INTERDISCIPLINARITY IN HEALTH AND COMPREHENSIVE CARE: CHALLENGES AND POTENTIAL OF INTERPROFESSIONAL COLLABORATION

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Abstract: Interdisciplinarity constitutes a relevant strategy for responding to the complexity of health needs and overcoming fragmented care practices. This article aims to reflect on interdisciplinarity in health as a foundation for interprofessional collaboration and the construction of comprehensive care, discussing its potential and the challenges related to communication, teamwork, leadership, and co-responsibility for care. The reflection highlights that the presence of different professional categories

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in a service does not, in isolation, characterize an interdisciplinary practice; the effective integration of knowledge, skills, and decisions around shared objectives is necessary. Effective communication, clarity of roles, trust, collaborative leadership, recognition of professional competencies, and person-centered care stand out as essential elements for strengthening collaboration. Although evidence points to favorable repercussions on quality and certain care outcomes, challenges related to professional hierarchies, power inequalities, service organization, resource availability, and training for collective work persist. It is concluded that strengthening interdisciplinarity requires changes in training, management, and professional relationships, so that the diversity of knowledge is converted into integrated, shared care oriented towards people's needs.

Keywords: Interprofessional Relationships; Patient Care Team; Comprehensive Health Care; Health Communication; Patient-Centered Care.

INTRODUCTION

The growing complexity of health needs has highlighted the limits of care models organized in a fragmented manner, in which different professionals work on specific portions of the health-disease process without necessarily integrating their practices. Population aging, the higher prevalence of chronic conditions, multimorbidity, and the coexistence of biological, psychological, and social needs demand responses that go beyond the capacity of a single profession or disciplinary field. In this context, interdisciplinarity gains centrality as a possibility of articulating different knowledge and practices around common objectives and the needs of the people assisted.

The presence of multiple professions in a health service, however, does not characterize an interdisciplinary practice in itself. The literature shows that the concepts of multidisciplinarity, interdisciplinarity and transdisciplinarity present different degrees of interaction between knowledge and participants. In multidisciplinarity, different fields contribute to a given issue, maintaining, to

a large extent, their own limits; in interdisciplinarity, there is greater articulation and integration between perspectives; while transdisciplinarity presupposes even more comprehensive forms of integration and overcoming disciplinary boundaries (Sell et al., 2022).

This differentiation becomes relevant for the organization of care because teams composed of professionals from different categories can continue to reproduce isolated interventions. Interdisciplinarity requires a distinct movement, marked by communication, shared construction of objectives, recognition of professional competencies and integration of decisions. Sell et al. (2022) point out that interdisciplinary work involves developing collaborative strategies for complex problems, going beyond isolated disciplinary perspectives and seeking to integrate different knowledge around shared frameworks and objectives.

In the field of care, this debate is close to the concept of interprofessional collaboration. Akbar et al. (2025), in a conceptual analysis of interprofessional collaboration in Primary Care, identified five fundamental attributes for its implementation: communication, collaboration, teamwork, patient-centered care, and leadership. These components demonstrate that collaboration involves much more than the coexistence of professionals in the same space, as it presupposes systematic interaction, information sharing, and participation of different team members in decisions related to care.

Communication occupies a particularly relevant position in this process, since it allows sharing clinical information, understanding different professional perspectives and building continuity between different interventions. In addition, relationships of trust, recognition of skills and clarity regarding professional roles contribute to transforming the diversity of knowledge into collective capacity to respond. Bosch and Mansell (2015) highlight that collaborative teams depend, among other elements, on the clarity of roles, trust among its members, the ability to deal with differences, and shared leadership.

Similar results were found by Drew et al. (2024) when investigating teamwork in hospital care for people with hip fractures. The authors identified as central elements the definition of roles and responsibilities, efficient information transfer processes, shared objectives, and collaborative

leadership, and these components are supported by the notion of shared responsibility for care. These findings show that interdisciplinarity also depends on organizational conditions that enable workers to discuss cases, share information and build decisions together.

Collaboration between professionals also has implications for care outcomes. In a systematic review carried out in Primary Care, Bouton et al. (2023) found favorable results of interprofessional interventions in different groups of patients, particularly among individuals at cardiovascular risk. However, the authors also identified heterogeneity of the results in some populations, indicating that the simple adoption of interprofessional teams does not guarantee, in isolation, better outcomes; The way in which collaboration is organized and effectively developed needs to be considered.

Thus, interdisciplinarity can be an important strategy to overcome the fragmentation of practices and favor a more comprehensive care, but its implementation requires changes that cross professional relationships, health education and the organization of services itself. Discussing these conditions becomes especially relevant in the face of health systems in which comprehensiveness demands permanent articulation between different knowledge, subjects and points of care.

Thus, this article aims to reflect on interdisciplinarity in health as a foundation for interprofessional collaboration and for the construction of comprehensive care, discussing its potentialities and challenges related to communication, teamwork, leadership and co-responsibility for care.

DEVELOPMENT

Interdisciplinarity in health has been progressively recognized as a necessary response to the complexity of contemporary care problems. This need arises from the fact that the demands presented by users are rarely limited to a single clinical or professional dimension. Chronic conditions, multimorbidity, aging, mental suffering, rehabilitation processes and social vulnerabilities require assessments and interventions that articulate different knowledge, preventing the user from being

subjected to fragmented or poorly connected actions. Sell et al. (2022) highlight that complex health problems can hardly be solved by a single discipline, requiring a combination of knowledge, experiences, and perspectives from different fields.

However, recognizing the need for different professionals does not mean that the care produced is necessarily interdisciplinary. This distinction is important because, in many services, the multiprofessional organization continues to be structured based on parallel interventions. Each worker performs his or her own evaluation, defines his/her own conducts and records specific information, without these contributions being sufficiently integrated into a common care plan. In this configuration, there is professional diversity, but fragmentation remains.

Sell et al. (2022) point out that multidisciplinarity, interdisciplinarity, and transdisciplinarity present different forms of interaction. While multidisciplinarity allows different areas to contribute while maintaining their disciplinary limits, interdisciplinarity presupposes greater integration, synthesis and harmonization between knowledge. Transdisciplinarity, in turn, seeks to go even broader beyond the traditional boundaries between fields of knowledge. Although these concepts should not be understood as rigid or hierarchically superior stages, their differentiation allows us to analyze more precisely how collective work is effectively organized.

Interdisciplinarity and overcoming the fragmentation of care

Fragmentation is one of the main tensions faced by health care. When care is organized exclusively based on specialties, there is a risk that different professionals intervene on the same user without sufficient articulation between their actions. As a consequence, there may be overlapping of conducts, care gaps, repetition of procedures and difficulties in the continuity of follow-up.

Interdisciplinarity proposes a different logic by bringing specialized knowledge into interaction. This does not imply eliminating professional identities, but recognizing that each profession offers only one possible perspective on problems that are, in essence, multidimensional.

Sell et al. (2022) emphasize that interdisciplinarity implies overcoming disciplinary boundaries to develop collaborative ways of solving problems, incorporating and articulating knowledge from different fields. For this to happen, it is necessary that the participants understand the contributions of others, establish common references and be willing to negotiate interpretations and priorities.

From this perspective, comprehensiveness should not be confused with the simple offer of several specialties. A user can be seen by many professionals and still experience fragmented care. Comprehensiveness depends on the ability to connect these different interventions in a way that is coherent with the needs of the person.

The contribution of interdisciplinarity lies precisely in this movement of integration. Instead of a succession of isolated actions, it seeks to constitute a process in which different knowledges participate in the analysis of the problem, the definition of priorities and the planning of interventions. Thus, professional diversity is no longer just a characteristic of the team's composition and becomes a resource to broaden the understanding of health needs.

Interprofessional collaboration as a structuring element of care

Interprofessional collaboration can be understood as one of the main ways in which interdisciplinarity is materialized in services. Akbar et al. (2025), when conceptually analyzing interprofessional collaboration in Primary Care, identified five recurrent attributes: communication, collaboration, teamwork, patient-centered care, and leadership. These components demonstrate that collaboration is not limited to the division of tasks, but involves structured relationships between professionals who share information, responsibilities and decisions.

Collaboration initially requires workers to recognize the interdependence between their practices. The work of one professional often has consequences for the planning of others, especially when the care involves people with multiple needs. In this sense, interdisciplinary work requires that decisions cease to be built exclusively within each professional nucleus and, when necessary,

incorporate the contribution of the different team members.

Akbar et al. (2025) highlight that collaboration favors the planning, implementation, and joint evaluation of care. In addition, it enables learning among professionals, shared participation in decisions and better use of the specific competencies existing in the group. Such a process can reduce redundant interventions and favor greater coherence between the different actions developed.

This articulation also depends on the recognition that no profession alone has all the necessary resources to respond to the complex needs of users. In effectively collaborative teams, professional competencies are understood as complementary, not competing.

Bosch and Mansell (2015) use the analogy with sports teams to demonstrate that collective performance does not depend only on the individual competence of each member. According to the authors, clarity of roles, trust, the ability to face adversity, the management of differences, and collective leadership are important elements for the functioning of collaborative teams. Applied to the health context, this reflection shows that highly qualified professionals can produce limited results when they are unable to integrate their actions.

Communication as the axis of interdisciplinary practice

Among the different elements of collaboration, communication appears as one of the most consistent in the studies analyzed. Without adequate communication mechanisms, it becomes difficult to establish common goals, recognize changes in the users' situation, coordinate interventions, and build continuity of care.

Akbar et al. (2025) consider communication to be a key attribute of interprofessional collaboration. The transparent sharing of information, knowledge, and perspectives contributes to building trust among team members and allows everyone to understand the user's conditions and the objectives of the care plan.

Interdisciplinary communication, however, cannot be reduced to the recording of information

in medical records. Although documentation is indispensable, the dialogue between professionals also involves clinical discussion, negotiation and joint interpretation of the available information. Team meetings, case discussions, shared visits, and brief moments of alignment can play an important role in this process.

Drew et al. (2024), when investigating teams responsible for the care of people with hip fractures, observed that the efficient transfer of information was an indispensable component of teamwork. Professionals reported the use of multiprofessional meetings, clinical visits, shared documentation, information systems and informal communications to ensure that relevant information reached the appropriate people at the appropriate time.

These practices reveal that interdisciplinary communication needs to be organized. When the circulation of information depends only on occasional encounters or personal relationships between certain workers, the risk of discontinuity increases. Consequently, services need to create permanent devices that favor information sharing.

Another relevant aspect is that communication does not take place in a neutral environment. Professional hierarchies, power relations and unequal recognition between categories can limit the participation of some members. Therefore, the effectiveness of the dialogue also depends on an organizational culture in which different professionals can present opinions, question decisions and participate in the construction of the care plan.

Clarity of roles, trust and co-responsibility

Interdisciplinarity requires a balance between the definition of responsibilities and flexibility for collective work. The absence of clarity can produce duplicity, omission of tasks and conflicts; On the other hand, excessively rigid professional boundaries can hinder cooperation and continuity.

Drew et al. (2024) identified the clear definition of roles and responsibilities as one of the core components of successful multiprofessional work. Protocols, formalized care trajectories, training

processes and description of professional responsibilities contributed to a greater understanding of the role of each member.

This clarity, however, must be accompanied by mutual recognition. Bosch and Mansell (2015) emphasize that each participant needs to realize the value of their own contribution and the contribution of others. The team becomes more effective when professionals understand their roles, but also accept some degree of overlap and cooperation when it better meets the needs of the user.

In this process, trust and mutual respect become indispensable. Akbar et al. (2025) point out that teamwork is strengthened when the contributions of different professionals are valued and when rigid hierarchical relationships give way to environments in which members feel recognized and supported.

Trust also favors co-responsibility. Drew et al. (2024) found that, in addition to the four structuring elements identified in the functioning of the teams, clarity of roles, transfer of information, shared objectives, and collaborative leadership, there was a transversal principle: shared responsibility by the user.

This notion is particularly relevant because it shifts the team from a task-based logic to a collective results-oriented logic. Each professional maintains their specific responsibilities, but recognizes that care cannot be understood as a sum of disconnected individual responsibilities.

Collaborative leadership and organizational support

Another central aspect refers to leadership. Interdisciplinarity does not depend exclusively on the goodwill of professionals. For collaboration to be maintained in a sustainable way, it needs institutional conditions that favor participation, communication, negotiation and sharing of decisions.

Akbar et al. (2025) highlight that leaders who are able to support collaboration create environments in which different disciplines can work in an integrated manner. Inclusive leadership contributes to establishing clear goals, recognizing professional roles, and encouraging the participation

of different members.

In this sense, leadership should not be confused only with formal authority. In interdisciplinary teams, their role is also to facilitate processes, manage conflicts, and create conditions for different perspectives to be considered.

Bosch and Mansell (2015) use the concept of collective leadership to defend the distribution of responsibility among team members, rather than its absolute concentration on a single figure. This form of leadership can increase involvement and favor greater commitment of participants to shared goals.

Organizational support also appears as an important antecedent of collaboration. Akbar et al. (2025) emphasize that institutional policies, clear procedures, definition of responsibilities, and structures that favor the circulation of information contribute to the implementation of interprofessional work.

This demonstrates that interdisciplinarity needs to be planned as part of the organization of services. It is unreasonable to demand permanent collaboration in environments that do not offer time for meetings, have high professional turnover, hinder shared access to information, or maintain hierarchical structures that make it impossible for different categories to effectively participate.

Person-centered care and comprehensiveness

Interdisciplinarity only acquires meaning when its purpose remains linked to the needs of the user. The risk of turning collaboration into a process focused solely on the internal workings of the team needs to be avoided.

Akbar et al. (2025) identify patient-centered care as a fundamental attribute of interprofessional collaboration. From this perspective, people's needs, preferences and values should guide decisions and care plans, with the active participation of users whenever possible.

Person-centered care reinforces the notion that different professionals should not simply

present independent conducts. The care plan needs to make sense to the person who will receive the care. This means considering not only clinical parameters, but also living conditions, possibilities of adherence, personal priorities, family relationships, and social context.

Interdisciplinarity contributes to broadening this understanding because it allows different professionals to bring different elements to the discussion. However, this diversity needs to converge to a coherent plan. Otherwise, the user may continue to receive multiple and contradictory recommendations.

In this scenario, the participation of the person in the decision-making process constitutes an additional element of integrality. It is not enough to integrate professionals if the user remains only as a passive recipient of the conducts. Interprofessional collaboration makes greater sense when it also incorporates the person and, when relevant, his or her family in the construction of decisions.

Potential of collaboration for care outcomes

The available studies suggest that collaboration can have a positive impact on different care outcomes, although these effects are not uniform in all contexts.

Bouton et al. (2023), in a systematic review on interprofessional collaboration in Primary Care, analyzed 65 articles referring to 61 interventions. Among 28 studies involving people at cardiovascular risk, 23 reported positive effects on patient-centered outcomes. Among studies related to mental or physical symptoms, a high proportion of favorable outcomes was also observed. However, among the elderly and people with multiple conditions, the findings were less consistent.

These results are important because they show that collaboration has potential, but should not be treated as an automatically effective intervention. The existence of different professionals does not determine the outcome; It is necessary to understand how the teams are structured, what is the degree of integration among the participants and what communication and coordination mechanisms were used.

Akbar et al. (2025) also identify positive consequences associated with interprofessional collaboration, such as improved quality of care, greater user satisfaction, greater efficiency in the management of health conditions, and professional development. Integrated work can reduce duplication of actions, improve the use of resources and expand learning opportunities among workers themselves.

Therefore, the benefits of interdisciplinarity are not restricted to users. Collaboration can also favor professional learning, exchange of experiences, and greater understanding of the competencies of team members.

Challenges to transform interdisciplinarity into everyday practice

Despite the potential benefits, interdisciplinarity remains crossed by structural and relational difficulties. Sell et al. (2022) identify among the challenges of inter- and transdisciplinary work the need for time, resources, adequate leadership, appropriate team composition, and overcoming conflicts between disciplines and power inequalities.

Hierarchical relationships represent a particularly important challenge. When certain professions are systematically recognized as decision-makers and others assume only an executing position, interdisciplinary work tends to be limited. The formal participation of different categories does not mean effective participation.

Another obstacle is in vocational training. During their educational trajectory, students are often prepared within their own areas, with restricted contact with other courses and few opportunities for shared learning. As a consequence, they can enter the job market knowing little about the skills and responsibilities of other professions.

Bosch and Mansell (2015) point out that experiences of interprofessional education can favor a more positive perception of teamwork and greater understanding of professional roles. Sell et al. (2022) add that skills such as communication, flexibility, openness to different perspectives, and

leadership need to be developed in the training of workers.

Continuing education in services also plays an important role. It is not just about offering specific training on collaboration, but also about creating opportunities for professionals to reflect on their own work processes, discuss care problems and review relationships established between categories.

Thus, interdisciplinarity needs to be understood as a process under construction. It is not consolidated by normative determination or by the simple meeting of professionals. It requires organizational conditions, development of skills, change in power relations and permanent willingness to negotiate.

By gathering the findings of the analyzed studies, it is observed that communication, leadership, clarity of roles, trust, shared objectives, user centrality and co-responsibility appear as converging elements. These components indicate that interdisciplinarity is simultaneously a way of organizing work and a way of producing relationships. Its strengthening can contribute to reducing the fragmentation of care, as long as it is accompanied by concrete changes in the training, management and daily life of health services.

FINAL CONSIDERATIONS

Interdisciplinarity is a relevant strategy to respond to the complexity of contemporary health needs and face the fragmentation that still characterizes an important part of care practices. More than bringing together professionals from different areas, its implementation presupposes integration of knowledge, effective communication, recognition of specific competencies, definition of common objectives and shared construction of decisions related to care.

The reflection developed shows that interprofessional collaboration is a concrete expression of this movement in the daily routine of services. The studies analyzed converge by pointing to communication, clarity of roles, trust, collaborative leadership, shared goals, and co-responsibility

as fundamental elements for the functioning of teams. In this process, preserving professional specificities does not represent an obstacle to interdisciplinarity; on the contrary, it is precisely the diversity of knowledge, when placed in dialogue, that expands the possibilities of understanding and intervention in the face of the needs of users (Bosch; Mansell, 2015; Sell et al., 2022; Drew et al., 2024; Akbar et al., 2025).

It is also observed that the effects of collaboration should not be understood automatically. Although there is evidence of favorable results in different care contexts, particularly in Primary Care, their effectiveness depends on the population served, the characteristics of the interventions and, above all, the way collaborative work is structured and developed. The heterogeneous results identified by Bouton et al. (2023) reinforce the need to overcome the idea that the simple multiprofessional composition is sufficient to produce better outcomes.

In this sense, one of the main challenges is to transform interdisciplinarity from a principle defended in institutional discourses into practice incorporated into the daily routine of services. Barriers related to professional hierarchies, inequalities of power, insufficient time and resources, weaknesses in communication, and absence of organizational support can limit collaboration. Confronting it requires actions that reach both the relationships between workers and the processes of management and organization of work (Sell et al., 2022).

The training of professionals also needs to participate in this movement. Developing skills to dialogue, share decisions, recognize different perspectives and work collectively should not be an expectation restricted to the moment of insertion in the services. Interprofessional education during training and continuing education in daily work are, therefore, ways to strengthen a collaborative culture and prepare professionals capable of acting in the face of problems whose complexity goes beyond the limits of a single area of knowledge.

Finally, strengthening interdisciplinarity means shifting the organizing center of care from professional boundaries to people's needs. The integration of knowledge only achieves its purpose when it contributes to the user being understood in his or her entirety and participating in decisions

involving his or her health. Thus, more than an arrangement between different professional categories, interdisciplinarity constitutes a possibility for reconstructing care relationships, making them more articulated, shared and person-centered.

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