

THE IMPORTANCE OF MULTIDISCIPLINARY TEAMS IN HEALTHCARE: CRITICAL ANALYSIS AND REFLECTION

A IMPORTÂNCIA DAS EQUIPAS MULTIDISCIPLINARES NA SAÚDE: ANÁLISE CRÍTICA E REFLEXIVA

LA IMPORTANCIA DE LOS EQUIPOS MULTIDISCIPLINARIOS EN LA ASISTENCIA SANITARIA: ANÁLISIS CRÍTICO Y REFLEXIÓN

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ABSTRACT: The article critically analyzes the importance of multidisciplinary teams in healthcare, exploring their characteristics, benefits, challenges, and strategies to enhance the effectiveness and efficiency of patient care. The primary advantage of these teams lies in the collaboration among professionals from different fields, aiming to provide holistic, patient-centered care, which leads to improved clinical outcomes. However, there are challenges that can compromise the quality of care. The application of Maslow's Hierarchy of Needs is proposed as a resource to understand professionals' motivations and promote a more satisfying and productive work environment. The article also suggests practices to strengthen team cohesion and ensure the safety and quality of care provided.

Keywords: Multidisciplinary teams. Organizational Behavior. Healthcare Management.

RESUMO: O artigo analisa criticamente a importância das equipes multidisciplinares na saúde, explorando as suas características, benefícios, desafios e estratégias para aumentar a eficácia e eficiência no atendimento ao paciente. A principal vantagem dessas equipas reside na colaboração entre profissionais de diferentes áreas, visando a prestação de cuidados holísticos e centrados no paciente, o que leva a melhores resultados clínicos. No entanto, há desafios que podem comprometer a qualidade do cuidado. A aplicação da Hierarquia de Necessidades de *Maslow* é proposta como um recurso para compreender as motivações dos profissionais e promover um ambiente de trabalho mais satisfatório e produtivo. O artigo também sugere práticas para fortalecer a coesão da equipe e garantir a segurança e qualidade dos cuidados prestados.

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Palavras-chave: Equipas multidisciplinares. Comportamento organizacional. Gestão de saúde.

RESUMEN: El artículo analiza críticamente la importancia de los equipos multidisciplinarios en la salud, explorando sus características, beneficios, desafíos y estrategias para aumentar la eficacia y eficiencia en la atención al paciente. La principal ventaja de estos equipos es la colaboración entre profesionales de diferentes áreas, con el fin de proporcionar una atención holística y centrada en el paciente, lo que conduce a mejores resultados clínicos. Sin embargo, hay desafíos que pueden comprometer la calidad de la atención. La aplicación de la Jerarquía de Necesidades de Maslow se propone como un recurso para comprender las motivaciones de los profesionales y promover un ambiente de trabajo más satisfactorio y productivo. El artículo también sugiere prácticas para fortalecer la cohesión del equipo y garantizar la seguridad y calidad de los cuidados prestados.

Palabras clave: Equipos multidisciplinarios. Comportamiento organizacional. Gestión de la salud.

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INTRODUCTION

This opinion article presents a critical analysis of the importance of multidisciplinary teams in healthcare, focusing on their characteristics, risks, challenges, and integrative solutions. The main advantage highlighted is the diversity of specialists collaborating to provide holistic, patient-centered care, leading to improved clinical outcomes. However, in practice, challenges arise in implementing these teams, which can impact patient care and even the relationships among professionals (1-3).

The field of Organizational Behavior plays a crucial role in understanding internal dynamics within organizations, known for its breadth and depth. This area of study not only explores human interactions and work processes within organizations but also provides an integrative perspective by incorporating insights from psychology and sociology (4,5).

Given the significance of this topic and the challenges highlighted by healthcare professionals, it has become relevant to explore and reflect on these issues. Therefore, the aim of this analysis is to "Understand the Importance of Multidisciplinary Teams in Healthcare."

CRITICAL ANALYSIS

In healthcare, a multidisciplinary team is defined as a group of professionals with diverse training and roles, each contributing specialized services to patients to ensure optimized care and treatment. These teams consist of professionals who monitor the physical, mental, spiritual, and social aspects of patients. Among them are doctors, nurses, physical therapists, social workers, and other essential professionals for diagnosis, treatment, patient follow-up, and family support (3).

The primary objective of these teams is to integrate knowledge and experience from various healthcare fields to provide comprehensive and effective patient care. In an increasingly complex healthcare environment, these teams enable a holistic approach, where each professional contributes their unique perspective, enhancing the quality of diagnosis, treatment, and rehabilitation (1,3).

Multidisciplinary teams combine expertise from different specialties to offer patients a more comprehensive and personalized treatment plan, allowing each professional to apply their knowledge and ensuring that all aspects of care are addressed in a coordinated and effective manner (1-3).

However, reflecting on the theoretical advantages and real-world challenges of multidisciplinary healthcare teams reveals a complex picture. Although the multidisciplinary approach is widely regarded as ideal for delivering integrated and holistic care, practical implementation often does not live up to this ideal.

Typically, multidisciplinary teams are characterized by their ability to work collaboratively. Teamwork fosters the exchange of information and perspectives, promoting innovative solutions tailored to each patient's individual needs. The effectiveness of these teams relies on clear communication and a mutual commitment to holistic care. It also depends on having qualified professionals who recognize their roles and respect those of others, maintaining autonomy in their respective areas of expertise (1).

Based on my daily practice, I observe that, despite a genuine desire and effort to work as a team, professionals face various communication and collaboration issues. These challenges often stem from breakdowns in information flow or differing therapeutic approaches, leading to less coordinated and effective treatments than expected, which in turn affects both process efficiency and care quality.

The term “communicate” originates from the Latin *communicare*, meaning “to share.” This concept is inherently and universally essential to human behavior, guiding actions across all functions. Communication entails interpersonal skills that foster relationships, and when executed effectively, it minimizes misunderstandings and conflicts, aiding problem resolution (6, 7, 8).

In healthcare, communication is foundational to successful teamwork and quality care (6,7). Clear, directed, positive, and constructive communication improves management and daily interactions across all professional domains, fostering trust and building connections among team members (8).

However, significant communication failures persist. In the context of Patient Safety, communication errors are among the most reported organizational incidents in patient safety, contributing to around 60% of adverse events in healthcare (9).

From my professional experience, despite communication strategies introduced over recent years, issues persist and manifest in various ways, including a lack of information sharing or clarity, absence of a standardized record-keeping system, inconsistencies in technical language, and difficulty in expressing or interpreting needs. These failures can hinder team effectiveness and lead to clinical errors, compromising patient safety and well-being.

An “ego clash” is a significant barrier encountered daily among healthcare professionals. This issue arises when professionals from different areas compete for prominence or undervalue others' contributions, leading to fragmented communication. This rivalry hinders mutual trust and respect, undermining cohesive and effective therapeutic planning. The absence of regular multidisciplinary meetings exacerbates this problem. These meetings are often neglected due to time constraints and workload pressures. Even when meetings occur, not all team members participate actively or value others' contributions, leading to misunderstandings and reducing the effectiveness of decisions made.

Workplace stress and pressure further exacerbate communication challenges among healthcare professionals. Excessive patient loads, overwhelming work demands, inadequate staffing, fatigue, and emotional exhaustion result in hurried or inattentive communication, increasing the risk of misunderstandings, oversights, and errors. Additionally, hierarchical structures can inhibit open communication, as some professionals may hesitate to share information or opinions that could “challenge” a superior, restricting collaboration and problem-solving.

Burnout is a potential consequence of chronic stress exposure. Within multidisciplinary teams, the constant interaction among specialties and the need for coordination can increase pressure among team members (10). To mitigate burnout risk, it is crucial to foster a healthy work environment and support work-life balance. Strategies such as stress management and open communication can prevent burnout and enhance team effectiveness. Leadership is the key in creating a sustainable, positive work culture.

Leadership in healthcare plays an essential role in crisis management and adaptation to change. Effective leaders can motivate, influence, and engage others toward organizational success (4,5). Various leadership styles, each with unique strengths, contribute to organizational effectiveness, depending on the situation (4).

Leadership theories, widely studied, focus on these styles, which range from autocratic (leader makes decisions unilaterally), democratic (involve team in decision-making), laissez-faire (delegates authority), charismatic (goal-oriented and aspirational), to transformational (inspires and motivates positive change) (4, 11, 12).

In healthcare, the transformational style appears most suitable, as it fosters trust, innovation, and collaboration is crucial for tackling complex challenges and improving patient care. However, based on my professional experience, autocratic leadership is prevalent in

healthcare institutions, where decision-making is centralized with the leader. This style provides the control and clarity often needed in high-pressure situations but limits team innovation and participation, leading to demotivation, reduced creativity, and a sense of responsibility that can impede organizational performance.

Different communication styles—assertive (direct and honest), aggressive (threatening and confrontational), and passive (timid and reserved)—influence team dynamics. Excessive centralization often leads to more aggressive communication by leaders, straining interactions with colleagues and patients. I observe that some healthcare managers employ an aggressive communication style, constantly targeting individuals or events. This behavior generates anxiety and tension, limiting constructive team contributions. An assertive style, fostering trust and respect, would be more beneficial for improving healthcare outcomes, while aggressive communication can damage team cohesion, quality of care, and patient experience.

Among these challenges, Maslow's Hierarchy of Needs offers a relevant framework to understand how individual needs impact collaboration success. This theory categorizes human needs into primary and secondary, starting with physiological, safety, social, esteem, and self-actualization needs (11). Among these challenges, Maslow's Hierarchy of Needs offers a relevant framework to understand how individual needs impact collaboration success. This theory categorizes human needs into primary and secondary, starting with physiological, safety, social, esteem, and self-actualization needs (12).

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Reflecting on Maslow's model, I see that unmet basic needs negatively impact team coordination and clinical outcomes. For teams to be effective, organizations must create conditions that fulfill professionals' fundamental, social, and self-actualization needs. Addressing these needs can foster a collaborative, efficient environment.

Based on my analysis, practical strategies are necessary to enhance multidisciplinary team performance and address existing challenges. For communication, I recommend in-service training on communication techniques, regular team meetings, and safe spaces for professionals to voice concerns. Developing active listening skills, leveraging appropriate technology, and creating a collaborative work environment that encourages feedback can significantly improve patient care and safety.

Clarifying roles and responsibilities also reduces role overlap and conflicts, facilitating coordinated care. Transparent documentation of these roles helps set clear expectations and allows team members to know whom to approach in different situations.

Motivation strategies are also crucial for improving healthcare outcomes and professional satisfaction. Examples include job enrichment and broadening, performance-based remuneration, involvement in decision-making, flexible schedules, and team-building initiatives. These strategies support a cohesive organizational culture and create a more fulfilling work environment, positively influencing care quality and talent retention.

CONCLUSION

The health sector is a key area of significant importance to society. The quality of care provided in this field is partially a result of its management and has an impact on various aspects of human life. Health professionals are considered a group prone to developing conflicts, not only due to constant changes and the degree of complexity they face daily but also due to ongoing innovations in knowledge, unpredictability of occurrences, and the organizational structure and hierarchy to which they are subordinated.

Numerous studies conducted over the years have highlighted an increased difficulty among health professionals in balancing their professional and personal lives, along with an increase in workload intensity, resulting in greater pressure in the exercise of their functions (13). In this sense, it is important to view these professionals as a whole, considering not only their "professional self" but also their "personal self," as the success of multidisciplinary teams and, consequently, organizations results not only from the behavior of the organization but from all individuals collaborating within it.

The analysis of multidisciplinary teams in the health sector reveals a series of challenges that impact peer relationships and the provision of care. Inadequate communication, lack of coordination, and excessive centralization of leadership are recurring issues encountered in my workplace. Poor communication and lack of clarity in defining roles and responsibilities, the presence of rivalries, and workload overload contribute to a work environment that is more prone to professional burnout and, consequently, burnout.

To face these challenges, it is imperative to adopt practical strategies aimed at improving communication and creating a work environment that values recognition and meets the basic and social needs of professionals. Investment in motivation can also enhance team cohesion. I believe that only through the efforts of all stakeholders can the aforementioned challenges be minimized and overcome, ensuring the safety and quality of care provided to patients.

BIBLIOGRAPHICAL REFERENCES

1. SARAIVA D. Atlas da Saúde. 2019 [cited 2024 Nov 2]. A importância das equipas multidisciplinares.
2. FARIAS A, Martins T, Couto G. A importância da equipa multidisciplinar no tratamento do paciente oncológico. *Revista Extensão* [Internet]. 2024;8(2):7-14.
3. POMBO S, Fonseca A, Fialho T. Equipas multidisciplinares em saúde. In: *Manual de Psicologia da Saúde*. 2021. p. 219-325.
4. RIBEIRO J. Manual técnico do formando: Comportamento organizacional. *ANJE*; 2008.
5. CUNHA M, Rego A, Cunha R, Cabral-Cardoso C, Neves P. *Manual de comportamento organizacional e gestão*. 8th ed. RH Editora; 2016.
6. SEQUEIRA C. *Comunicação clínica e relação de ajuda*. LIDEL; 2016.
7. MELO A. Estratégias de comunicação com a família da pessoa em situação crítica em cuidados intensivos [Internet] [Dissertação de Mestrado em Enfermagem]. Instituto Politécnico de Setúbal; 2023.
8. GOIS E, Silva G, Pereira S, Barja P, Viriato A. Liderança e novos desafios da gestão hospitalar diante da pandemia de covid-19. *Revista Univap*. 2021 Oct 26;27(55):1-10.
9. MÜLLER M, Jürgens J, Redaelli M, Klingberg K, Hautz W, Stock S. Impact of the communication and patient hand-off tool SBAR on patient safety: A systematic review. *BMJ Open*. 2018 Aug 1;8(8):1-10.
10. PERNICIOTTI P, Júnior C, Guarita R, Morales R, Romano B. Síndrome de Burnout nos profissionais de saúde: atualização sobre definições, fatores de risco e estratégias de prevenção. *Revista da Sociedade Brasileira e Psicologia Hospitalar*. 2020;23(1):35-52.
11. CAVALCANTI T, Gouveia V, Medeiros E, Mariano T, Moura H, Moizeís H. Hierarquia das necessidades de maslow: Validação de um instrumento. *Psicologia: Ciência e Profissão*. 2019;39:1-13.
12. PEREIRA A, Da Silva L, Durão M. Motivação e satisfação no trabalho: Teorias, impactos e implicações para a gestão organizacional. *RECIMA21 - Revista Científica Multidisciplinar* . 2024 Jul 11;5(6):1-21.
13. BÄCK-Wiklund M, Guerreiro M, Szücs S, Billquist L, Barroso M, Rodrigues E. Are healthcare organizations healthy? Quality of life in healthcare work in northern and southern europe. *Sociologia, Problemas e Práticas*. 2018 Dec 18;86:45-67.