DOI 10.18471/rbe.v36.44235 Original Article

INTEGRALITY IN PHYSICAL REHABILITATION: PROFESSIONALS' VISION OF THE DIFFICULTIES AND STRATEGIES FOR ITS ACHIEVEMENT

INTEGRALIDADE NA REABILITAÇÃO FÍSICA: VISÃO DOS PROFISSIONAIS SOBRE AS DIFICULDADES E ESTRATÉGIAS PARA SEU ALCANCE

INTEGRALIDAD EN LA REHABILITACIÓN FÍSICA: LA VISIÓN DE LOS PROFESIONALES SOBRE LAS DIFICULTADES Y LAS ESTRATEGIAS PARA SU LOGRO

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How to cite this article: Boscateli PCC, Passos AHR, Marin MJS, Silva LCP, Mielo M, Higa EFR. Integrality in physical rehabilitation: professionals' vision of the difficulties and strategies for its achievement. Rev baiana enferm. 2022; 36: e44235.

Objective: to analyze the difficulties and strategies to achieve integrality of care in physical rehabilitation. Method: study based on Hermeneutics-dialectics. Data collection was carried out through semi-structured interviews with analysis through the Meanings Interpretation Method. Twenty-four professionals from a Rehabilitation Center in the countryside of the state of São Paulo, Brazil, participated. Results: five categories emerged: understanding health as a universal right; professional education; multi-professional teamwork; participation of the patient as the protagonist in the care process; strategies for achieve integrality. The difficulties in achieving integrality in physical rehabilitation are related to the user, the care and the management, and suggestions for improvement indicate the importance of reflecting on the practice for structuring courses and training. Conclusion: the difficulties and overcoming strategies point to possible communicative paths with the participation of the actors involved, which can enable integrality.

Descriptors: Integrality in Health. Comprehensive Health Care. Rehabilitation. Patient Care Team.

Objetivo: analisar as dificuldades e estratégias para o alcance da integralidade do cuidado na reabilitação física. Método: estudo fundamentado na Hermenêutica-dialética. Os dados foram coletados mediante entrevistas semiestruturadas e analisados pelo Método de Interpretação dos Sentidos. Participaram 24 profissionais de um Centro de Reabilitação, do interior do estado de São Paulo, Brasil. Resultados: emergiram cinco categorias: a compreensão

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da saúde como direito universal; a formação profissional; o trabalho em equipe multiprofissional; a participação do paciente como protagonista no processo de cuidado; as estratégias para o alcance da integralidade. As dificuldades para o alcance da integralidade na reabilitação física estão relacionadas ao usuário, ao cuidar e à gestão e as sugestões de melhoria indicam a importância de reflexão da prática para estruturação de cursos e treinamentos. Conclusão: as dificuldades e as estratégias de superação apontam para possíveis caminhos comunicativos com a participação dos atores envolvidos, que poderá possibilitar a integralidade.

Descritores: Integralidade Em Saúde. Assistência Integral à Saúde. Reabilitação. Equipe de Assistência ao Paciente.

Objetivo: analizar las dificultades y las estrategias para el alcance de la integralidad del cuidado en la rehabilitación física. Método: estudio fundamentado en la Hermenéutica-dialéctica. La colección de datos se realizó por medio de entrevistas semiestructuradas con análisis a través del Método de Interpretación de los Sentidos. Participaron 24 profesionales de un Centro de Rehabilitación, del interior del estado de São Paulo, Brasil. Resultados: surgieron cinco categorías: la comprensión de la salud como derecho universal; la formación profesional; el trabajo en equipo multiprofesional; la participación del paciente como protagonista en el proceso de cuidado; las estrategias para el alcance de la integralidad. Las dificultades para el alcance de la integralidad en la rehabilitación física están relacionadas con el usuario, el cuidado y la gestión y las sugerencias de mejora indican la importancia de la reflexión de la práctica para la estructuración de cursos y tratamientos. Conclusión: las dificultades y las estrategias de superación apuntan a posibles caminos comunicativos con la participación de los actores implicados, que podrían posibilitar la integralidad.

Descriptores: Integralidad en Salud. Atención Integral de Salud. Rehabilitación. Grupo de Atención al Paciente.

Introduction

The present study sought to analyze the difficulties of care from the perspective of integrality and the strategies for its achievement in physical rehabilitation.

Integrality presents a diversity of meanings, diffuse and at the same time complex conceptions, and can be considered extremely polysemic, requiring various ways of operationalization in daily practices[1,2].

The Constitution of the Federative Republic of Brazil, promulgated in 1988, provides for comprehensive health care, so as to ensure rights as a duty of the State, aiming at universal and equal access to health actions, through economic and social policies[3].

Law No. 8.080, of September 19, 1990, defines integrality as "an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system."[4].

In this study, we will use the concept that integrality can be understood as a guiding principle of the Brazilian Unified Health System (SUS). It is considered as a principle, because from it emerges a greater depth and interpretation of the human being and their health needs, while constitutional guideline aims at the apprehension of needs at the various levels of care through actions of promotion, prevention, cure and rehabilitation through a structured reference and counter-reference articulation system, enabling continued care[1,2].

Disability is understood as the result of the interaction between impediments and barriers. The impediments are defined as conditions present in the structures and functions of the body, while barriers may be architectural and urban planning, as well as in transportation, access to information and technology, communications and attitudinal[5].

Law No. 13,146 of July 6, 2015, which establishes the Brazilian Inclusion Law for People with Disabilities, defines: "...a person with a disability who has a long-term impairment of a physical, mental, intellectual or sensory nature which, in interaction with one or more barriers, may hinder their full and effective participation in society on an equal basis with other people"[5].

The inclusion of people with disabilities in the totality of the SUS service network is included in

the *Política Nacional de Saúde da Pessoa com Deficiência* (Brazilian Policy for the Health of People with Disabilities). Among the guidelines of this policy is the comprehensive health care for people with disabilities[6].

In order to provide comprehensive health care to the person with disabilities, physical rehabilitation emerges, which is considered a process with a limited duration and a defined goal to enable the person with disabilities to reach their fullest potential at the physical, mental, psychological, social, and professional levels, in order to compensate for the loss or limitation of body function, with the purpose of social reintegration[7,8].

In this context, analyzing the difficulties of developing care in the concept of integrality in Physical Rehabilitation is relevant and significant due to its literature scarcity and as a guiding principle of SUS needs to be better understood so that its implementation occurs factually. To this end, the following question emerged: What are the difficulties, in the vision of the professionals of the multi-professional team of physical rehabilitation, for the achievement of integrality? What strategies to solve them? Taking as an objective: to analyze the difficulties and strategies for achieve integrality of care in physical rehabilitation.

Method

This is a descriptive, exploratory research with a qualitative approach based on Hermeneutics-dialectical that was based on the Consolidated criteria for reporting qualitative research (COREQ) to guide the methodological procedures[9].

The Hermeneutics-dialectical is not only a theory of data treatment, but a path for theoretical and methodological construction from the collected data and theoretical and methodological bases existing in the literature about the theme; being necessary for the achievement of rationality in social processes and, consequently, in the processes of health and disease[10].

The study was conducted in a Physical Rehabilitation Center in the countryside of the state of São Paulo, Brazil. Twenty-four professionals[24] participated in the study, including one nutritionist, two nurses, two speech therapists, two physiatrists, three social workers, three physical educators, three psychologists, four physical therapists, and four occupational therapists.

All professionals in the multi-professional team with higher education were included in the study and those who were away, for any reason, in the data collection period were excluded. We chose to collect data from all the professionals in order to perform a deeper analysis of the entire context of the respective Physical Rehabilitation Center.

Data collection was carried out between February and May 2016 at the Physical Rehabilitation Center by the researcher herself, through a semi-structured interview, consisting of sociodemographic data (age, gender, professional category, institution and time of training and working at the institution, and if they had a specialty) and the following guiding question: "what are the main difficulties you list in the development of integrality? What strategies do you propose to solve them?

The data collection occurred in 2016, however, it is evident that the theme maintains its relevance because the person with physical disability lacks health care from the perspective of integrality, with this it is observed the existence of failures of health care services in performing this assistance[11].

The interviews were previously scheduled, considering the availability of the professionals, which during the collection were captured with the aid of a tape recorder with an average time of ten minutes. Only one researcher carried out the interviews as a way to respect the rigor in data collection.

The data obtained for this study were analyzed using the Meanings Interpretation Method in the light of the Hermeneutics-dialectics, which seeks internal logic and the understanding of the participants' context with a focus on the cultural phenomenon. For the interpretation of the data to occur assertively, it is necessary to understand the meanings of the phenomena, considering

the implicit logic of the facts, narratives, and observations of the actors, culminating with the production of a report by the researcher where the actors recognize themselves[12].

As stated by the Meanings Interpretation Method, the data analysis occurred in three steps: a comprehensive reading of the selected material, the exploration of this material and the elaboration of an interpretative synthesis[12].

The present study was approved by the Research Ethics Committee with opinion number 1.377.931 and Ethical Appreciation Certificate 51620115.8.0000.5413, with prior authorization from the Rehabilitation Center for data collection at this site. All participants were informed about the study and its objective, receiving the Informed Consent Form and signing the authorization before the interview with guaranteed anonymity.

Results

The profile of the twenty-four members of the multi-professional team showed a predominance of the female gender n=22, an average of ten years of academic formation n=18 and age up to thirty-four years old n=17 of the participants, being n=22 with post-graduation in a certain area and only 8.3% with no specialization.

Through the analysis of the data obtained, five analytical categories were structured: understanding health as a universal right; professional education; multi-professional team work; participation of the patient as the protagonist in the care process; strategies to achieve integrality, as described below.

Understanding health as a universal right

The difficulty of understanding rights by professionals and patients was identified, especially regarding health as a universal right, as can be evidenced by the speech below:

> *Some professionals and the patient do not understand their rights and the resistance in relation, that is, the patient is part of a whole and has the right to be cared for in an integral way* (P3).

As a consequence of this lack of understanding of health as a universal right, the acceptance of the delay in scheduling medical appointments outside the institution is perceived, as well as the difficulty in reference and counter-reference, as evidenced by the following speech:

> *We and the external services would have to talk and have a contact to give segment not only to know which patients would refer to the institution and how our return at the discharge of the patient and another difficulty is not having the medical specialties in the institution, because we depend on other specialties to continue the treatment that scheduling takes* [...] (P7).

Professional education

This analytical category reveals diverse aspects related to the difficulty in training professionals capable of working in Physical Rehabilitation. First, it was observed a lack of approach to Physical Rehabilitation during professional training, as explained in the speech:

> *In terms of Physical Rehabilitation there is no specific subject, at least in physical therapy, where we are all in learning and I think we need more training and more capacitation* [...] (P10).

Still with regard to the development process of health professionals, it can be identified that there is a difficulty in incorporating the concept of integrality in their training, as seen below:

> *My education did not stimulate much the multi-professional and the integral vision. In practice the teacher wanted to know what I had learned in Orthopedics or Neurology* [...] (P11).

Multi-professional teamwork

The construction of multi-professional teamwork was revealed as a difficulty, however, it is observed the complexity in its development due to the diverse aspects that permeate it. First, it is revealed the concern of the participants due to the non-valuation of multi-professional teamwork by some of its members, as evidenced by the following speech:

> *The main difficulties are those professionals who are not informed about the work of others and professionals who are stuck only in their own profession* [...] (P21).

Communication among different professionals, which is inseparable from teamwork, was revealed as another difficulty, as verified by the speech below:

> *The difficulty relates to the issue of lack of communication that complicates even hierarchy, having the need to create assistance flows in the institution*. (P13).

Another aspect cited as difficulty that is linked to teamwork are the meetings developed by the multi-professional team:

> *I have a lot of difficulty during our team meetings. We do not communicate much with the other sectors* [...] (P7).

Participation of the patient as the protagonist in the care process

The effective participation of the patient in their treatment as the protagonist was cited as an adversity in the real development of integrality, as evidenced in the speech:

> *Sometimes we find it quite difficult for the patient to adhere to treatment* [...] (P6).

The non-performance of home visits was also described as a difficulty, which makes it impossible to know the patient's context and does not place the patient as the protagonist in the whole care process, as follows:

> *Another difficulty is not being able to perform home visits making it impossible to understand in depth the patient's daily life* (P23).

Strategies for achieve integrality

For the effective development of integrality in the context of Physical Rehabilitation, the research participants described strategies that would contribute to its implementation, which are explicated below:

> *The meetings themselves, which should be the moment to change looks by making a therapeutic plan, find spaces for discussions and meetings that allow the perception of other realities*. (P12).

> [...] *I think it is an important point, social activities of all the team outside the institution, events that encompass the whole team* [...] (P6).

> [...] *I think we need more training and more qualification to keep growing*. (P10).

Discussion

The manifestations of the research participants indicate the difficulties experienced in their daily work to achieve care from the perspective of integrality in physical rehabilitation, ranging from the actual assimilation of the Constitution of the Federative Republic of Brazil and Law No. 8.080 to its operationalization in the daily work of the multi-professional team.

In seeking to critically analyze the context of the respective Rehabilitation Center, one notices that in the identification by the professionals of the difficulty of access to health actions and services for people with disabilities, health as a universal right, as ratified by the Constitution of the Federative Republic of Brazil, and integrality as defined by Law No. 080, are not being realized in the practice of services[1,4].

According to the *Política Nacional de Saúde da Pessoa com Deficiência* (Brazilian Policy for the Health of People with Disabilities), health care for these people should not be based exclusively on the specific needs of their condition, but should also consider the diseases and illnesses that affect others. In this way, health care will not occur only in specific institutions for physical rehabilitation[13].

In the identification of the curtailment of the right to health, related to the delay in scheduling exams and appointments in other assistance services of the *Rede de Cuidados à Saúde da Pessoa com Deficiência* (Brazilian Health Care Network for People with Disabilities), it becomes impossible to apprehend the needs of the person with disabilities and, consequently, the implementation of integrality as a guideline will not occur.

The health care services that develop actions for physical rehabilitation are characterized by fragmentation and discontinuity of care. The change in this scenario is intrinsically related to changes in paradigms of professional training who provide health care to people with disabilities[13,14].

The training of the professionals should be based on integrality, overcoming the reigning reductionism to the biological. To this end, it is necessary that undergraduate courses develop their activities in accordance with national curricular guidelines promoting the interaction between theory and practice, which will result

in health care with the valuation of the person and their context[14].

The success of the rehabilitation process and, consequently, the social inclusion of the person with physical disability, is closely linked to academic training when it is deficient, which is often exclusively technicist and results in a lack of professionals prepared to develop health practices in line with integrality[15].

By understanding the context of the multi-professional team of the respective Rehabilitation Center, it is evident the need for the professionals' training to be in accordance with national curricular guidelines and to develop actions in line with the guiding principle of integrality in the most different services.

For the real implementation of the *Rede de Cuidados à Saúde da Pessoa com Deficiência* (Brazilian Health Care Network for People with Disabilities), there is an inherent need for a multi-professional teamwork with an interdisciplinary focus, since it corroborates with a deeper understanding and interpretation of the human being and their health needs[16].

The multi-professional teamwork with an interdisciplinary approach seeks to break with the dominant and individualistic view, providing the union, the exchange of ideas and knowledge resulting in innovative practices in order to provide the organization of the service and establish respect, autonomy and bond between professionals, resulting in problem-solving actions in harmony with the integrality[17].

The diverse professionals that compose the multi-professional team need to act in an articulated and collaborative character, valuing the work of each specialty and also prioritizing the communication between the various services that compose the *Rede de Cuidados à Saúde da Pessoa com Deficiência* (Brazilian Health Care Network for People with Disabilities)[16].

Communication in multi-professional team work should be prioritized, because it enables the resolution of the different confrontations experienced by the team, in order to find the best way by adding knowledge from different professionals, respecting individualities and taking advantage of differences to resolve conflicts. When communication is used by the multi-professional team, there is the possibility of integrating knowledge and reaching a common goal, which is to offer quality care and resoluteness[18].

To implement an effective communication between the members of the multi-professional team, it is inherent to have spaces where the dialogue is protagonist, occurring the articulation of knowledge and resulting in collaborative practices. The team meetings developed at the Rehabilitation Center should be these spaces of work construction, however, we observe a fragmentation of care and valuation of technicism[19].

In the development of these meetings and other actions of the multi-professional team, the patient needs to be understood as the protagonist in the care process and their needs considered. For this, it is necessary to strengthen bonds and mitigate communication barriers that will result in greater therapeutic adherence[20].

Understanding the context where the patient is inserted enables, many times, to evaluate the reasons for poor or non-adherence to therapy. One of the tools for an immersion in the context of the patient is the home visit, which will allow the identification of real needs and the development of emancipatory actions by the multi-professional team[21].

The immersion in the context of the Rehabilitation Center, through the reports of the multi-professional team, made it possible to analyze the difficulties that are intricate in the organization of the *Rede de Cuidados à Saúde da Pessoa com Deficiência* (Brazilian Health Care Network for People with Disabilities) and in the formation of the multi-professional team, which reflect in the development of narrow actions, in order to provide the achieve of integrality in the scope of physical rehabilitation and in strategies to be instituted that need to be built in an integrated way.

Considering the reports of the multi-professional team, the present research deepened for the elaboration of strategies as the use of some tools, among them is the factual implementation of the *Rede de Cuidados à Saúde da Pessoa com Deficiência* (Brazilian Health Care Network for People with Disabilities), in order to speed up referrals that consequently will provide the health care by the services of different complexity levels through the communication by the Responsible Discharge, which is a process of transfer and continuity of care between health services[6,16,22].

Another strategy that seeks to overcome the lapses in the formation of the multi-professional team refers to Permanent Education that encourages the viability of the interdisciplinary approach and is sustained by significant learning, i. e., it incorporates the ordinary practices of work and services to transform professional practice, contributing to the need for constant updating, training and improvement[18,23].

Among the practices that can be transfigured through Permanent Education are the meetings, which are genuinely spaces for communication and elaboration of thoughts and collective actions of the multi-professional team[19].

Such meetings are another tool that can be implemented as a strategy to achieve integrality, and can be developed in Permanent Education. The meetings are about the Singular Therapeutic Project, which will use two assumptions: one centered in the expanded clinic and the other in developing the autonomy of the person[23, 24].

In both assumptions the person, the multi-professional team, the context, and the family are considered, reinforcing the bond among all those involved and enabling the achievement of integrality due to knowledge sharing[24].

The existence of conceptual and practical complexity to achieve integrality is evidenced. The possibility of understanding the context through the parts demonstrates that the difficulties listed by the participants evidence little depth in relation to the theme, because these could be minimized through greater theoretical foundation, which would subsidize the execution of some strategies.

Conclusion

The results of this study made it possible to analyze the difficulties in achieving integrality and its overcoming strategies in physical rehabilitation in a critical way that, if implemented, will result in greater and better communication between professionals and services providing the concretization of the network of care for people with disabilities.

Among the main meanings found in the reports of the participants, the following stand out: the lack of understanding of the rights of the patients, notably with regard to health, contributing to their inadequate participation in the care process with little adherence and involvement in the therapeutic proposals. It is also revealed how the training of professionals, based on a technicist model that corroborates a fragmented view of the person and little focused on rehabilitation actions, also contribute to the development of work in an individualized way, not valuing the team.

Despite the difficulties listed, it can be seen that the multi-professional team believes that investment in courses and training, as well as practices that stimulate communication between its diverse members and the other levels of health care would trigger the achievement of integrality.

The present study was limited to characterizing the difficulties in the development of Physical Rehabilitation and describing strategies for its use. However, there is a need for future studies to verify the implementation of such actions.

There is also evidence of the need for further studies on the development of care from the perspective of integrality in the context of Physical Rehabilitation, especially with the implementation of strategies to overcome difficulties, and thus collaborate to improve care.

Collaborations:

1 – conception and planning of the project: Paula Carolina de Castro Boscateli and Elza de Fátima Ribeiro Higa;

2 – analysis and interpretation of data: Paula Carolina de Castro Boscateli and Elza de Fátima Ribeiro Higa;

3 – writing and/or critical review: Paula Carolina de Castro Boscateli; Antonio Henrique Rodrigues dos Passos; Maria José Sanches Marin; Luís Carlos Paula e Silva; Marcio Mielo and Elza de Fátima Ribeiro Higa;

4 – approval of the final version: Paula Carolina de Castro Boscateli; Antonio Henrique Rodrigues dos Passos; Maria José Sanches Marin; Luís Carlos Paula e Silva; Marcio Mielo and Elza de Fátima Ribeiro Higa.

Acknowledgments

To the *Centro de Reabilitação Lucy Montoro de Marília.*

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Received: May 11, 2021

Approved: September 06, 2022

Published: November 07, 2022