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Multiprofessional residences in health as promoters of interprofessional training: perception of nutritionists about collaborative practices

Residências multiprofissionais em saúde como fomentadoras da formação interprofissional: percepção de nutricionistas sobre as práticas colaborativas

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Abstract

The formative role of the Unified Health System in the processes of teaching-service integration has been establishing Multiprofessional Residences in Health (MRH) as one of its strategies for strengthening public health policies in Brazil, having the interprofessional performance as one of its main interfaces. Professional nutritionists have gained space in the health teams to contribute with their specific knowledge and, as a health professional, in all perspectives of the Health Care Network. The study evaluated the perception on interprofessional training and the development of competences for collaborative practices of resident nutritionists inserted in the context of the Multiprofessional Residencies in Health in the Brazilian Northeast. This is an exploratory cross-sectional study with data from a reality, descriptive-analytical character and quantitative nature. Data were collected during the year 2015 from electronic questionnaire hosted in the *Google Docs* tool, through Likert type attitudinal scale. The target audience of the survey was composed of residents of the second year of MRH in the Northeastern states. For statistical analysis, the non-parametric *Mann-Whitney* statistical test was used. The results showed that resident nutritionists have the same understanding as other residents of other professional categories about the development of collaborative practices in MRH. It was observed that, even in the face of the challenges posed by the residency programs, the residents consider that the Multiprofessional Residences in Health

allow the development of competences for a collaborative practice in health in the SUS context.

Palavras-chave: Interprofessional relations. Nutritionists. Health professional. Non-medical non-dental residency. Collaboration.

Resumo

O papel formador do Sistema Único de Saúde nos processos de integração ensino-serviço, vem estabelecendo as Residências Multiprofissionais em Saúde (RMS) como uma de suas estratégias para o fortalecimento das políticas públicas de saúde, no Brasil, tendo como uma de suas principais interfaces a atuação interprofissional. O profissional nutricionista tem conquistado espaço nas equipes de saúde para contribuir com seu saber específico e, enquanto profissional da saúde, em todas as perspectivas da Rede de Atenção à Saúde. O estudo avaliou a percepção sobre a formação interprofissional e o desenvolvimento de competências para práticas colaborativas de nutricionistas residentes inseridos no contexto das Residências Multiprofissionais em Saúde do Nordeste Brasileiro. Trata-se de um estudo exploratório, do tipo transversal com dados de uma realidade, de caráter descritivo-analítico e natureza quantitativa. Os dados foram coletados durante o ano de 2015, a partir de questionário eletrônico hospedado na ferramenta do *Google Docs*, através de escala atitudinal *tipo Likert*. O público alvo da pesquisa foi residentes do segundo ano das RMS dos nove estados do Nordeste. Para análise dos dados, foi utilizado o teste estatístico não-paramétrico de *Mann-Whitney*. Os resultados apontaram que os nutricionistas residentes apresentam a mesma compreensão que os demais residentes das outras categorias profissionais sobre o desenvolvimento das práticas colaborativas nas RMS. Observou-se que, mesmo diante dos desafios postos pelos programas de residências, os residentes consideram que as Residências Multiprofissionais em Saúde possibilitam o desenvolvimento de competências para uma prática colaborativa em saúde no contexto do SUS.

Palavras-chave: Relações interprofissionais. Nutricionistas. Profissional da saúde. Residência não médica não odontológica. Colaboração.

Introduction

The Unified Health System (Sistema Único de Saúde - SUS) has a formative role in the processes of teaching-service integration, in accordance with its legal framework, which, over the years, has established a series of public policies aimed at promoting innovative programs and policies that make training strategies and professional practices feasible, in addition to medical care, which contemplate the establishment of healthcare teams that are responsible for care, as well as stimulating the user's responsibility for their health. In this perspective, the management redirection of professionals within the scope of the SUS and in the whole scope covered by Law 8.080 and other legislation, proposes a change in the initial and postgraduate education and in the context of services through the Permanent Health Education and through teamwork practices.[1-4]

Since the publication of the Framework for Action on Interprofessional Education and Collaborative Practice, the World Health Organization (WHO) has pointed out that the qualification of health services offered to users is strengthened by the interprofessional perspective in daily services and also in the graduation and post-graduation of health workers. Therefore, the strengthening of interprofessional work helps the implementation of the collaborative practice in health, which, by encouraging communication for decision making, establishes the consolidation of integral care.[4,5]

This way, interprofessional training in health has become a challenge to be overcome by the new generations in order to adapt service demands to the needs of the integral health care. The concept of interprofessionalism does not have a consensus among authors, but it is based on a conception and strategy where two or more professions are guided by teamwork where there is a collaborative and joint learning about each other and one another specifics, resulting in respect and without any kind of hierarchy among professionals during their training and in the context of services.[2,5,6]

Several authors have tried to show that an interprofessional education developed during graduation through interdisciplinarity and supervised practices has traced positive movements where these training students/professionals, without giving up their specific education, have a critical and reflective capacity to deal with this relatively recent educational proposal. Thus, it is observed that interprofessionalism must begin at the undergraduate level, and whose role is to prepare, with increasingly innovative curricula, professionals that are capable of acting in an integrated and teamed way, as well as dealing with the demands of health services, considering SUS as a training collator.[2,7,8]

Driven in the context of the Health Reform, the first experiences of Multiprofessional Residences in Health (MRH) emerged in 1999, regulated a few years later from their successful contribution to health services, winning their promulgation in 2005 through law n. 11129. The MRH were

conceived within a perspective of intersectoral cooperation between the Ministry of Health and the Ministry of Education, developed considering the priority areas of SUS. They are a training model currently directed to the principles of interprofessional training: interdisciplinarity, comprehensive care and expanded clinical care, based on a proposal of joint learning and collaborative practices driven by daily services, trying to strengthen the work process, focusing on users. [4,9-13]

The current epidemiological profile of the Brazilian population, based on chronic non-communicable conditions, requires a long-term follow-up and a care dimension that can only be considered with an integral approach. Thus, interprofessionality responds to such demands and fosters the discussion about the collaborative practice in health, being the integration of several professional nuclei guiding this care process. Within this same perspective, considering the Brazilian epidemiological profile, nutritionists have increasingly been part of multiprofessional health teams in order to contribute with their specific knowledge and as health professionals to all perspectives of the Health Care Network.[4,6,14]

Thus, undergraduate courses in nutrition have felt the need to (re)adapt their curricular guidelines to the context of teamwork and collaborative practices to encourage this type of action by nutritionists, starting these efforts in 2001 through the National Curricular Guidelines (NCG). They are standards for all levels of Brazilian education that guide curriculum planning and are mandatory in undergraduate courses. Through the National Council of Education (NCE) they are elaborated, discussed and established to promote equity in learning and to enable the standardization of courses by Higher Education Institutions (HEI). In 2001, the National Curricular Guidelines of the Nutrition Course were established through resolution CNE/CES n. 5, dated November 7th. They defined the principles, foundations, conditions and procedures of the training of nutritionists with a generalist, humanistic and critical education, based on ethical principles, with reflections on the economic, political, social and cultural reality.[15,16]

The National Food and Nutrition Policy (NFNP) has proposed, in this same direction, a cooperative nutritional attention of health professionals, and not only of nutritionists, including an intersectorial action based on the challenges that are faced by the SUS in the field of food and nutrition. Since 1999, this policy has been articulating and proposing actions for the fulfillment of the constitutional right to food and the strengthening of nutritional care, based on Primary Care, focusing on vigilance, promotion, prevention and integral care of diseases related to food and nutrition.[14,17,18]

Thus, this study aimed at evaluating the perception about interprofessional training and the development of skills for collaborative practices of resident nutritionists in the context of Multiprofessional Residences in Health in Northeastern Brazil.

Materials and Methods

It is an exploratory study, transversal-type with data on a specific reality, with descriptive-analytical character and quantitative nature. It is worth mentioning that this research was an excerpt of an ongoing doctoral thesis on Interprofessionalism in Multiprofessional Residencies in Health in Northeastern Brazil. Thus, the purpose was to evaluate interprofessional training and the development of skills for collaborative practices only of residents, comparing nutrition professionals to the other professional categories included in this context (social workers, dentists, nurses, pharmacists, physiotherapists, speech therapists, veterinarians, physical education professionals, psychologists, and occupational therapists).

Data were collected in 2015 through an electronic questionnaire hosted in the GoogleDocs tool and shared via social networks and electronic address. The data collection instrument to evaluate interprofessional training was structured and validated by Perego[12] in 2015. The 21 assertion questionnaire presented a reliability of 93% and a Likert-type attitudinal scale, evaluating the following dimensions: Shared Learning in Multiprofessional Residence, Training for the Teamwork and Development of skills for Collaborative Practices. For this study, the last dimension was considered to be related to 7 assertions.

The main target audience was composed of residents from the second year and professors (coordinators, tutors and preceptors) of Multiprofessional Residences in Health in Northeastern Brazil, considering as multiprofessional the residence programs (of any modalities: family health, rural area, hospital, among others) that presented at least three professional categories, according to the Resolution of the RMS National Council.[19] For this study, only resident professionals (nutritionists and other residents) were considered. According to Resolution 466/2012[20] of the National Health Council, the research was approved by the Comitê de Ética e Pesquisa (Ethics and Research Committee) of the Universidade Federal de São Paulo (Federal University of São Paulo - UNIFESP), under report n. 1.094.027, dated 06/03/2015, Certificate of Presentation for Ethical Assessment (CAAE): 45075815.7.0000.5505, where all participants signed a consent through the Free and Informed Consent Term (FICT), in an online format, composing the used instrument, where the research participants could only respond to the questionnaire after being aware of what was described in the FICT. In order to delimit the public, the National System of Multiprofessional Residences of the Ministry of Education was considered, which presents all Residencies registered by the Brazilian state. All the MRH of the nine Northeastern States were considered.

Of the 366 respondents to the research, 64.75% (n237) of them were residents and out of them, 10.13% (n24) have a degree in Nutrition, while 89.87% (n213) have a graduation in the other already presented professional categories. All residents (nutritionists and other residents) were included in this group. For data analysis, the software resources Excel2010® and Bioestat5.0® were used,

with a non-parametric Mann-Whitney statistical test, and for statistical significance, the value of $p < 0.05$ was considered. For the Likert Scale, the following scores were considered for each scale: Totally Agree (4 points); Agree (3 points); Disagree (2 points); Strongly disagree (1 point).

Results and Discussion

The used instrument considered, in addition to the assertions, through an attitude scale, the profile of the participants considering the following questions presented in tables 1 and 2. NR was for resident nutritionists and OR for other residents of the other professional categories. The following acronyms were also considered for each scale: Totally Agree (TA), Agree (A), Disagree (D) and Totally Disagree (TD).

Table 1. Characterization of research subjects by gender and age, 2017.

	NR	OR	NR	OR
Gender	n	n	%	%
Male	01	38	4.17%	17.84%
Female	23	175	95.83%	82.16%
Idade				
20 ├ 25	04	33	16.67%	15.49%
25 ├ 30	17	162	70.83%	76.06%
30 ├ 35	02	10	8.33%	4.69%
35 ├ 40	00	06	0%	2.82%
40 ├ 50	01	02	4.17%	0.94%

Table 2. Characterization of the subjects of the research by state, year of graduation and training in a public or private institutions, 2017.

	NR	OR	NR	OR
State	n	n	%	%
Alagoas	3	29	12.5%	13.62%
Bahia	6	20	25%	9.39%
Ceará	4	51	16.67%	23.94%
Maranhão	4	51	16.67%	23.94%
Paraíba	1	7	4.17%	3.29%
Pernambuco	1	25	4.17%	11.74%
Piauí	3	14	12.5%	6.57%
Rio Grande do Norte	2	6	8.33%	2.82%
Sergipe	0	10	-	4.69%
Graduation Year				
2001 ├ 2009	1	7	4.17%	3.29%
2009 ├ 2011	2	17	8.33%	7.98%
2011 ├ 2013	7	59	29.17%	27.7%
2013 ├ 2015	14	127	58.33%	59.62%
Information error	0	3	-	1.41%
Institution				
Public	19	148	79.17%	69.48%
Private	5	64	20.83%	30.05%
Information error	0	1	-	0.47%

As for the profile of the nutritionist residents, they were 26 years old on an average, and only one resident was a male. The Northeastern state that presented the largest number of respondents was Bahia (25%), while Sergipe was the only state that did not participate in the research within this professional category. As for the graduation year, 75% of the resident nutritionists have completed their academic training in the last five years and most resident nutritionists graduated in public universities (79.17%).

Among the other professional categories, the mean age presented was also 26, of which 82.16% were females. The states with the highest number of respondents were Ceará and Maranhão with 23.94% each, while the state of Sergipe, again, had a low representation (4.69%). As for the graduation year, 73.24% of them graduated in the last five years, and 69.48% of the residents of other professional categories graduated in public universities.

The amount of responses by Likert-type assertions and the p-value results for the analysis of the significance level are presented in Tables 3 and 4.

Table 3. Comparisons of the answers to the assertions: (A1), (A3), (A7), (A9), (A10), (A14), (A19) among nutritionist residents and other categories of residents in northeastern Brazil, 2017.

Assertion		Median	DIQ	p-value
A1	Nutritionists	4	1	0.5708
	Others	3	1	
A3	Nutritionists	3.5	1	0.9862
	Others	3	1	
A7	Nutritionists	4	0	0.7168
	Others	3	1	
A9	Nutritionists	4	1	0.763
	Others	4	1	
A10	Nutritionists	4	1	0.3334
	Others	4	1	
A14	Nutritionists	3.5	1	0.6286
	Others	3	1	
A19	Nutritionists	4	1	0.5382
	Others	4	1	

Table 4. Attitude scale with responses from assertions 1, 3, 7, 9, 10, 14 and 19, referring to the dimension of collaborative health practices of resident nutritionists and other residents, 2017.

Assertion	TA		A		D		TD	
	NR	OR	NR	OR	NR	OR	NR	OR
A1	58%	50%	38%	49%	4%	1%	0%	0%
A3	50%	49%	46%	49%	4%	2%	0%	0%
A7	54%	49%	42%	48%	4%	2%	0%	1%
A9	62%	60%	38%	38%	0%	2%	0%	0%
A10	67%	56%	33%	40%	0%	3%	0%	1%
A14	50%	43%	42%	50%	8%	7%	0%	0%
A19	67%	60%	33%	38%	0%	2%	0%	0%

The p-value results, using the Mann-Whitney statistic test, conclude that there is no significant difference between the responses of nutritionist residents and the responses of other residents in all assertions. It means that resident nutritionists have the same comprehension of the development of collaborative practices in MRH as other residents from other professional categories.

Assertion 1 (A1) questioned whether a multiprofessional residency allows the development of skills for a collaborative practice among residents, potentializing their abilities and strengths with an expanded view of health, having as total agreement 58% of nutritionist residents (NR) and 50% of other residents (OR). Assertion 3 (A3) examined the residents' conception of collaborative practices not to refer only to agreement and communication, but to the creation of synergy, as it occurs when there is an interaction between the different professions to create a shared understanding. The total agreement of A3 was 50% of the NR and 49% of the OR.

Faced with the issue that the integration of health professionals in multiprofessional residency enables a sharing posture in practice, assertion 7 (A7) presented a total agreement of 54% of the NR and 49% of the OR. The analysis of the matter that a collaborative practice in teamwork allows an integrated action among health professionals, producing better results, showed a total agreement of most residents, namely 62% of the NR and 60% of the OR to assertion 9 (A9).

Assertion 10 (A10) analyzed whether an effective collaborative practice in multiprofessional residency requires mechanisms such as a collaborative workforce, institutional supports and a

work culture and environment, resulting in a total agreement of 67% of NR and 56% of OR. The evaluation that the multiprofessional residency prepares residents for a collaborative work process, broadening their vision of health and illness process, presented a total agreement of 50% of the NR and the lowest total agreement of the OR, 43%. And finally, in assertion 19 (A19), which questioned whether higher satisfaction levels of patients, better care acceptance and better health outcomes are found after the care provided by a collaborative health team, presented the best overall agreement result of the residents: 67% of nutritionist residents and 60% of other residents.

The development of skills for Collaborative Practices

The collaborative practice among residents was pointed out as empowering their skills and strengths with an expanded view of health. Silva[3] points out that an expanded health vision allows the proposal of an expanded clinical care as a collaborative practice. Thus, in 2017, Araújo[4] corroborates that not only residents, but also teachers point out the context of the expanded clinical care as a great learning of the MRH conjuncture, which fosters the practices of collaboration among professionals through the practical and theoretical scenario between residents and between teachers and residents.

A striking feature of the interviews conducted by Oliveira[21] with undergraduate health students, including nutrition students, who have had an academic background with interprofessional proposal, was that this type of training provides the practice of dialogue and listening with regard to differences, confirming the preparation for teamwork. Likewise, in this research, both analyzed groups agreed that collaborative practices do not refer only to agreement and communication, but to the creation of synergy, since it occurs when there is interaction between the different professions, in order to create a shared understanding.

Another considered aspect was that the integration of health professionals in the Multiprofessional Residency allows a sharing posture in practice. Similarly, in 2016, Rodrigues[22] argues that this integration allows the concrete and effective construction of the work with service professionals, moving a network composed by all the workers and not only by the professionals inserted in the context of MRH.

Residents (nutritionists and other categories) came to the same conclusion when considering the collaborative practice in teamwork as fostering an integrated action among health professionals, producing better health outcomes. Costa[23] and Reeves[24] presented discussions that have been debated in recent decades in relation to Interprofessional Education, proving that it has impacted health systems around the world, pointing to an intentional articulation and resulting in more resolute health care actions.

Both research groups (nutritionist residents and other residents) presented the same results by agreeing that for an effective collaborative practice in the Multiprofessional Residency, mechanisms such as a collaborative workforce, institutional supports, and a work and environment culture are necessary. Nutritionists have been gradually incorporated into the MRH and other spaces to strengthen teamwork in the SUS since the first efforts of these work models, but still with an insufficient number of professionals.[18] In 2014, Recine[25] presented a series of challenges within the work of nutritionists; among them the "knowledge and practices in their relations with collective health and other sciences" and especially the "translation of knowledge in broad and effective practice, especially in the basic care of the SUS" stand out.

The daily routine of services has required practical implications on the health and disease process, in addition to the theoretical discussions, broadening the vision of health professionals for this complex process. According to the data presented in this research, residents pointed out that the Multiprofessional Residency has organized them for a collaborative work process, broadening the view of the health and disease process.[26] This result is reaffirmed by another study that considers MRH as a device that encourages health professionals, still in training, to participate and to provoke a collaborative work of permanent education in health, and a singular one, with an integrated and expanded view of the health and disease process.[27]

The research also found that the analysis of patient satisfaction is greater when care is provided by a collaborative health team, since it provides better acceptance of the assistance and better health outcomes. A study conducted in 2013, analyzing users' expectations and satisfaction regarding the services offered by the Family Health Strategy teams of a municipality in the south of Goiás, considered the importance of the user's perspective regarding the care provided by the health teams, since their satisfaction is an important factor in the patients' adherence to therapy and to the co-responsibility of their health.[28]

The Nutritionist in the context of MRH and Collaborative Practices

A Nutritionist is a health professional responsible for the care and all interfaces concerning food and nutrition of individuals and populations. The profession was legally created in 1967 and regulated in 1991 by Law 8,234/1991[29] and, since then, it has been recognized by society in its various areas of activity, including health teams in the SUS. The MRH, aiming at the qualification of health professionals for the SUS, allows the inclusion of nutritionists in this context, and enhances the potential of training health professionals beyond their exclusive professional skills, but also for interprofessional issues and dialogues through shared learning, teamwork, and collaborative practices. [12,30,31]

Souza,[30] when analyzing the inclusion of nutritionists in multiprofessional residences, observed that the interdisciplinary work in this conjuncture propitiates a practical action and new knowledge, helped by a collaborative conviviality. Santos[31], when investigating the conception of health professionals in relation to the nutritionist's role in the Family Health Strategy after their inclusion into an MRH program, concluded that professionals perceive the nutritionist as an agent for health promotion and disease prevention, in addition to giving value to their specific knowledge. He also concluded that after the passage through a MRH, nutritionists had a vision of the expanded health performance with a view to interprofessionalism.

Concluding remarks

The public health system in Brazil has been undergoing a process of dismantling and threatening of its policies, where the SUS, built through resistance and capacity of action from the social and political forces, faces important challenges, both now and in the future. Thus, strengthening the workforce of the system seems necessary to confront this scenario; one of the great challenges of public health policies is interprofessional work, quite discussed in recent years and scientifically perceived as an important process driving the current scenario of practices in health, enabling shared learning and collaborative practices starting from teamwork.

Thus, the training model deriving from the Multiprofessional Residencies in Health, which is relatively recent and under construction in Brazil, has been one of the great challenges of professional training during service. However, multiprofessional residency programs face numerous problems and the main difficulties are related to the precariousness of the services where the residents are inserted, the inadequate or vertical pedagogical performance offered by the programs and especially to the challenges related to interprofessional work, usually discussed in studies about MRH and, above all, in practice scenarios.

However, in this study, it is possible to observe that, even in the light of the challenges posed to professionals residing in their practical and theoretical spaces, they still consider that MRH, in the Brazilian northeast scenario, enables the development of skills for a collaborative health practice, where nutritionist residents present a similar comprehension to the other residents of other professional categories, allowing the broadening of the discussions about this theme within the context of the nutrition area, not particularly discussed in literature.

Contributors

Albuquerque ERN, participated in all stages of the work; Santana MCCP participated in the design and design of the study, periodic reviews and revision of the final version; Rossit RAS participated in the review of the final version of the article.

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