RCMOS – Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.
Year V, v.1 2025. | submission: 2025-08-28 | accepted: 2025-08-30 | publication: 2025-09-01

Teamwork in primary care: a dialogue on professional practices
Teamwork in primary care: a dialogue on professional practices

Natália Francisca Montalbini Amaral – UNESP – São Paulo State University “Júlio de Mosque"
Maria José de Oliveira Lima – UNESP – São Paulo State University “Júlio de Mesquita”

SUMMARY
This study focuses on teamwork and dialogue in primary care as an important practice in patient care. However, difficulties remain in implementing this integrated practice centered on the team/ patient relationship due to a still-sustained traditional model, the biomedical model, which emphasizes the biological dimension while diminishing the other dimensions that make up the human being.
A critical review of the literature was conducted to rethink healthcare practices and expand possibilities for action. The literature review revealed the difficulties professionals face in breaking away from the biomedical model and adopting new approaches.

Keywords: Primary Care. Teamwork. Interprofessional relationships.

ABSTRACT
The present study presents as a theme teamwork and dialogue in primary care as an important practice in caring for users. However, difficulties are still encountered in the implementation of this integrated practice, centered on the team / users relationship, due to a traditional biomedical model that enhances the biological dimension, reducing the other dimensions that make up the human being. A critical review of the literature was carried out, aiming at rethinking health practices, increasing possibilities for action.
Through the bibliographical survey it was possible to note the difficulties encountered by professionals in breaking with the biomedical model and adopting new postures.

Keywords: Basic Attention. Teamwork. Interprofessional relations.

1. INTRODUCTION

Health practices have been transforming over the years, leaving aside the perspective of the biomedical model, which transforms the individual into a biological body and is moving towards a process of reorienting the teamwork of professionals of health, looking at this being in a broader way, as someone who has a biological body, a social burden, and an emotional demand. Thinking about the human being therefore, it is necessary to create new ways of caring for this user who arrives at primary care and one of the alternatives that has proven effective is dialogue between the entire team as a potential for transformative professional practices, for the benefit of users.

For Gergen and Gergen (2010, p. 81) “the lack of sharing causes blindness to the values and potential of alternative traditions.” Mandu (2004) says that health care through the biopsychosocial paradigm requires reconstruction of meanings.

First, one must begin to think about oneself, others and the world, and then also include the meanings related to health, illness, quality of life and autonomy. There is a perceived need to create a relational space that goes beyond knowledge-scientific/technological work, based on the idea of constant dialogue with the specificities, thus allowing the functioning of a more integrated team.

For Junges (2012) it is necessary to qualify professionals to meet the needs of main demands of primary care users, as it is necessary to know how to deal with the subjectivity of each patient, leaving aside the practice of resolving the needs only with technical procedures, showing the importance of integrating the subjectivity and technique.

Currently, it is still clear how the biomedical model influences health care, focusing only on the patient's signs and symptoms, seeing health just as the absence of disease. We found different and important studies that demonstrate that the increasing formation of multidisciplinary teams provides the improves the effectiveness of interventions and enhances the services to be provided, with the the need for human beings to be seen in a complete way.

This research aims to contribute with knowledge and reflections about the reality of teamwork in primary care, highlighting the importance of dialogue between different health professionals. It presupposes the possibility of practicing a professional rebuilds himself in the practice of the other, both being transformed for the intervention in the reality in which they are inserted.

2. THEORETICAL FRAMEWORK

The Unified Health System (SUS) and the role of Primary Care The Unified Health System (SUS) is the system Brazilian official health system defined by the Federal Constitution of 1988, which is structured by a set of principles and guidelines valid for the entire territory

national. Comprising the health services and actions that are part of the organizations public health services at municipal, state and federal levels (AGUIAR, 2015).

The doctrinal and organizational principles guide the functioning of the SUS, so that the doctrinal principles represent the concept of health and the principle of the right to health, while the organizational ones are about democratization, allowing access for everyone in the system, facilitating access for the population.

The principle of integrality is understood “as an articulated and continuous range of preventive and curative actions and services, individual and collective, required for each case, at all levels of complexity of the system” (AGUIAR, 2015, p.51). To the articulation between prevention, promotion and recovery in care is advocated provided to each citizen who uses SUS services, in addition to intersectoral actions to the achievement of better levels of individual and collective health.

Primary care is part of the organizational principle of regionalization and hierarchy of the SUS, where the health system must be organized by levels of care, being primary, secondary and tertiary levels. The Fundamentals of Primary Care encompass universal and continuous access to quality and effective health services, characterized as the main gateway to the health system, with the objective promote promotional and preventive health practices, thus facilitating services provided throughout the network, including at other levels, working horizontally, in an interdisciplinary and team manner (AGUIAR, 2015).

Most health units are in precarious structural conditions, with the team of professionals dissatisfied with these conditions and the great devaluation professional, a characteristic of the biomedical model. A major factor contributing to this dissatisfaction and stress among professionals also occurs through disbelief in the objectives of the institution in which they work (SILVEIRA; CÂMARA; AMAZARRAY, 2014).

For Aguiar (2015, p. 53) “it starts from the assumption that the local reality is the main determinant for the establishment of health policies”, we can think that this limits and reduces the various possible forms of action to just one model of attention, failing to expand and see the possibilities of action that the team can adhere. Since the “challenge is not to find the “one and best way”, but to create types of relationship through which the future can be built collaboratively” (GERGEN & GERGEN, 2010, p.31).

RCMOS – Multidisciplinary Scientific Journal of Knowledge.
ISSN: 2675-9128. São Paulo-SP.

Based on this assumption, it is believed that a team that proposes to work from the biopsychosocial model it is possible to achieve more results satisfactory, not only between the relationships within the team, but also in the relationships health team and users.

2.1 "TRADITIONAL" FORMS OF ACTION

The biomedical model emerged based on the mechanistic theory of the universe, proposed by thinkers such as Galileo, Descartes and Newton and follows the model of positive science in the 19th century. The conception that the universe is seen as a mechanical system reflected also in the conception of man, was then treated in the same way by the doctors of time, that is, man works like a machine (ANANDALLE, 1998).

> Just as Newtonian mechanics made it possible to explain many phenomena of everyday life, mechanistic medicine gradually provided the tools doctors needed to treat a growing number of the most common diseases with increasing satisfactoriness. The remarkable advances made in the biological sciences from the 17th century onward, as physics and chemistry also evolved, cannot be denied, as it would be unreasonable to do so today (BARROS, 2002, p. 73).

Based on the biomedical model and the immediate cure of the disease, society had as its consequence, in the lives of individuals, the use of so-called medicalization. The term arises in the early 1960s in the field of health sociology and becomes a field of much interest and research development (BARROS, 2002).

The language of medicine generally constructs its discourse and elaboration of ideas from the perspective of the biomedical model. This model, by reproducing the technical knowledge of biosciences, dismisses the importance of the psychosocial context for a broader and more adequate understanding of this patient and his symptoms, in which effectiveness depends on this perspective, understanding that diseases arise from of biological, psychological and social factors (MARCO, 2006).

According to Marco (2006, p.5) "the training of doctors is predominantly anchored in the biomedical model. This situation favors the construction of a posture of disregard for the psychosocial aspects of both himself and his patients."

The failures that health systems have faced are evident, acting from this restricted and decontextualized view of the disease, characteristic of the biomedical model that disregards all the patient's subjectivity and life history, in addition to the failure of professional and patient communication, which tends to be unsatisfactory, since not only patients are not involved in decisions about their own care, but information provided vertically (CAMPOS, 1997).

2.2 TEAMWORK AND THE CONSTRUCTION OF NEW PRACTICES

From the basic prerequisites, offered by the Ottawa Charter, for the population is considered healthy, there are: peace, housing, education, food, income, stable ecosystem, sustainable resources, social justice and equity. Therefore, the The health system's function is to promote health in a comprehensive manner, with a view curiosity and respect for cultural peculiarities. Therefore, it is necessary that health services reorient themselves, starting with changes in education and teaching of health professionals, leading to a change in attitude, so that they alter their vision of the biologizing model and begin to focus on the global needs of individual, as a whole person that he is (Ottawa Charter - Canada - 1st Conference International Conference on Health Promotion, 1986).

In literature, for there to be completeness it is necessary for professionals have a vision of the human being as a whole, which “goes beyond attention based only on the biological aspect” (AGUIAR, 2015, p. 52). The author proposes also three sets of meanings regarding the word integrality, which includes attributes of professional health practices, organization of services and responses government to health problems.

Teamwork aims to transform different factors that interfere with the practices of primary care professionals. Understanding that the teamwork and dialogue are fundamental and constitute the basis of this proposal paradigm shift.

Interprofessional Education is complementary to uniprofessional and/or multidisciplinary and among its characteristics is “individual preparation for collaboration, encourage collaboration between the group and improve services and quality of care” (PEDUZZI; NORMAN; GERMANI; SILVA; SOUZA, 2013, p.

979). We can distinguish the interprofessional relationship from the interdisciplinary one through practice, the interprofessional is where the health teamwork takes place, while the interdisciplinary is about the sphere of disciplines, areas of knowledge. We realize that the interdisciplinarity is the most predominant in Brazil, but in contrast, in would lead to an idealized search for totality, which is often the mistake in practice, where many believe that the partnership and camaraderie between professionals health team would be enough to end the fragmentation of actions.

> Interprofessional teaching is expected to provide the necessary support to strengthen teamwork, with a view to transforming health practices towards interprofessional integration and collaboration, focusing on the health needs of users and the population (PEDUZZI et al, 2013 p. 979).

Cintra (2013) points out, based on research in family health units, that one of the three participating teams, highlighted that “for teamwork really happen it is necessary to jointly build the work practice and the interpersonal relationships” (p. 51). In other words, all professionals must involved establish interaction not only among themselves, but also with users, because teamwork is built on a reciprocal relationship of communication and interaction. The interprofessional relationship in search of understanding among professionals directly reflects on the comprehensive attention to the health needs of users (ARAÚJO & ROCHA, 2007).

One of the possibilities for transformation in the performance of these professionals would be adhere to teamwork, aiming at a change in health practices, towards integration and interprofessional collaboration, through dialogue between this team, having always focusing on the needs of users (PEDUZZI et al, 2013).

> Our healthcare system is currently heavily focused on reorganizing its practices, with guidelines that favor the development of more interactive, horizontal, inclusive, and co-responsible actions. However, the biologizing, dualistic, and hierarchical approach in which the healthcare system has long operated has made it difficult to change its traditional practices, thus highlighting the need for new knowledge production in the field that supports and sustains such transformations (GERGEN & GERGEN, 2010, p. 10).

Through a descriptive study, carried out with professionals in Units of Family Health in Ceará, the need for the team to create new ideas is understood and link the different knowledge, with the aim of meeting the need for attention to the individual's health (LINARD; CASTRO; CRUZ, 2011).

Communication as a facilitating instrument between team workers health and these with users can enable an environment capable of provoking co-responsibility, resolution of the problems in question and mainly the autonomy for transformation. "This construction of a relationship communicational reciprocity becomes possible only when there is no monopoly of dialogue, so that the interlocutors also exercise the act of listening" (CARDOSO; CEZAR-VAZ; SILVA; COSTA, 2011, p. 6).

According to Peduzzi et al (2013), interprofessional practice would end the competition and fragmentation of knowledge, being fundamental for the resolution of services and the effectiveness of health care.

3. MATERIAL AND METHOD

This is a theoretical study of narrative literature review, constituted through of interpretation and personal critical analysis of the authors, where a survey was carried out bibliographical information on the topic, in a short space of time, consulting books, articles from periodicals and theses by authors who addressed the subject specifically.

> Narrative review articles are broad publications appropriate for describing and discussing the development or "state of the art" of a given subject, from a theoretical or contextual perspective. Narrative reviews do not disclose the sources of information used, the methodology for searching for references, or the criteria used in evaluating and selecting the papers (ROTHER, 2007, p. 2).

The selected material focuses on teamwork in primary care and the need for the development of communicative practices in relationships interprofessional, based on social constructionism.

> From a constructionist perspective, research methods reflect the hypotheses and values of a given community. Consequently, methods do not offer us reflections of nature, but create what we believe to be nature (Gergen & Gergen, 2010 p.83).

According to Gergen and Gergen (2010) “from the constructionist perspective, research scientific research that fits into a given paradigm can be highly valued by community committed to the same” (p. 81), in this sense, is of great relevance the present theme because it promotes a new perspective on the performance of health teams.

4. RESULTS AND DISCUSSION

Primary care is the gateway to the Unified Health System, a space community that, through social relations, can enable the co-responsibility of professionals and users and the construction of a more dialogical network. Thus, whoever can develop a biopsychosocial stance towards the user and does not establish barriers in sharing the case with the healthcare team, tends to have a degree of greater effectiveness of the work, as participation allows a critical look at reality, a knowing how to pronounce respect for social issues. It is possible to affirm, in this sense, that the dialogue between involved would be the first condition for this team to take ownership of the importance of completeness.

The professionals of a family health team, participants of a research, meant that “teamwork happens when there is an involvement together in the proposed activities and that this is only possible because they favor the creation of spaces so that they can act in this way” (CINTRA, 2013, p. 53).

The results obtained according to the critical review of the literature showed that there is no preparation of these professionals for teamwork in the basic unit health. The communication process in the field of scientific research is scarce in this area, since there are many publications regarding this practice in the environment hospital, requiring further investigation in primary care (CARDOSO et. al, 2011). Another aspect worth highlighting is the difficulties encountered in research among these professionals in breaking the barrier of the established biomedical model for so long in the system. This is due to the tendency to insist on what is traditional (in case the biomedical model) and the team's resistance to changes (PEDUZZI et. al, 2013).

In a practical study carried out in 49 Family Health Units, Cardoso et al. (2011) noted that workers had a lot of theoretical knowledge about what It is the communication process, however, its application in practice still has limitations.

One of the main pillars still little discussed in public health research is the importance of dialogue and teamwork and how these favor the breaking the biomedical paradigm, because the more professionals participate, the more the process of changing the paradigm will be effective.

According to a study carried out with 60 nurses in the Health Strategy of Family, the importance of exchanging experiences in the health area was noted, through of dialogue, performed with the vision of the singularity of the relationship between the environment, primary care and the subject, resulting in a bond of reciprocity, supporting the health intervention (CARDOSO et. al, 2011).

> By establishing a new and compelling vision, plans are put into action to bring about the desired changes. The collaborative process as a whole generally generates enthusiasm and goodwill, as well as the determination to achieve great things (GERGEN & GERGEN, 2010, p. 66).

We can think that from this more dialogical and collaborative practice, there are also some postures that can be adopted by these professionals who are capable of generate a more horizontal interaction. One of these positions that we believe is essential for what we are proposing is that of 'Emphasis on the communication process', where the authors Efran & Clarfield (1998) will value the interactive communicational activity, instead of focusing only on the content discussed, which is what happens most of the time. It is concerned with the relational dimension between these professionals in the search for ensure this is more important than the techniques the professional judges relevant, the focus will always be on the relationship. Such a change is capable of altering postures and speeches, which can generate other means of reality and consequences. (CAMARGO-BORGES; MISHIMA; MCNAMEE, 2008).

This study revealed that for the implementation of the biopsychosocial model it is necessary that change begins in the practices of professionals, establishing relationships interprofessionals and dialogue as the main tool for sharing knowledge. The act of participating means talking and sharing, where it becomes possible to rebuild one in the practice of the other, forming new relationships for intervention in the organization in question.

FINAL CONSIDERATIONS

The present study allowed the understanding of the set of biopsychosocial factors and the importance of teamwork for the implementation of this model. Based on this understanding, it is essential that professionals adopt new, more collaborative and horizontalized to effectively promote teamwork.

Taking into account the importance of all professionals in health institutions, health, more specifically in primary care, it would be interesting if these attitudes became legitimate for this process of reorienting health practices.

We therefore aim for professionals working in primary care to be agents of transformation of health care, incorporating an integral vision and favoring a new practice centered on the biopsychosocial model.

REFERENCES

AGUIAR, ZN SUS: Unified Health System – background, trajectory, perspectives and challenges/ Zenaide Neto Aguiar._ 2nd Ed. São Paulo: Martinari, 2015. 272 p.

ANNANDALE, E. The Sociology of Health and Medicine: A Critical Introduction, Polity Press, 1998.

ARAUJO, MB De S; ROCHA, P. De M. Teamwork: a challenge for the consolidation of the family health strategy. Collective Health Science, Rio de Janeiro, v. 12, n. 2, p. 455-464, Apr. 2007. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232007000200022&lng=en&nrm=iso>. Accessed on 28 August 2025. http://dx.doi.org/10.1590/S1413-81232007000200022.

BARROS, JAC Thinking about the health-disease process: what does the model respond to? biomedical? Social health, São Paulo, v. 11, n. 1, p. 67-84, July 2002. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902002000100008&lng=en&nrm=iso>. Accessed on 28 August 2025. http://dx.doi.org/10.1590/S0104-12902002000100008.

CAMARGO-BORGES, C; MISHIMA, S; MCNAMEE, S. From autonomy to responsibility relational: exploring new intelligibilities for health practices. Gerais, Rev. Interinst. Psychol., Juiz de Fora , v. 1, n. 1, p. 08-19, June 2008 . Available at <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202008000100003&lng=pt&nrm=iso>. accessed on August 28, 2025.

CAMPOS, GW De S. Subjectivity and personnel management: considerations on modes to manage work in health teams. In: MERHY, E. E; ONOCKO, R. (Org.). Act in health: a challenge for the public. São Paulo: Hucitec, p.229-266, 1997.

CARDOSO L. S, CEZAR-VAZ M. R, SILVA MR S, COSTA VZ Purpose of the process communicational of group activities in the Family Health Strategy. Rev. Latino-Am. Nursing [Internet]. Mar-Apr 2011 [accessed on: 08/28/2025]; 19(2): [07 screens]. Available at: www.scielo.br/pdf/rlae/v19n2/pt_23.pdf OTTAWA CHARTER. In: 1st Conference Conference on Health Promotion. Ottawa, Canada; 1986 [accessed 28 Aug 2025]. Available at: http://bvsms.saude.gov.br/bvs/publicacoes/carta_ottawa.pdf

CINTRA, TS Meanings constructed with family health professionals about work in team. Master's Dissertation presented to the Faculty of Philosophy, Sciences and Letters of Ribeirao Preto/USP, 2013.

EFRAN, JS, & CLARFIELD, LE (1998). Constructionist therapy: meaning and contra-sense.
In McNamee, S., & Gergen, K. J. (Eds.), Therapy as social construction (pp. 239-259). Porto Alegre: Medical Arts.

GERGEN, KJ Social constructionism: an invitation to dialogue / Kenneth J. Gergen and Mary Gergen; translation by Gabriel Fairman. - Rio de Janeiro: Instituto Noos, 2010.

JUNGES, JR et al. Professionals' discourse on demand and humanization. Health and Society, São Paulo, v. 21, n. 3, p. 686-697, September 2012. ISSN 1984-0470. Available at: <http://www.revistas.usp.br/sausoc/article/view/48755>. Accessed on: August 28, 2025. doi: http://dx.doi.org/10.1590/S0104-12902012000300014.

LINARD A. G, CASTRO M. M, CRUZ AKL Comprehensive Care in Understanding of Family Health Strategy Professionals. Rev Gaúcha Enferm., Porto Alegre (RS) 2011 Sep; 32 (3): 546-553.

MANDU, ENT Intersubjectivity in the qualification of health care. Rev. Latino-Am. Nursing, Ribeirão Preto, v. 12, n. 4, p. 665-675, Aug. 2004. Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692004000400013&lng=en&nrm=iso>. Accessed on 28 August 2025. http://dx.doi.org/10.1590/S0104-11692004000400013.

MARCO, M.A. From the biomedical model to the biopsychosocial model: a project of continuing education. 2006. Pg. 5. Accessed on: August 28, 2025. Available at: http://www.scielo.br/pdf/rbem/v30n1/v30n1a10.pdf PEDUZZI, M. et al . Education interprofessional: training health professionals for teamwork with focus on users. Rev. esc. enferm. USP, São Paulo , v. 47, n. 4, p. 977-983, Aug. 2013 . Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-623420130000400029&lng=en&nrm=iso>. accessed on 28 August 2025. http://dx.doi.org/10.1590/S0080-623420130000400029.

ROTHER, E. T, Systematic review x Narrative review. Acta Paulista de Enfermagem [en linea] 2007, 20 (April-June): [Reference form: December 1, 2017] Available at: http://redalyc.org/articulo.oa?id=307026613004 ISSN 0103-2100

SILVEIRA, SL M; CAMARA, S. G; AMAZARRAY, MR Predictors of Down Syndrome Burnout among healthcare professionals in primary care in Porto Alegre, RS. Cad. Saúde colt., Rio de Janeiro, v. 22, n. 4, p. 386-392, Dec. 2014. Available at <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-462X2014000400386&lng=pt&nrm=iso>. Accessed on August 28 2025. http://dx.doi.org/10.1590/1414-462X201400040012.