

TEAMWORK AND ITS MEANING TO PROFESSIONALS WORKING IN THE FAMILY HEALTH STRATEGY PROGRAM*

TRABALHO EM EQUIPE: O SIGNIFICADO ATRIBUÍDO POR PROFISSIONAIS DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

TRABAJO EN EQUIPO: SIGNIFICADO ASIGNADO POR LOS PROFESIONALES DE ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

The purpose of this study was to understand the meaning of teamwork to Family Health Strategy Program professionals. It is a qualitative research; semi-structured interviews with eight health professionals were conducted. Study analysis highlighted the teamwork as family work, helping relationship, hierarchical and collective work. It also pointed out difficulties, conflicts, benefits and suggestions related to teamwork. The results enabled reflections on the complexity of teamwork and the need for training in order to develop interpersonal skills and team work strategies.

Keywords: Teamwork; Multidisciplinary Team; Family Health Strategy; Interpersonal Relationships; Work Processes; Qualitative Research.

RESUMO

O objetivo com esta pesquisa foi compreender o significado do trabalho em equipe para os profissionais da Estratégia de Saúde da Família (ESF). Trata-se de pesquisa qualitativa, na qual foram utilizadas entrevistas semiestruturadas com oito profissionais da área da saúde. A análise evidenciou o significado de trabalho em equipe como um trabalho familiar e idealizado, uma relação de ajuda, um trabalho hierárquico e um trabalho coletivo. Foram apontados, também, dificuldades, agravantes, benefícios e sugestões relacionadas ao trabalho em equipe. Os resultados possibilitaram reflexões sobre a complexidade do trabalho em equipe e a necessidade de capacitação para o desenvolvimento de competências interpessoais e de trabalho em grupo.

Palavras-chave: Trabalho em Equipe; Equipe Multiprofissional; Estratégia de Saúde da Família; Relacionamento Interpessoal; Processo de Trabalho; Pesquisa Qualitativa.

RESUMEN

El objetivo del presente estudio fue entender el significado del trabajo en equipo para los profesionales de la Estrategia Salud de la Familia. Esta investigación cualitativa utilizó la entrevista semiestructurada con ocho profesionales de la salud. El análisis realizó la importancia de dicha tarea como trabajo familiar e idealizado, relación de ayuda, trabajo jerárquico y trabajo colectivo. También se mencionan sus dificultades, agravantes y beneficios y se hacen algunas sugerencias. Los resultados permitieron reflexionar sobre su complejidad y necesidad de capacitación para el desarrollo de habilidades interpersonales y del trabajo en equipo.

Palabras clave: Trabajo en Equipo; Equipo Multiprofesional; Estrategia de Salud de la Familiar; Relaciones Interpersonales; Proceso de Trabajo; Investigación Cualitativa.

INTRODUCTION

Since the dawn of times human beings have lived collectively, performing tasks and activities unlikely to be achieved without the support of their fellow humans; people gathered together in order to live in society.

A restricted party of people is considered a group; a group aggregates people that, linked by the constants of time and space – articulated by their internal representations – decide, explicitly or implicitly, to perform certain tasks with a specific purpose.¹

In today's world the use of groups as a strategy in health care is increasing. They are even being officially proposed by the Ministry of Health and Education.²

When groups are structured as a team they are able of performing tasks that standard groups do not perform; they are more creative and efficient in the resolution of problems, produce more and better, develop more autonomy and are more motivated.³

The word "team" is etymologically related to the act of performing tasks, of sharing tasks between individuals – and they are able, as a group, to succeed in attaining a desired objective. Therefore, "team" is defined as a group of people linked by a common goal.⁴

Teamwork is a technical concept; the work of each professional is perceived as a set of assignments, tasks or activities. However, working as a team means: connecting different work processes based on the knowledge of the other people's work; valuing his/her participation in the provision of health care; building consensus about goals and results to be achieved collectively.⁴

In health, teamwork implies: sharing the planning and the division of tasks, cooperating, collaborating, interacting democratically and integrating different players, knowledge, practices, interests and needs.⁵

The teamwork ensues from the need to establish common goals and objectives – via a well-defined work plan under which individual and collective growth are developed, as well as a health system centred in the users and in the community.⁶

In order to achieve health care quality and efficiency, it is essential to understand the real meaning of the term "team"; in nursing it is assigned to a group of registered, technical or practical nurses⁷. Teamwork can be considered as well as an inter-relationship process between workers as a group process. Group work is related to the way that work is perceived by its members; some people are there because they like it, others because they think it is a good job, others because it is a source of income, and so on.⁸

It should be emphasized that in the program of Family Health Strategy (in Portuguese, ESF) the main elements of teamwork are: patient assignment, patient reception as the entrance to the Primary Health Units, home visits, integrated practices and a multidisciplinary team⁵.

The ESF, an initiative of the Ministry of Health, started with the Family Health Program in 1994. The program triggered a process of broad changes in health care, shifting focus from the individual to the family and the community, favouring health promotion and prevention rather than the "welfarist cure" detached from the social reality hitherto prevailing.⁹

This strategy enabled health care provision to focus on family care based on the health/disease process, conducting the actions to a political and social context that could improve the quality of life of the whole society.¹⁰

Essentially, the principles of the ESF program intend to develop work processes based on the concepts of prevention, promotion and health surveillance. These principles advocate early action for disease control and accountability for health and environmental risks, ensuring better health and quality of life to everyone.⁷

In the ESF program, teamwork is a practice in which communication between members should be a daily exercise; it takes a multidisciplinary approach as well as diagnostic processes of reality, action planning and horizontal organization of work, shared decision-making, promotion of social control and, more importantly, synchronized performance of all team members.⁴⁻⁵

Given that skills and talents are individual, integration management processes should be employed so the production of services becomes more efficient and effective. Communication processes need to be genuine and should open spaces for respect, cooperation and the pursuit of common goals. Although this topic is extremely relevant to health care institutions, scientific production on it is still very small.⁷

In this context, teamwork is a prerequisite for comprehensive actions in health care, requiring the construction of a common health care project to meet the needs of users with quality. It should be acknowledged that individuals do not choose arbitrarily to live or work together; they form new groups according to new situations and always bring their previous representations and experiences.¹¹

Given the diversity of concepts of teamwork and the importance of the topic for public health, the authors decided to find out what its meaning is for primary health care professionals working at the ESF.

It is expected that this research will contribute to understand the meaning of teamwork and to improve health care quality – through individual and collective reflection – and reveal the reality of its daily practice of ESF professionals.

METHODOLOGY

This is a qualitative research based on the methodology of the situated-phenomenon structure that seeks to locate the phenomenon experienced: there is always an individual, in a determined situation, experiencing a phenomenon. Lived

situations are understood as experiences and perceived, consciously, by the person that performs it; consequently, the experience of this consciousness is always intentional¹².

When investigating a person's everyday experiences and, taking as references the principles of phenomenology, researchers go beyond the world of appearances and theoretical knowledge; they attempt to approach the experience of the individual using new perspectives to understand it in its existential dimension. It is accepted in phenomenological description that the researcher meets first-person accounts free of prior interpretations or reflections on this person's lifeworld experiences; the accounts should begin, not with research plans or direct questions, but with open questions to guide, without restriction, the person's narrative on the theme explored¹³.

The reduction is the identification, by the researcher, of the meanings of the accounts – expressing the interviewees' perception of the events he/she experienced – based on no predefined categories. At this stage, the researcher uses reflection to select what is essential, thus reducing the original narrative. A phenomenological understanding occurs when the researcher accepts the result of the reduction as a set of significant assertions that indicate, in their totality, the conscious experience of the person investigated¹⁴.

The study's area of inquiry comprised eight professionals of the Family Health Strategy (in Portuguese, ESF) of a small-sized municipality in the north of Paraná that voluntarily accepted to participate in the study. The municipality has thirty-eight ESFs units. Those professionals were included in the research for convenience of location and easy access to the main researcher. The criterion of theoretical saturation was applied since, in the eight interviews done, repetitions were identified that allowed the formation of groups and the construction of open empirical categories¹⁵. The participants were a doctor, two nurses, two nursing assistants and three community health workers. Respondents signed an Informed Consent Form (ICF), which explained the research objectives and the guarantee of anonymity; each collected narrative was identified with codes D1, D2, D3, etc.

This research was approved by the Bioethics Committee and the Ethics Committee of the Santa Casa Fraternity of Londrina (in Portuguese, Bio-ISCAL) – according to Resolution No. 196/96 of the National Council on Ethics in Health Research – under Resolution No. 052/07, and filed in the National Information System on Ethics in Research involving human subjects (in Portuguese, SISNEP) under CAAE No 0031.0083.000-07.

Data was collected between December 2007 and February 2008 through semi-structured interviews recorded and fully transcribed. The following guiding questions were used: what is the meaning of team and teamwork? How do you experience teamwork? What are your suggestions to improve the working process in your team?

In the situated-phenomenon methodology, the interpretive understanding begins with ideographic analysis followed by nomothetic analysis. From this interpretive understanding, a final construction of the results is developed, aiming at the appropriation of what is studied in its overall intention¹².

The ideographic (individual) analysis and the nomothetic (general) analysis were applied to analyse the interviews. The first include the interpretation of the subjects' "naïve" description with its internal articulations and its own expressions. The second analysis shifted from the specific to the general i.e. the articulation of meanings originated in the individual descriptions that resulted in the convergences present in the manifestation of the studied phenomenon. These convergences built the empirical categories described below.

RESULTS AND DISCUSSION

From the analysis of the units of meaning of each discourse, four categories emerged that revealed the structure of the phenomenon: the meaning of teamwork for ESF professionals. Teamwork meant **a familiar and idealized process, a helping relationship, a hierarchical work and a collective work**. Besides these categories the interviewees mentioned difficulties, conflicts, benefits and suggestions related to teamwork.

In the first category, **teamwork is characterized as a familiar and idealized work**. The workers associate the idea of team and family, revealing conceptions that are intimately linked to the person's emotional issues. In this sense, teamwork development is an exchange of favours between acquaintances, as can be read in the following discourse:

The team is like a family. It is one for all and all for one (...). Everybody together with one head, thinking the same way. (D2)

Human beings need contact with others to survive; the need to feel included starts in the early stages of family life. Socially, the need for inclusion is present in the first stages of group process development, when individuals seek identification with other team members and look for ways to be included and accepted¹⁶. The need for inclusion is natural to human beings; nevertheless for team building purposes the individual should overcome the magical and idealized image of a family environment and focus on the work environment with maturity.

Such assumption is confirmed by a study¹⁷ that discusses the profile of the ESF teams; it revealed that the teams are often guided by political and institutional interests that subjectify private and personal issues into personal and professional satisfaction

The second category deals with **teamwork as a helping relationship**:

*Everyone helping each other [...]. (D2)
One helping the other. (D6)*

Human beings are not isolated islands; looking inside themselves they see a single whole and complete self; looking out they are an interdependent part of their fellow human beings¹⁶.

The third category relates to **teamwork as a hierarchical work**.

Teamwork is having one leader and the led (D4)

An important consideration in relation to hierarchical relationships in teamwork is the coordinator role and how one team member care for the other. It is thought that the relationships established between the members and the group processes are permeated by different forms of interpersonal care; the self-perception of one's own self-care is essential for team development. If a team leader is not alert to his/her forms of care and omissions towards others, he/she can easily disregard similar situations with others in the team, i.e. those situations will find no echo and will remain hidden and un-worked. Team care is important because it makes people feel included, part of a collective and part of something that is a source of pleasure, acceptance, social recognition and approval¹⁸.

An important topic for analysis relates to the coordinator training; poor technical management can cause emotional conflicts and even interaction difficulties in the team¹⁸.

The fourth category considers **teamwork as collective work**. In this category the research participants mentioned the collective work developed in their professional milieu: in order to achieve common goals and objectives, team members should be necessarily interdependent and tasks and actions should be allocated according to a pre-established hierarchy:

It is a group of people that is there to develop a project together, one depending on the other (...). I cannot develop my project without you developing your part. One has to have patience, respect others' opinions, be aware that each one has their point of view and that you have to respect that (...); then you have to sit down, discuss things, talk to achieve a better result. (D1)

There are many people, each one doing his part, one helping the other when necessary (...), so the work is done efficiently by the group and our goal is achieved that is the quality of health care. (D3)

By studying a multidisciplinary team and health care provision as a form of collective work, a teamwork typology – team grouping and team integration – was established, in addition to how the relationship between technical intervention

and the social interactions between its members is configured. The team grouping is characterized by fragmentation of actions and more technical interventions; team integration, by the building up of possibilities of re-composition through interpersonal interactions. The latter would be consonant with the proposal of integrated health actions and the contemporary need for knowledge re-composition and specialized work¹⁹.

It should be considered also that a team consists of individuals with their own specificities: gender, social inclusion, length of service and type of employment contract, professional experience, life experience, education and training, world view, wage differences and their own interests. These variations influence the work process for they are intrinsic to all health professional behaviour – but they do not prevent the development of teamwork².

Therefore, teamwork is nothing more than a form of collective work characterized by reciprocal relationship between complementary dimensions of work and interaction.

It is relevant to observe that for some respondents, the meanings go beyond the idealized and fanciful conception of other healthcare professionals, enabling a more global perspective. Moreover, it supports task sharing and the need for collective cooperation to achieve common goals.

The respondents addressed also the following aspects inherent to teamwork: difficulties, conflicts, benefits experienced and suggestions.

a. **difficulties reported:** intolerance, communication deficit and resistance to changes that, added to the professional inadequacies, resulted in a team unable to achieve its objectives. This is revealed in the following narratives:

I had bad experiences (...) because a person that doesn't know how to work in a team (...) doesn't know how to accept that everyone has their own opinion. (D1)

Team work is a very difficult thing (...) not everybody has the same ideas (...). If inside the team there are people that disagree with what the job asks, that are oblivious to the events, or don't want to get involved (...) then, it is there that the team doesn't work. (D5)

It is each one with their problem, each one with their work (...). I don't feel I am working in a team. (D6)

Individual differences in temperament, character and personality can be considered as potential barriers to interpersonal relationships and, therefore, can interfere with the development of teamwork.

Adverse conditions in the workplace can lead to alienation, powerlessness, stress, conflict, power struggle and feelings of fear, insecurity and low self-esteem, hampering, hence, any initiative for changes and implementations in order to ensure quality comprehensive care⁵⁻¹⁷.

When people have not yet understood, clearly and consciously, their role in the team and the team's purpose, their actions are guided by the different individual agendas and competition is much more evident.

b. conflicts: in the context in which the team participates, lack of institutional support and professional recognition, contributes to frustration, conformism and isolation of individuals who, altruistically, idealized team work:

Our ESF team has good professionals (...); some don't do a good job (...), not all, but some (...), because they don't earn much, so they don't do the hours (...). No one likes my ideas (...) I give much, but nobody likes, nobody listens to me (...), but it's ok (...), we have to live with this because we are employees (...). So you have to live with things that you think are wrong (...) but, as nothing works, we take it as it is. (D2)

I think it is not only us here at our unit (...), but, to work in teams, we have to have the support from up there too (...); support from the ESF general management, in all areas of the government. (D8)

The complaint about lack of institutional support and professional recognition appears with some frequency in health care environments. Many times health workers live with inadequate structural conditions to provide health care: poor remuneration, lack of recognition, overload of assignments and duties, among others; these conditions hamper the development of the work process. Thus, it is essential to appreciate the influence of the work organization not only for understanding and intervening in situations that may trigger various forms of suffering – helplessness, frustration, isolation, anxiety, lack of motivation, among others – but also to overcome these difficulties and transform these institutions. When the work process is not reorganized, room appears for suffering and the sense of helplessness in the face of facts, which influences directly the quality of the health care provided¹⁹.

The lack of professional recognition, either by the institution, peers or society, results in personal dissatisfaction which is negative for the individual with regard to his/her private and working life; the exhaustion generated by this context will have repercussions in the society in which we live.

To be recognized and valued in the workplace is fundamental condition for human beings construct their identity and establish healthy relationships. Through their work individuals can develop and fulfil themselves as a person; it is a long range task that reflects and influences all aspects of a person's behaviour; it is also a way for people to overcome their own limits²⁰.

The above statement corroborates a study carried out in five municipalities in the northwest of the state of São

Paulo with ESF professionals who presented a general satisfaction coefficient of 55.1%. The professionals with the highest levels of dissatisfaction were dentists and nurses given the discrepancy between the remuneration among professionals with a college degree¹⁷: good remuneration is part of professional recognition.

Further research on the degree of satisfaction and motivation of the individual within the work environment is needed, since both can significantly affect the professionals' harmony and stability.

a. benefits experienced: satisfaction to achieve common goals and objectives; the result of mutual cooperation and awareness of role delineation and individual assignments that results in better team resolvability and efficiency:

I think that team working is amazing when people know what their real duties are, when everyone does their bit and helps in the work development (...). It is amazing when you have committed people (...), because so you can reach your goal (...) that is quality in health care. (D3)

When I have a problem that I can't solve, I look for a person more able to help me, but by that time I did my part. (D7)

If I can't do a given task or if I don't know to do it, a member of my team can help me and vice-versa (...); one complements the work of the other. (D8)

Some points are essential for people to feel at work teams; among them, the importance of clear and truthful communication, the need for reliability and high respect, the clarity of roles and purposes within the team, co-responsibility and partnership between its members. These points, taken simultaneously, are indispensable to achieve success, productivity and quality in teamwork²¹.

Therefore, the living is a constant intellectual and emotional challenge; it involves ambiguities and uncertainties regarding changes that happen, increasingly and continuously, fast. The gap between technological progress and human progress is widely portrayed in feelings of puzzlement, inadequacy, alienation and depersonalization of the contemporary man²².

Although working can be a source of suffering, it also provides pleasure and it is working that one builds a life; people don't work for survival only but for personal and professional fulfilment²³.

b. suggestions: regular gatherings and meetings with members of the multidisciplinary team in order to establish interpersonal ties between its members and provide a formal opportunity for exchanging information relevant to the collective work:

To be a true team that really works, there must be many things [...], starting with a little more communication, a little more reflection [...] between the team members. (D4)

In our team, we are divided into several micro-areas [...] then why not everyone is aware of the problems of other areas? [...] indeed a particular problem in another micro-area may be happening in mine also [...]. So we try to solve, give opinions [...]. It is very important to do this and during meetings it is when we have the opportunity. (D6)

The importance and the need for further education on technical and scientific matters were mentioned:

I believe training is necessary to show us what teamwork really is [...] to clarify this concept to the whole group, because, in most cases, it (the concept) will be lost over the years of our professional performance [...]. We even discuss it (the concept), but we always end up forgetting. (D3)

Training, whenever possible, should happen even before the team is formed. It consists of introductory work training, with recommendations that provide integration between members and the organization of the work process¹⁰.

The further education of ESF staff is an important tool to the improvement and the discussion of probable professionals' shortcomings and to increase consciousness about teamwork of a truly interdisciplinary nature⁸.

Therefore, a process of permanent education of family health teams is necessary, in order to meet needs brought about by the dynamism of everyday problems and to enable professional improvement²⁴.

Promoting dialogue between people to improve work, increasing the group's motivation and outlining, with all team members, the implementation of actions and the fulfilment of goals are measures that promote interpersonal integration and quality in health care provision²⁵.

Teamwork involves the recognition of differences in knowledge and existing practices; the management of conflicts inherent to any work process is the objective to be attained⁸.

To visualize team work as rewarding and satisfying means overcoming challenges and breaking barriers in order to improve quality of health care to other people, even when he/she is a fellow worker²⁵. It means giving life to work, living the present and building the future.

The present research described meanings that permeate the relationship of ESF professionals in their everyday work. It

is not a conclusive work, but it proposes questions that can be starting points for further research. Among the conceptions presented it is worth mentioning those concerning the still idealized aspects of teamwork, the organization of which requires more room in the work environment in order to debate, reflect and share perceptions and experiences.

FINAL CONSIDERATIONS

The meanings of "teamwork" to the participants of the survey are associated with the following ideas: familiar and idealized work, helping relationships, hierarchical work and collective work. During the research interview about teamwork, health professionals had the opportunity also to reflect on their own work process and on the development of actions aimed at changing health practices and looking for greater autonomy and comprehensiveness of care. The respondents characterized the team as the space where each member has their specific role; perform such role with commitment makes for a more rewarding activity and team members are more acknowledged by the staff. They highlighted the importance of work recognition – needed by all team members – for the new teams as well as for the more experienced ones.

People need to learn how to interact with others; team-developed projects are not automatically established; they require a process of developing skills and abilities – from emotional intelligence to the knowledge and experiences of interpersonal and intergroup dynamics.

A team is made up of members that establish relationships among themselves and with the environment in which they live, through their practice, actions, thoughts and feelings; i.e. we are a direct reflection of our actions and it is in groups that we constitute our identity and transform it.

It is considered a positive factor that a team favours and fosters the growth of its members, encouraging them to seek knowledge and skills they once lacked; unlike some teams that hamper the free expression of its members, preventing them from developing as a person and, therefore, as a member of a workgroup.

The negative or limiting feature is the frequent team rotation – especially amongst the medical profession, key player in team interaction – and the salary discrepancy between professionals with a college degree.

The authors expect this study will add to the debate on work process of the Family Health Strategy teams and support its growth and improvement as well as subsidize the development of public policies in health care.

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