be cared for, as it is important to experience affection in day to day work activities. Therefore, motivation stimulates the accomplishment of a task, with provision to make it the best possible way.[26]

CONCLUSION

The aim of the study was achieved, being possible to know the interpersonal relationships in a Family Health Unit.

We identified weaknesses and weakening of interpersonal relationships in the work of the multidisciplinary team investigated, in which some practitioners have recognized the importance of strengthening teamwork in an interdisciplinary way. This meets a guideline of *HumanizaSUS*, such as: expanding the dialogue among professionals, promoting participatory management for qualification of of health care to community.

Some research participants listed factors contributing to the existence of conflicts, such as individualism, lack of cooperation, commitment, respect, team meetings and co-responsibility by some members of the group. Furthermore, it was found in the professionals' testimonies a difficulty of managing conflicts in consequence of the lack of dialogue and post-conflict clearance, reflecting on increased workload, lack of motivation, and especially in the staff's pursuit of higher quality care.

Furthermore, they brought some aspects that help to establish healthy interpersonal relationships in the workplace, such as: the importance of maintaining an open and transparent dialogue, respecting and trusting in colleagues, opportunities for discussion of ideas through team meetings, working conflicts so they can bring benefits at work, and especially the valorization of teamwork.

Therefore, it is emphasized by the results obtained in this study the relevance of interpersonal relationships and subjectivities of professionals in the labor process since the continuous training, in order to sensitize professionals to worry about their team and community to be assisted.

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