

## COLABORATIVE PRACTICE: POTENTIALITIES AND CHALLENGES FOR NURSES IN THE HOSPITAL CONTEXT\*

PRÁTICA COLABORATIVA: POTENCIALIDADES E DESAFIOS PARA O ENFERMEIRO NO CONTEXTO HOSPITALAR  
PRÁCTICA COLABORATIVA: POTENCIALIDADES Y DESAFÍOS PARA EL ENFERMERO EN EL CONTEXTO HOSPITALARIO

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Submitted on: 2017/10/26      Approved on: 2017/12/11

\* This study is an excerpt of the doctoral thesis entitled "Process of moral suffering of nurses: ethical challenges in the professional practice in the hospital context".

### ABSTRACT

The aim of this study was to understand how collaborative practice takes place in the hospital context from nurses' perspective. This is a case study with a qualitative approach carried out in a Private Hospital in Minas Gerais. Thirteen nurses who worked in the Surgical Unit and Intensive Care Unit participated in the study. Data collection was done through individual interviews with a semi-structured script from November to December 2016. Data were submitted to Thematic Content Analysis with the support of ATLAS.ti software. The results showed that collaborative practice in the hospital environment is complex and requires relational processes, which are recognized by nurses in an ambiguous way, oscillating between potentialities and barriers to the work. In addition, strategies were identified that help them in the search for the development of collaborative practice based on communication, sharing of objectives, organizational identification and institutional support. It is concluded that the configuration of collaborative practice strengthens the integration between nurses and the interprofessional team, contributing to the confrontation of difficulties inherent to the hospital routine. However, the non-achievement of collaborative practice can trigger experiences of suffering for the team and for nurses.

**Keywords:** Nursing; Patient Care Team; Hospitals; Cooperative Behavior.

### RESUMO

O objetivo do presente estudo foi compreender a configuração da prática colaborativa no contexto hospitalar, na perspectiva do enfermeiro. Trata-se de estudo de caso de abordagem qualitativa realizado em um hospital privado de grande porte em Minas Gerais. Participaram da pesquisa 13 enfermeiros que atuavam no bloco cirúrgico e no centro de terapia intensiva. A coleta de dados ocorreu mediante entrevistas individuais com roteiro semiestruturado no período de novembro a dezembro de 2016. Os dados foram submetidos à análise temática de conteúdo com auxílio do software ATLAS.ti. Os resultados revelaram que a configuração da prática colaborativa no ambiente hospitalar é complexa e requer processos relacionais que são reconhecidos pelos enfermeiros de forma ambígua, oscilando entre potencialidades e barreiras para a realização do trabalho. Ainda, foram identificadas estratégias que os auxiliam na busca pelo desenvolvimento da prática colaborativa, alicerçadas na comunicação, no compartilhamento de objetivos, na identificação organizacional e no apoio institucional. Concluiu-se que a configuração da prática colaborativa fortalece a integração do enfermeiro na equipe interprofissional, contribuindo para o enfrentamento das dificuldades inerentes ao cotidiano hospitalar. Contudo, o não alcance da prática colaborativa pode desencadear vivências de sofrimento por parte da equipe e do enfermeiro.

**Palavras-chave:** Enfermagem; Equipe de Assistência ao Paciente; Hospitais; Comportamento Cooperativo.

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#### How to cite this article:

Caram CS, Rezende LC, Brito MJM. Collaborative practice: potentialities and challenges for nurses in the hospital context. REME – Rev Min Enferm. 2017 [cited \_\_\_\_ \_];21:e-1070. Available from: \_\_\_\_\_. DOI: 10.5935/1415-2762.20170080

## RESUMEN

*El objetivo del presente estudio fue comprender la configuración de la práctica colaborativa en el contexto hospitalario, desde la perspectiva del enfermero. Se trata de un estudio de caso de enfoque cualitativo realizado en un hospital particular de Minas Gerais. Participaron del estudio 13 enfermeros que trabajaban en el quirófano y en terapia intensiva. La recogida de datos ocurrió mediante entrevistas individuales con itinerario semiestructurado de noviembre a diciembre de 2016. Los datos fueron sometidos al análisis temático de contenido con ayuda del software ATLAS.ti. Los resultados apuntaron que la configuración de la práctica colaborativa en el ambiente hospitalario es compleja y requiere procesos relacionales, que son reconocidos por los enfermeros de forma ambigua, oscilando entre potencialidades y barreras para ejecutar las tareas. Además, se identificaron estrategias que ayudan al enfermero en la búsqueda del desarrollo de la práctica colaborativa, basadas en la comunicación, en el intercambio de objetivos, en la identificación organizacional y en el apoyo institucional. Se concluye que la configuración de la práctica colaborativa fortalece la integración del enfermero al equipo interprofesional, contribuyendo al enfrentamiento de las dificultades inherentes al cotidiano hospitalario. Sin embargo, el no alcanzar la práctica colaborativa puede desencadenar vivencias de sufrimiento por parte del equipo y del enfermero.*

**Palabras clave:** Enfermería; Grupo de Atención al Paciente; Hospitales; Conducta Cooperativa.

## INTRODUCTION

Health care requires collaboration among different professional categories so that they may collectively offer the best care to patients, families and communities. In this perspective, the World Health Organization (WHO) recognizes such work configuration as collaborative practice.<sup>1</sup>

Collaborative practice is based on an interprofessional approach in which workers learn from each other to promote improved health outcomes. Health care based on interprofessional team work maximizes the strengths and abilities of each professional, contributing to reducing duplicate actions and maximizing effective actions through shared decision-making.<sup>1</sup>

It should be noted that health work has particularities related to the characteristics of the work environment, the forms of work organization, and relationships established in this specific context.

Regarding the nursing work in the hospital environment, this is notably marked by ambiguities and by relationships that can culminate in experiences of anguish and suffering. Thus, protective mechanisms are needed on the part of the institution and of the professionals themselves. In this regard, studies<sup>2-4</sup> have shown that nursing workers, in the hospital setting, are involved in procedures of high technological density with compromised relationships, which constitutes a challenge for their practice. Also among the aspects mentioned by the authors are the complexity and diversity of actions performed by nurses and the nursing team, which has a significant contingent of workers responsible for continuous care, 24 hours a day, maintaining direct contact with patients and their families.<sup>5</sup>

Considering the particularities of the work of nurses and of the nursing team, the interprofessional configuration of the collaborative practice is assumed as an important tool to promote and reinforce autonomy, self-esteem and motivation of professionals.<sup>1</sup> It should be emphasized that collaboration extrapolates joint work; it requires development of strategies and the availability of resources and technologies that, when articulated, offer support to the collaborative practice, providing the best care service possible.<sup>6</sup>

Also noteworthy is the fact that collaborative practice typically involves different actors in the care processes, favoring the incorporation of light technologies<sup>7</sup> and, therefore, stimulating communication between professionals and shared decisions.

It is assumed that collaborative practice is an important form of work organization in the hospital setting with repercussions for the professional practice of nurses and of the team and for the quality of care. In this perspective, the guiding question of this investigation was: how does collaborative practice takes place in the hospital context from nurses' perspective?

The objective of this research was, therefore, to understand the configuration of collaborative practice in the hospital context based on the nurses' perspective.

The present work can provide subsidies for the work reorganization of nurses and for improved relationships established in the work environment of hospitals with consequent repercussions for the quality of care.

## METHODOLOGY

This is a unique case study with a qualitative approach. Qualitative approach gives visibility to the questions of human life, assigning meanings to the actions of individuals and to the scenario in which they are inserted and where they interact.<sup>8</sup> Case study as a method of research in social sciences allows understanding a complex contemporary social phenomenon in the real world, taking into consideration the fact that boundaries between phenomenon and context are not clearly evident; it is assumed that this understanding encompasses relevant contextual conditions.<sup>9</sup>

The scenario of this study was a large private hospital in Minas Gerais. A case study assumes triangulation as the validity form of the research construct.<sup>9</sup> In this sense, we opted for the methodological triangulation in which the surgical unit and the intensive care unit were the units of analysis. The participants were all nurses working in the surgical unit (five nurses) and in the intensive care unit (eight nurses). As inclusion criterion, the participants had to work in the morning shift. This

choice was due to the fact that the night shift had peculiarities related to the organization of work that could influence the nurses' experience.

Data collection took place through interviews with a semi-structured script. This type of script allows the researcher to conduct the interview exploring aspects beyond the pre-established questions, giving the interviewee the freedom to discuss the proposed topic, without pre-set answers or conditions.<sup>10</sup> The interviews were carried out in the hospital units at a place and time previously agreed with the participants, after they received information about the study and about their rights and signed the Informed Consent Term (ICT). The guiding questions addressed daily work, the difficult and easy aspects of the daily routine of the sectors, the ethical aspects that involved activities performed by the nurses, as well as mechanisms developed to confront problems. The interviews were recorded after formal authorization of the participants, and then transcribed verbatim.

Data were submitted to thematic content analysis through the organization and systematization in the ATLAS.ti software. The analysis followed the three chronological poles proposed by Bardin<sup>11</sup>, namely: pre-analysis; material exploitation; and treatment of results, inference and interpretation. ATLAS.ti enabled the organization of the data in an agile and qualified way, structuring and allowing constructions of semantic networks, generating powerful *insights*.<sup>12</sup>

In the pre-analysis, the material was organized for its assimilation, along with an overview and an exhaustive reading of the content of the interviews. Material exploration consisted in the codification and categorization of the material, by separating the *codes* (record units) and their respective *quotations* (context units). In the categorization phase, the *codes* were grouped according to their common characteristics, composing what ATLAS.ti calls a *family*, following criteria of repetition and relevance. Repetition refers to the number of times in which *codes* are repeated to compose the *family*, considering all the occurrences in the testimonials. Relevance, in turn, starts from the assumption that the *code* is fundamental to the investigation, without necessarily having been repeated.<sup>13</sup> The treatment of the results, the inference and the interpretation made up the phase in which the analysis was deepened, establishing reflections from the literature.

The present study followed all the ethical precepts established in the Resolution 466 of 2012, and it was approved by the University and the Ethics Committee of the Hospital scenario of the study under Opinion n°1,270,123. It should be noted that the anonymity of the participants was assured and they received codes for identification, SB in the case of nurses working in the Surgical Block, and ICU in the case of nurses working in the intensive care unit, followed by a numerical sequence.

## RESULTS

The results were organized according to the following thematic categories: potentialities of the collaborative practice for the work of nurses; challenges for implementation of collaborative practice; strategies for development of collaborative practice.

### POTENTIALITIES OF THE COLLABORATIVE PRACTICE FOR THE WORK OF NURSES

The potentialities detected by nurses regarding the collaborative practice were the professionals' acknowledgement of themselves as fundamental team members; joint work based on harmonious relationships; and professional autonomy.

The collaborative practice in the nursing routine is sustained and strengthened by expressions of acknowledgement of other professionals. Such recognition is considered by ICU.Nur.-8 as a source of motivation to search for best practices.

*A clinical discussion with the medical coordinator, the nurse, the physician on duty, the physical therapist and the psychologist. We discuss everything about each patient and the [doctor] coordinator hears all what the nurses say. Although he is strict, at least everyone speaks the same language He always sends me articles when the topic is related to nursing. They even gave me a course in Syrian Lebanese hospital about artificial circulation. I'm feeling... here in the ICU, I see that I'm a bit recognized (CTI.Nur.-8).*

From perspective of ICU.Nur.-8, the ICU practice is characterized by collective work. Discussion of clinical cases and updating of knowledge through access to scientific articles are translated as an expression of appreciation and professional recognition. ICU.Nur.-6 also highlights the importance of being a nurse, a team member and a reference to the technical team, proving to be empowered and autonomous to carry out the practice in a collaborative manner.

*Today, in the institution, being a nurse is being a reference for the technical team. You are the support for the rest of the multidisciplinary members, and a reference to the technical team. It is to be part of a team, really. To be a nurse is to be on the team side, to be a reference, to be part of the multidisciplinary team, being able to give my opinion and be present in everything that happens and be informed of everything (ICU.Nur.-6).*

The testimonies reveal that nurses recognize the collaborative practice and the importance of nursing in the construction of relationships, which according to ICU.Nur.-5 is the foundation of joint work:

*Building relationships facilitates things. In the workplace, you have to build ties and that is when you gain respect from people. From the moment you win the team, you gain their respect and build relationships of trust and respect, and you become able to demand responsibilities and boost the team's morale. Building good relationships facilitates things just as broken or deteriorated relationships, or those relationships where that you cannot establish a good interaction, also happen. We deal with people; stress and wear are inevitable. I think unity has to be well established in order to be able to work as a team and provide quality assistance (ICU.Nur-5).*

## CHALLENGES FOR IMPLEMENTATION OF COLLABORATIVE PRACTICE

Regarding the challenges for collaborative practice, the participants of this study commented that barriers such as relationship conflicts, influence of external issues on work, management aspects, professional devaluation, lack of recognition, and lack of support, are all factors that hinder collaboration.

SB.Nur-10 emphasizes the conflicts between nurses and the physician/surgeon, who attempts curbing the autonomy of nurses.

*The biggest difficulty is with the doctors. It is very difficult to deal with the surgeon, and you need to be adaptable, flexible. There are some who are excellent, who understand you. But there are others who do not, who think they are the owners of the block and who have to have the surgery room in the hour they want and that we have to do what they want. So this is the greatest difficulty for me (SB.Nur-10).*

In this perspective, SB.Nur-12 believe that the practice of nurses is directed to meet the doctor's demands, suggesting as a justification the fact that some of these professionals are in management positions or have a superior hierarchical position in the institution, demanding of privileges.

*The difficulty is working with the director. Most surgeons hold positions on the board. So they do not put themselves just as surgeons. I see the difficulty of trying to please everyone, because each one has a different thought. Thus, I believe because they have these positions out there, they end up expecting those priorities here too (SB.Nur-12).*

Difficulties are also highlighted by nurses in the relationship with nursing technicians, aggravated by the lack of support of the managers. In the view of ICU.Nur-8, shortage of

nursing technicians in the market has led to negative behaviors, culminating with the disrespect of the nurses' instructions, as illustrated in the following speech:

*I would like to be heard. No matter how many times we prove that something is not good, the coordination does not go back. We are on the nursing floor where technicians command because they are rare nowadays. When they do not like of a decision taken by a nurse, they go straight to the manager and she buys it. This has happened. We've said many times that technicians are in charge; the hierarchy is over. It is not the "I command" hierarchy, but hierarchy of respect. It's not just about what they want; sometimes what they want is not the best. But because they want to, and they insist, then that ends up happening (ICU.Nur-8).*

Another difficulty has to do with issues that are external to the sector that sometimes interfere negatively in the practice of nurses and of the staff. As mentioned by SB.Nur-13, in some situations, nurses are prevented from deliberating according to their wishes because the solutions required in their practice are not restricted to their decisions.

*You often depend on a vacant bed in the ICU to arrange for the surgery to happen, to speed up the process for the doctor and the patient. You depend on the ICU to release the bed, and on the material that the company sent late and there was not enough time to sterilize it, material that did not come sterile, or material that that representative agent did not send, an authorization that is scheduled for you on the map but that was not authorized. You want to speed things up, but you can't, you get tied up. So, you have these difficulties (SB.Nur-13).*

ICU.Nur-6 also cited the relationship with management as a barrier to acting according to her judgment. This situation arises from the need to be accepted by the management team.

*It's more the issue of management. When I came in here, I had to get 'slowly' into their way, their rhythm. So, you end up authorizing some situations or doing something you do not even agree, to be accepted by them (ICU.Nur-6).*

Another barrier to the development of collaborative practice is related to the inequalities identified in the valuation and recognition of some professional categories, which can be exemplified by discrepancies of remuneration, as expressed in ICU.Nur-3:

*In nursing, the issue of inequality of salaries is very evident. So this ends up interfering a bit (ICU.Nur.-3).*

## STRATEGIES FOR DEVELOPMENT OF COLLABORATIVE PRACTICE

Challenges faced by nurses in daily life point to the adoption of strategies for development and consolidation of a collaborative practice. Such strategies include support from managers, communication, knowledge, consistency of professional objectives, meetings, and innovative strategies that stimulate the participation and adaptation of institutional objectives with professional values.

Despite the lack of support previously explained by ICU.Nur.-8, there was a mention of the manager's support to nurses in everyday situations, favoring the development of collaborative practice. In this regard, SB.Nur.-10 values the importance of the manager's support in the decision-making of nurses and interprets it as a demonstration of confidence and stimulation of professional growth.

*My coordinator is always supporting me. He delegates a lot of responsibility for us to grow. He is always with us: "You will do this, if you cannot, come and find me". "Do it this and that way". He guides us a lot, he is very good! (SB.Nur.-10).*

The support of the coordinator provides security for the execution of the actions and enables professional growth in a constant process of communication and knowledge exchange. In this sense, SB.Nur.-12 says that the communication and the knowledge among peers help in the effectiveness of the collaborative practice.

*I am a very communicative person. I get along very well with the medical staff and the management staff. But because I have experience here in the block, and longer time working here, I already gained more confidence in everything I know. So, I have a facility. Still, we have to improve every day and get to know the whole team (SB.Nur.-13).*

Regarding the importance of communication in the collaborative practice, aspects that facilitate effective and quality communication are highlighted. According to ICU.Nur.-4, these aspects concern the ability and the care to speak and listen:

*I think the first thing, with any team, is that you need to know how to talk. There's no point in coming and calling the attention in front of all. I need to hear and know what's happening on their side and show it; because it won't help at all to get there and only impose things (ICU.Nur.-4).*

Communication represents the basis for joint work and for consensus among the team when it comes to professional action. According to ICU.Nur.-6, when nurses and the team walk in the same direction, with convergent thinking about the practice, the decision making is facilitated and the team pursues a common purpose, which is achieved in partnership.

*In the ICU, things flow, no matter how heavy they may be, or how restricted the schedule is, there is no enough people and there are always serious patients there; things flow because they think the same way I do. So what I ask them, they do; and what they ask of me, I help too. So, partnership is necessary (ICU.Nur.-6).*

However, adjusting the practice of the team to walk in the same direction becomes a challenge, considering ways of being of each professional:

*This thing of relationship with the others is very complicated! Because each one has a different profile and a different way of being. So you have to adapt, and the person also has to adapt. So, this immediate conflict sometimes delays things a bit and we have difficulty (ICU.Nur.-2).*

ICU.Nur.-2 also assumes knowledge as an important strategy for nurses to be able to take a position and defend the profession as science, especially before doctors.

*I think the nurse, who stands out today, is that professional who is not ashamed to being equal to others: "I do not want to be a doctor, but I want to have a similar knowledge". Because in certain situations, I may be able to talk to him on the same level. I have arguments. In many situations people feel inhibited for lack of knowledge. They do not know how to speak, how to approach and do not have scientific knowledge, and are able to question things. So they don't speak and let it happen. I think this is not good. So you have to make an effort yourself (ICU.Nur.-2).*

Organization of meetings and creation of spaces for socialization are also considered strategies of interaction of the work team, extrapolating clinical discussions and reaching interpersonal relationships, bringing professionals closer, and stimulating collaborative practice.

*I think it's a great instrument to bring the team together. Not only to discuss the agenda of problems, but to interact. You make a dynamic activity, a snack. We have prepared such activities once a month, bringing everyone together, having breakfast and a prayer. We talk to each*

*other and expose some things, having a moment of relaxation. That brings us closer, as an icebreaker, right? Always with respect, of course (ICU.Nur.-2).*

In addition, ICU.Nur.-6 uses the methodology positive deviation to integrate the team. Such methodology assumes the learning and growth of professionals through initiatives that are contrary to the rule and that generate positive results.

*I try to work closer to the team to try to think what they are doing there. So I can show what is right and what is wrong. I listen to the staff in the meetings. I'm doing a job that is called positive deviation, where you listen to people talk about what can be changed and we follow what they said. A rule that was not followed, but for a positive reason. I always look for the other as an improvement for the sector (ICU.Nur.-6).*

Other mechanisms that contribute to collaborative practice recognized by nurses are related to the practice of organizational justice and the strengthening of ties of identification of professionals with the organization, considering aspects of the structure, the resources available, as well as the culture and rescue of institutional values, according to SB.Nur.-17, SB.Nur.-13 and ICU.Nur.-4.

*I would like to have authority to be able to decide what is right and fair. Because what is fair, you do not have to benefit "A" because he is that thing, or "B" because he is other thing (SB.Nur.-17).*

*We have a good structure and an institution that I really care about. I'm proud to say that I work here. It is a hospital that has a culture; an old institution and one that has values. And we're on a good team and feel safe, it feels good. Here, the institution is certified, which is a differential. So I see this value, of having good quality, qualified assistance that adds a lot to us. So, these values help me in my daily life and motivate me (SB.Nur.-13).*

*The issue of technology makes it easy for us. We have access to the tests and the laboratory. I am not afraid, for example, of missing material to work. So, this makes our job easier too (ICU.Nur.-4).*

## DISCUSSION

The testimonies of nurses reveal that collaborative practice in the hospital setting is based on joint work, with common objectives among the various actors involved, and support from institutional mechanisms.

Besides providing quality care, the practice aimed at collaboration makes it possible benefit those who provide it, in a relationship of commitment between parties, developed with organizational support and based on mutual accountability.<sup>14</sup> Furthermore, the authors understand that collaboration occurs when professionals take a respectful stance toward each other and are willing to create a collaborative atmosphere.

In this perspective, some testimonials of the present study emphasized the relevance of the relationship established between professionals and the mutual recognition as important to make the work happen in a harmonious environment, conducive to interaction, which generates respect, confidence, autonomy and motivation for performance of activities. Study<sup>15</sup> on the quality of life of nurses in the hospital environment shows the importance of relationships for both the quality of the care provided and for professional satisfaction. This allows us to infer that the influence of relationships in the hospital environment goes beyond the objective dimension of the work.

Although the statements emphasized the potentiality of the development of collaborative practice in the context investigated, it was possible to identify barriers, such as relational conflicts, influence of external issues on the nursing work, managerial aspects, devaluation and lack of recognition, and lack of support from the management.

Considering the results of the present study, situations of conflict and a difficult relationship between nurses and physicians were identified. One of the triggering mechanisms for conflicting relationships among health professionals is the monopoly of knowledge established between professions.<sup>16</sup> In the research developed by these authors, the physicians identified themselves as leaders of the health team and the ones responsible for decisions involving the whole team. In this respect, it should be pointed out that the scope of collaborative practice dispenses horizontal relations regarding decisions involving professionals from different categories, which makes collaborative practice impracticable in scenarios hegemonic and monopolized decision making.

In this case, the dominant position adopted by physicians represents a barrier to the effectiveness of collaborative practice, for this attitude restrains the autonomy of professionals of different categories, which can lead to experiences of moral suffering. Such suffering has been investigated in different spaces where health professionals are present, as well as in the field of teaching. Moral suffering is characterized by the impossibility of acting according to moral judgment in situations that involve the need for deliberation.<sup>2</sup> In this perspective, the approach of collaborative practice, whose premise is shared decision-making among the actors involved in a process of communication and institutional support, is assumed as a protective factor for experiences of moral suffering.

Strategies for implementation of collaborative practice included the presence and support of leaders, institutional and administrative support, adequate environment, sharing of the same mission (communication and common goals), and interprofessional education (guidance and learning).<sup>6</sup> In this respect, we stress that the findings of the present study indicate strategies stimulated by WHO.

The presence of coordinators and the support they give to the teams, mentioned by participants of the present investigation, highlight the fundamental role of these actors for the actions and for professional growth. On the other hand, their absence was cited as a source of distress and dissatisfaction. The relevant role of coordinators in the development of collaborative practice is based on the fact that they are able to give visibility to the daily situations that involve the team, promoting the inclusion of professionals in the collective space, which means a source of pleasure, acknowledgement and acceptance.<sup>17</sup>

Institutional and administrative support, as well as the construction of an adequate environment, are mechanisms for the implementation of collaborative practice and should be strengthened in the institutional space.<sup>1</sup> Mechanisms of institutional support (protocols, rules, resources, personnel policy, and management); work culture (communication strategies, conflict resolution, and shared decision-making); and the environment (built site and structural design) need to provide support for professionals to find the means to make decisions based on the best of patient care possible. In this respect, the results of the present study reveal that nurses identify the relevance of these factors, emphasizing the importance of being in an institution with which they feel part of and that provides conditions for their safe performance.

The sharing the mission among professionals is considered an important factor for development of collaborative practice, insofar as professionals are aligned with the objective of the health action, with a focus on the patients and on the response that the service has to offer to them.<sup>14</sup> It is possible to perceive in the results of the present investigation that nurses identify shared direction of work as a result of established partnerships. Communication was fundamental this end, enabling the integration of professionals, the discussion of responsibilities and the strengthening of trust<sup>18</sup> as essential to guarantee the quality and safety of patient care.<sup>19</sup>

Guidance and learning to achieve collaborative practice should both be analyzed as components of interprofessional education. WHO<sup>1(p.10)</sup> considers that "interprofessional education occurs when students from two or more professions learn about others, with each other and among themselves to enable effective collaboration and improve health outcomes". It is therefore a focus on interprofessional training, enabling healthcare professionals to start at the service with collaborative awareness in their

performance and producing the desired and shared results.<sup>14</sup> In addition, learning to act interprofessionally is learning to respect professionals and eliminate "harmful stereotypes".<sup>1</sup>

In this way, interprofessional education is the means through which collaborative practice can be materialized, making it possible the coherent orientation among professionals in favor of patients. Although they have different visions of the world, different ways of being and acting, professionals of different categories must be able to understand the importance of working together, with mutual learning, setting a collaborative practice. A study<sup>20</sup> with teachers, workers and students revealed that the effectiveness of interprofessional education still represents a challenge, given the fragility of the teaching-service articulation. This means that interprofessional approach does not find room to echo in the real practice, but is rather restricted to the prescriptive dimension, being necessary to create agendas and dialogical spaces for its deepening.

It should be stressed that teamwork is not restricted to integration for technical intervention, but it is characterized by the reciprocal relationship between the technical and the interactional dimension in pursuit of a common objective.<sup>17</sup> The specificities of human beings influence the way they relate to each other, and the development of the collaborative practice in services modifies the way professionals interact in the direction of acting and coping with problems.

In view of the above considerations, it is observed that collaborative practice contributes to make managers perceive the professionals as a team and not as isolated categories, understanding as egalitarian their contribution to the improvement of health outcomes. In this sense, the lack of professional valorization, mainly represented by the disparate remuneration among the different professional categories, must be considered, since this issue reinforces the inequalities and represents a source of suffering. Therefore, such dissatisfaction must be understood as a trigger for reflection on the organization of work in order to overcome such inequities.<sup>17</sup>

Collaborative practice consists of an important strategy to achieve improvements in patient care, but also to promote and reinforce the autonomy, self-esteem and motivation of professionals. This fact shows that the culture of collaboration needs to be developed from professional training and exercised daily by professionals in order to bring benefits in the personal, professional and health system dimension, with an improvement in the quality of care.

## FINAL CONSIDERATIONS

Based on the nurses' perspective, the configuration of the collaborative practice in the hospital environment is complex and requires relational processes. Such processes are recog-

nized in an ambiguous manner, sometimes as potentialities, or as barriers to the performance of work. In this way, nurses have developed strategies that help them to seek collaborative practice, such as communication, meetings, innovative methodologies and organizational identification.

The configuration of the collaborative practice strengthens nurses in the interprofessional team, contributing to confront the ambiguities inherent to the hospital routine. It was therefore possible to infer that when nurses and the interprofessional team are not able to develop the premises of the collaborative practice, they may experience moral suffering.

It should be noted that the expanded perspective of the collaborative practice considers the entire health system, being a limitation of the present study that it was performed only at one level of the care system, namely, the hospital context. In this sense, we suggest that further researches take place at different points in the health system, so that a general and expanded picture of the collaborative practice can be drawn.

## ACKNOWLEDGEMENTS

Research Support Foundation of the State of Minas Gerais (FAPEMIG), National Council for Scientific and Technological Development (CNPq), Coordination for Improvement of Higher Education Personnel (CAPES), Canadian Government, and Research Center for Nursing Administration (NUPAE).

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