SEVEN
publicações acadêmicas

INTERPROFESSIONAL COLLABORATION IN HIGH-COMPLEXITY UNITS: CHALLENGES, TEAM PERCEPTIONS, AND IMPACTS ON QUALITY AND SAFETY OF CARE

COLABORAÇÃO INTERPROFISSIONAL EM UNIDADES DE ALTA COMPLEXIDADE: DESAFIOS, PERCEPÇÕES DA EQUIPE E IMPACTOS NA QUALIDADE E SEGURANÇA DO CUIDADO

COLABORACIÓN INTERPROFESIONAL EN UNIDADES DE ALTA COMPLEJIDAD: DESAFÍOS, PERCEPCIONES DEL EQUIPO E IMPACTOS EN LA CALIDAD Y SEGURIDAD DE LA ATENCIÓN

https://doi.org/10.56238/sevened2025.037-042

Brayan Almeida Ferreira[1], Jander Marcus Cirino Lopes[2], Diana Pereira do Nascimento[3], Franciely Santos Silva[4], Patrícia Maria Hoyos Lima[5], Jeane da Silva Facioni[6], Priscila Cassiana Farias da Silva[7], Leidson Frank Santana Cardoso[8], Leidiane Braz de Sousa[9], Deivid Junio Guilherme De Lanes[10], Bianca Karina Freitas Garcia[11], Anderson Maciel de Jesus[12], Valdemar Mendes de Morais Filho[13], Julio Gladston Ribeiro Santos[14], Elda Lenilma Palheta Alves[15], Luiz Alberto Fernandes da

[1] Master's degree in Biosciences. Universidade Federal do Oeste do Pará (UFOPA). Pará, Brazil. E-mail: brayanenf@hotmail.com Orcid: https://orcid.org/0000-0003-1193-9948
[2] Master's degree in Society, Environment and Quality of Life. Universidade Federal do Oeste do Pará (UFOPA). Pará, Brazil. E-mail: jander.lopes@yahoo.com.br
[3] Graduated in Pharmacy. Universidade Uniesamaz. Pará, Brazil. E-mail: dianapdonascimento@gmail.com
[4] Graduated in Nursing. Centro Universitário Anhanguera de Marabá. Pará, Brazil. E-mail: franciely23silva@gmail.com
[5] Undergraduate student in Pharmacy. Universidade Federal do Oeste do Pará (UFOPA). Pará, Brazil. E-mail: phoyos003@gmail.com Orcid: 0009-0002-5059-222X
[6] Undergraduate student in Medicine. Centro Universitário (UNIFG). Bahia, Brazil. E-mail: facionijeane@gmail.com Orcid: https://orcid.org/0009-0004-1643-8047
[7] Postgraduate student in Urgency and Emergency. Instituto Esperança de Ensino Superior (IESPES). Pará, Brazil. E-mail: pry_cassiana@hotmail.com Orcid: https://orcid.org/0009-0009-7682-7745
[8] Pharmacist. Uniesamaz. Pará, Brazil. E-mail: frank_cardozoz@yahoo.com.br
[9] Master student in Biosciences. Universidade Federal do Oeste do Pará (UFOPA). Pará, Brazil. E-mail: leidybraz@hotmail.com
[10] Postgraduate certificate in Clinical/Hospital Pharmacy and Pharmaceutical Care. Faculdade ITH Rio de Janeiro, Brazil. E-mail: deividillanes@gmail.com
[11] Undergraduate student in Pharmacy. Universidade da Amazônia (UNAMA). Pará, Brazil. E-mail: biancakarinafreitas@gmail.com
[12] Dental surgeon. Universidade CEUMA. Maranhão, Brazil. E-mail: andersomaciell@gmail.com Orcid: https://orcid.org/0009-0005-8380-9933
[13] Pharmacist. Centro Universitário Leonardo da Vinci (Uniasselvi). Santa Catarina, Brazil. E-mail: valdemar.morais11@gmail.com
[14] Graduated in Geography. Universidade Federal de Alagoas. Alagoas, Brazil. E-mail: juliogladstonribeirosantos@outlook.com
[15] Pharmacist. Biochemist. Universidade Federal do Pará (UFPA). Pará, Brazil. E-mail: alvinha2004@gmail.com

Silva[16], Júnio Fábio Silva do Vale[17], Cíntia Anjos Braga Pereira[18], Maria de Fátima Freire Costa[19], Uiliam Florentino dos Santos[20], Amanda Martins Araújo[21], Aline Martins Araújo do Nascimento[22], Bruno Nunes de Almeida[23], Arilana de Jesus Carretilha[24], Clenildo Silva Campos[25]

ABSTRACT

Interprofessional collaboration is a fundamental component for care quality and patient safety in high-complexity settings such as Intensive Care Units (ICU) and emergency services. This study, conducted through a narrative literature review, aimed to analyze the challenges, professional perceptions, and impacts of collaborative practice in these environments. The search was carried out in the BVS, LILACS, SciELO, and related institutional repositories, resulting in more than 15 publications addressing interprofessional communication, teamwork, patient safety, and collaborative strategies. The findings show that structured communication, clarity of professional roles, and continuous interaction among team members are key factors for effective collaboration. Integrated practices were found to prevent adverse events, enhance therapeutic accuracy, strengthen institutional protocols, and improve clinical outcomes. However, barriers such as professional hierarchy, communication failures, work overload, and organizational limitations still hinder the consolidation of interprofessional practice. The study concludes that investing in collaborative culture, interprofessional education, and institutional integration strategies is essential to promote safe, humanized, and efficient care in high-complexity hospital settings.

Keywords: Interprofessional Collaboration. Multiprofessional Team. ICU. Emergency. Patient Safety.

RESUMO

A colaboração interprofissional constitui elemento fundamental para a qualidade assistencial e a segurança do paciente em unidades de alta complexidade, como Unidades de Terapia Intensiva (UTI) e serviços de emergência. Este estudo, desenvolvido por meio de uma

[16] Graduated in Pharmacy. Instituto Esperança de Ensino Superior (IESPES). Pará, Brazil. E-mail: luizalbertostm@gmail.com
[17] Graduated in Pharmacy. Instituto Esperança de Ensino Superior (IESPES). Pará, Brazil. E-mail: juniofabio@hotmail.com
[18] Master's student in Systems Engineering and Biomedical Products. Instituto Federal de Educação, Ciência e Tecnologia da Bahia (IFPA). Bahia, Brazil. E-mail: cinthiabragap@gmail.com
[19] Postgraduate certificate in Occupational Nursing. Postgraduate certificate in Hospital Auditing. Postgraduate certificate in Hospital Management. Faculdade Anhanguera. Pará, Brazil. E-mail: ffreire801@gmail.com
[20] Master's student in Biomedical Systems and Products Federal . Instituto Federal de Educação, Ciência e Tecnologia da Bahia (IFPA). Bahia, Brazil. E-mail: uiliamflorentino11@gmail.com
[21] Postgraduate certificate in Clinical Analysis. Postgraduate certificate in Clinical Microbiology and Microbiological. Instituto Esperança de Ensino Superior (IESPES). Pará, Brazil. E-mail: amandhamartins27@gmail.com
[22] Postgraduate certificate in Public Health. Postgraduate certificate in Critical Patient Care: Urgency, Emergency and ICU. Instituto Esperança de Ensino Superior (IESPES). Pará, Brazil. E-mail: martins.aline@live.com
[23] Master's student in Medicine. Centro Universitário São Leopoldo Mandic. São Paulo, Brazil. E-mail: brual2@hotmail.com
[24] Postgraduate certificate in Microbiology and Quality Control. Pará, Brazil. E-mail: arilanacarretilha12@gmail.com
[25] Master's degree in Pathology Laboratory of Molecular and Experimental Pathology. Universidade Federal de São Paulo (UNIFESP). São Paulo, Brazil. E-mail: clenildocampos@me.com
Orcid: https://orcid.org/0009-0001-7151-1911

revisão narrativa da literatura, teve como objetivo analisar os desafios, percepções profissionais e impactos da prática colaborativa nesses ambientes. A busca foi realizada nas bases BVS, LILACS, SciELO e repositórios institucionais, resultando em mais de 15 publicações que abordam comunicação interprofissional, trabalho em equipe, segurança do paciente e práticas colaborativas. Os resultados evidenciam que a comunicação estruturada, a clareza dos papéis e a interação contínua entre as categorias são fatores determinantes para a efetividade da colaboração. Observou-se que práticas integradas contribuem para a prevenção de eventos adversos, aprimoram a precisão terapêutica, fortalecem protocolos institucionais e aumentam a resolutividade clínica. Entretanto, desafios como hierarquização, falhas comunicacionais, sobrecarga de trabalho e limitações organizacionais ainda representam barreiras significativas para a consolidação da interprofissionalidade. Conclui-se que investir em cultura colaborativa, educação interprofissional e estratégias institucionais de integração é essencial para promover cuidado seguro, humanizado e eficiente em ambientes de alta complexidade.

Palavras-chave: Colaboração Interprofissional. Equipe Multiprofissional. UTI. Emergência. Segurança do Paciente.

RESUMEN

La colaboración interprofesional constituye un elemento fundamental para la calidad de la atención y la seguridad del paciente en unidades de alta complejidad, como las Unidades de Cuidados Intensivos (UCI) y los servicios de emergencia. Este estudio, desarrollado mediante una revisión narrativa de la literatura, tuvo como objetivo analizar los desafíos, las percepciones profesionales y los impactos de la práctica colaborativa en estos entornos. La búsqueda se realizó en las bases de datos BVS, LILACS, SciELO y repositorios institucionales, dando como resultado más de 15 publicaciones que abordan la comunicación interprofesional, el trabajo en equipo, la seguridad del paciente y las prácticas colaborativas. Los resultados evidencian que la comunicación estructurada, la claridad de los roles y la interacción continua entre las distintas categorías profesionales son factores determinantes para la efectividad de la colaboración. Se observó que las prácticas integradas contribuyen a la prevención de eventos adversos, mejoran la precisión terapéutica, fortalecen los protocolos institucionales y aumentan la resolutividad clínica. Sin embargo, desafíos como la jerarquización, las fallas comunicacionales, la sobrecarga laboral y las limitaciones organizacionales aún representan barreras significativas para la consolidación de la interprofesionalidad. Se concluye que invertir en una cultura colaborativa, en la educación interprofesional y en estrategias institucionales de integración es esencial para promover una atención segura, humanizada y eficiente en entornos de alta complejidad.

Palabras clave: Colaboración Interprofesional. Equipo Multiprofesional. UCI. Emergencia. Seguridad del Paciente.

1 INTRODUCTION

The increasing clinical and technological complexity of high-complexity units, such as Intensive Care Units (ICU) and emergency services, has intensified the need for care models based on interprofessional collaboration. In this scenario, different types of knowledge are articulated to respond to increasingly broad, continuous and unpredictable care demands. Contemporary literature has shown that integration between professionals, when effectively structured, constitutes one of the fundamental pillars to qualify care, increase patient safety, and strengthen clinical decision-making in critical environments. Recent studies emphasize that communication and cooperation between categories are essential elements to avoid discontinuities, reduce risks and promote truly comprehensive care (BARROS; ELLERY, 2016; ARAÚJO, 2024).

In high-complexity hospital units, multiprofessional work takes on even more challenging contours, as it involves quick decisions, high technological density, and clinical needs that go beyond the performance of any isolated profession. Batista (2018) shows that, in emergency services, collaborative practice redefines the traditional limits of professional categories, allowing the construction of more precise and coherent conducts with the immediate reality of the critically ill patient. Similarly, Mendes et al. (2024) demonstrate that the perception of the multiprofessional team about processes such as progressive mobilization in ICUs is directly associated with the way these categories dialogue, share responsibilities, and recognize their interdependencies.

In addition, authors such as Luz et al. (2021) highlight that high-complexity care is not only based on technical skills, but also on human, relational, and communicational dimensions, which shape the way each team member interacts with the other and with the patient. Interprofessional collaboration, in this sense, emerges as an indispensable strategy to reduce conflicts, expand the interdisciplinary understanding of the patient's needs and consolidate humanized practices. This evidence converges with findings by Mello et al. (2022), which show that multiprofessional collaborative initiatives have a direct impact on reducing infections and improving care safety indicators.

Another relevant dimension concerns the barriers that still permeate the daily lives of the teams. Dalóia et al. (2021) identify that obstacles such as lack of structured communication, role ambiguities, hierarchy between categories, and organizational limitations hinder the full implementation of collaborative practices in ICUs. These barriers dialogue with the critical analysis of Silva (2022), for whom decision-making in critical

environments is still influenced by historically asymmetrical power structures and professional dynamics, which can compromise the quality of care and the protagonism of some categories.

On the other hand, the potential of integrated work is widely recognized. Santos (2022) shows that communication between professionals, when guided by protocols, a culture of safety, and openness to dialogue, allows for early identification of adverse events and the construction of safer clinical responses. Vieira et al. (2024) reinforce this perspective by stating that interprofessional communication strategies qualify the flow of information and promote greater consistency between the behaviors adopted by the team. Thus, not only the interaction, but the way it is conducted, becomes decisive for the achievement of positive care results.

In this context, it is evident that understanding the challenges, perceptions, and impacts of interprofessional collaboration in high-complexity units is essential to improve care practices, guide institutional policies, and strengthen patient-centered care models. The integration of different professions is not a complement to care, but rather a structuring need to ensure safety, quality, and problem-solving capacity in environments in which every minute can define clinical outcomes. Thus, investigating this phenomenon allows not only to broaden the academic debate, but also to offer concrete subsidies for the reorganization of multiprofessional work in the contemporary hospital scenario.

2 LITERATURE REVIEW

2.1 EVOLUTION OF INTERPROFESSIONAL COLLABORATION IN HIGH COMPLEXITY ENVIRONMENTS

Interprofessional collaboration has undergone important transformations in recent decades, following the evolution of care complexity and the demands of hospital institutions. In critical environments, such as ICUs and emergencies, this collaboration is no longer a complementary element but a structuring part of care. Barros and Ellery (2016) point out that interprofessionality in these environments stems from the need for quick and integrated responses, which require continuous dialogues and articulation of diverse knowledge. As technology expands and the severity of cases increases, the demand for collaborative practices capable of sustaining safety, therapeutic accuracy, and shared decision-making grows.

Recent authors reinforce that multiprofessional integration has emerged as a global trend, favored by institutional policies, residency programs, and cultural changes in health

organizations (Araújo, 2024). Team building with consolidated collaborative practices has proven to be an essential component for clinical effectiveness in highly complex settings.

2.2 COMMUNICATION AS THE FOUNDATION OF SAFETY AND CARE EFFECTIVENESS

Communication appears as one of the most relevant pillars in multiprofessional care, especially in a critical environment. Santos (2022) highlights that communication failures represent one of the main causes of errors, interruptions of care, and adverse events. On the other hand, structured communication — based on protocols, standardized language, and strategies such as SBAR — strengthens safety and improves the quality of care.

Vieira et al. (2024) reinforce that efficient interprofessional communication increases the clinical coherence of conducts, avoids redundancies, reduces conflicts, and increases synergy between categories. These benefits become even more evident in ICUs and emergencies, where minor communication deviations can result in severe outcomes.

Studies show that communication is not limited to the transmission of information, but involves mutual trust, active listening, and clarity about the roles of each professional.

2.3 PROFESSIONALS' PERCEPTION OF ICU AND EMERGENCY COLLABORATION

The perception of multiprofessional teams is a crucial component for the consolidation of collaborative practices. Mendes et al. (2024), when analyzing the view of professionals on progressive mobilization in ICUs, demonstrate that the way the categories understand their responsibilities and interdependencies directly interferes with the effectiveness of interventions.

Araújo (2024) highlights that professionals who perceive collaboration as a core value of care tend to be more actively involved in shared processes, which improves the quality of care and job satisfaction. Studies such as those by Luz et al. (2021) point out that feelings of belonging, recognition, and institutional support are decisive for the team to understand its role in the construction of comprehensive care.

2.4 IMPACTS OF INTERPROFESSIONAL COLLABORATION ON PATIENT SAFETY

The convergent literature demonstrates significant impacts of interprofessional collaboration on patient safety, especially in highly complex environments. Mello et al. (2022) showed that collaborative actions within a PROADI-SUS program resulted in a significant reduction in care-associated infections and greater precision in clinical processes.

Similarly, Oliveira et al. (2022) point out that the joint action of several categories allows for early identification of care risks, qualification of clinical decisions, and reduction of complications associated with hospitalization.

The studies reinforce that patient safety does not depend only on protocols, but on the way professionals interact, articulate information, and take collective responsibility for the conducts adopted.

2.5 BARRIERS AND CHALLENGES TO COLLABORATION IN HIGH COMPLEXITY UNITS

Despite the widely recognized benefits, interprofessional collaboration faces persistent challenges. Dalóia et al. (2021) identify barriers such as lack of structured communication, rigid hierarchy, lack of knowledge of professional roles, and organizational limitations. Silva (2022) argues that, in critical contexts, hierarchical practices can prevail, making it difficult to express the different categories and hindering balanced decision-making.

In addition to structural issues, subjective aspects — such as resistance to change, professional identity conflicts, and differences in training — can also limit the effectiveness of collaboration. Luz et al. (2021) reinforce that humanized practices, valuing dialogue, and promoting safe work environments are essential to overcome such obstacles.

The challenges show that collaboration requires not only technical strategies, but also profound cultural changes.

2.6 ROLE OF TRAINING AND INTERPROFESSIONAL EDUCATION

The literature points out that solid collaborative practices begin in training. Shared professional development experiences — such as multiprofessional residencies — promote essential competencies for collaborative work, such as assertive communication, shared leadership, joint decision-making, and expanded understanding of professional roles.

Araújo (2024) highlights that interprofessional training modifies perceptions, stimulates dialogue, and reduces historical barriers between categories. Santos (2022) reinforces that continuing education initiatives — such as realistic simulations, interdisciplinary clinical meetings, and case discussions — are effective in strengthening the culture of collaboration.

Interprofessional education, therefore, is configured as a structuring axis to transform practices and consolidate more integrated teams.

2.7 ORGANIZATIONAL AND CARE REPERCUSSIONS OF COLLABORATION

In addition to direct clinical impacts, interprofessional collaboration has broad organizational repercussions. Studies show that collaborative teams contribute to optimizing care flows, reducing workload, improving the organizational climate, and promoting greater satisfaction among professionals. Oliveira et al. (2022) and Vieira et al. (2024) indicate that institutions that adopt collaborative practices have greater adherence to protocols, lower clinical variability, and greater overall efficiency.

Collaboration also favors continuity of care, especially in critical transitions between sectors — such as the emergency room, operating room, and ICU. Barros and Ellery (2016) observe that interprofessional integration reduces gaps between processes, ensuring that essential information accompanies the patient at each stage of care.

Thus, collaboration emerges not only as a clinical instrument, but as a management strategy, work qualification, and consolidation of patient-centered care models.

3 METHODOLOGY

This study is characterized as a **narrative review of the literature**, developed with the objective of understanding, analyzing and synthesizing the scientific evidence related to interprofessional collaboration in high complexity hospital units, especially in contexts such as Intensive Care Units (ICU) and emergency services. The choice of this design is based on the need to explore a theme whose complexity requires broad, flexible and integrative interpretation, allowing the examination not only of empirical results, but also of conceptual, organizational and subjective aspects that cross interprofessional practice. According to Barros and Ellery (2016), the multiprofessional dynamics in critical environments involves multiple dimensions that cannot be captured only by quantitative studies, which reinforces the adequacy of the narrative review.

Search Strategy

The bibliographic search was carried out between January and February 2025, using the **Virtual Health Library (VHL), LILACS**, **SciELO**, **PePSIC** and indexed institutional repositories. These databases were selected because they concentrate Latin American and Brazilian scientific production on collaborative practices in health, ensuring the integration of qualitative, quantitative, and hybrid studies.

Controlled descriptors and keywords in Portuguese were used, such as:

"interprofessional collaboration", "multiprofessional team", "ICU", "emergency", "patient safety", "interprofessional communication", "critical care", "collaborative health practice", combined with the Boolean operators AND and OR to increase the sensitivity of the search.

Inclusion and Exclusion Criteria

The following were included in the study:

• articles published between 2015 and 2025;

• studies available in full text;

• research developed in highly complex hospital contexts;

• studies that directly or indirectly addressed collaboration between two or more professional categories;

• original articles, reviews, qualitative studies, institutional reports and theoretical analyses.

The following were excluded:

• studies that did not deal with interprofessional collaboration;

• articles restricted to isolated professional categories;

• studies carried out exclusively in primary care without a hospital interface;

• publications without identifiable methodological rigor.

Selection and Analysis Process

After the initial search, the titles and abstracts were analyzed independently to verify thematic relevance. Then, the full texts were fully evaluated to confirm their adequacy to the established criteria. At the end of the process, 12 studies were selected, which fully met the inclusion criteria and presented consistent contributions on interprofessional communication, team perceptions, patient safety, organizational challenges, and clinical repercussions (ARAÚJO, 2024; MENDES et al., 2024; VIEIRA et al., 2024; MELLO et al., 2022; DALÓIA et al., 2021; SANTOS, 2022; among others).

The analysis followed an **interpretative thematic** approach, allowing the organization of the contents into axes that reflected the central dimensions of interprofessional collaboration: communication, perceptions and experiences of professionals, patient safety, structural challenges, interprofessional education and organizational repercussions. As Luz et al. (2021) point out, interpreting collaborative practices requires considering both objective and subjective factors, which is why narrative analysis was used to integrate multiple perspectives and evidence.

Ethical Considerations

As it is a bibliographic research, without direct involvement of human beings, the study fits the parameters of CNS Resolution No. 510/2016, and does not require submission to the Research Ethics Committee.

4 RESULTS

The analysis of the selected studies allowed the identification of a broad body of evidence on interprofessional collaboration in high complexity hospital units, revealing common patterns, challenges, and impacts between different scenarios, especially ICUs and emergency services. The findings were organized into four main axes: communication, perceptions of professionals, patient safety, and structural barriers to collaboration.

4.1 COMMUNICATION AS A STRUCTURING AXIS OF COLLABORATIVE PRACTICE

The studies converge in demonstrating that communication is the central element to sustain interprofessional actions in critical environments. Santos (2022) showed that communication failures represent one of the main factors associated with adverse events in ICUs, especially when there is a lack of protocols or divergences between categories. Vieira et al. (2024) reinforce that structured communication, based on standardized methodologies, increases the accuracy of conducts and reduces conflicts between professionals, favoring the continuity of care and the coherence of clinical decisions.

In the set of publications, it is observed that efficient communication is not limited to the exchange of information, but involves relational skills, trust and openness to dialogue, especially in urgent situations and quick decision-making.

4.2 PERCEPTIONS AND EXPERIENCES OF PROFESSIONALS

The perceptions of professionals from different categories reveal that interprofessional collaboration is seen as fundamental for the quality of care, although it is still permeated by challenges. Mendes et al. (2024) observed that progressive mobilization in the ICU — an intervention that requires joint action — depends on the clarity of responsibilities and interaction between nurses, physiotherapists, and physicians. Araújo (2024) reinforces that professionals perceive collaboration as a way to reduce failures and increase clinical problem-solving, but recognize that work overload and lack of institutional support limit its effectiveness.

Luz et al. (2021) highlight that the way professionals perceive themselves within the team — in terms of appreciation, autonomy, and recognition — directly influences their level of engagement in collaborative practices. Thus, individual perceptions are determinant for the strengthening or weakening of interprofessionality.

4.3 IMPACTS ON SAFETY AND QUALITY OF CARE

The results demonstrate that strengthened collaborative practices generate significant improvements in safety and quality of care. Mello et al. (2022), when analyzing a multiprofessional program aimed at reducing hospital infections, identified a significant decrease in adverse events after the implementation of collaborative strategies between doctors, nurses, pharmacists, and physiotherapists. Oliveira et al. (2022) point out that the integration between categories allows for early identification of risks, timely adjustment of conducts, and promotion of more assertive interventions in critically ill patients.

Evidence shows that integrated teams tend to have greater adherence to protocols, greater precision in drug administration, greater effectiveness in early mobilization, and better response capacity in situations of clinical instability.

4.4 PERSISTENT BARRIERS AND CHALLENGES

Despite the benefits found, studies show that interprofessional collaboration faces structural and cultural obstacles. Dalóia et al. (2021) identified difficulties related to the absence of standardized communication, disagreements about professional roles, and individual or collective resistance to collaborative practices. Silva (2022) expands this analysis by discussing how traditional hierarchies in critical environments can limit the participation of some categories in clinical decision-making, generating inequalities that compromise interprofessionality.

In addition, factors such as work overload, lack of time for collective discussion, scarcity of human resources, and absence of institutional support were cited as recurrent barriers. Barros and Ellery (2016) reinforce that organizational culture plays a decisive role, as contexts that do not value the exchange between professionals tend to perpetuate fragmented practices.

4.5 SYNTHESIS OF FINDINGS

Taken together, the results indicate that interprofessional collaboration in high-complexity units:

- improves safety and quality of care;
- depends on effective and organized communication;
- is strongly influenced by perceptions, engagement and professional recognition;
- faces structural, cultural and organizational challenges that need to be overcome;
- is strengthened by interprofessional education initiatives and consistent institutional support.

The findings reveal, therefore, that collaboration is not a spontaneous process — it is a constructed, dynamic phenomenon dependent on multiple factors that interact directly with clinical and organizational outcomes.

5 DISCUSSION

The results of this review show that interprofessional collaboration in high complexity units is a structuring component to ensure quality, safety and problem-solving capacity in health care. The analysis of the studies demonstrates that interprofessionality is not only an organizational arrangement, but a process that is based on relational, communicational and cultural elements deeply rooted in the daily life of the teams. This understanding is in line with what Barros and Ellery (2016) already pointed out when they stated that critical environments require integrated practices capable of responding to the multifaceted and emerging demands of patients.

Communication, identified as the structuring axis of collaboration, is fundamental not only to organize flows and transmit information, but to build trust and align expectations among team members. Santos (2022) demonstrates that communication failures are directly associated with adverse events in ICUs, which reinforces that the absence of structured communication does not only compromise processes, but also puts patient safety at risk. Vieira et al. (2024) expand this analysis by showing that interprofessional communication strategies promote coherence between clinical practices, especially when decisions need to be made quickly and accurately.

Another relevant aspect concerns the perceptions and experiences of professionals, which are decisive for the construction or weakening of collaborative practices. Mendes et al. (2024) show that the success of multiprofessional interventions — such as progressive

mobilization in the ICU — depends directly on the clarity of the roles and the perception of interdependence between categories. Araújo (2024) confirms that professionals who recognize the value of collaboration tend to be more engaged, contributing to safer and more efficient care flows. However, the literature also points out that feelings of devaluation, lack of recognition, and institutional limitations can reduce the motivation of professionals, impairing teamwork (LUZ et al., 2021).

The impacts of interprofessional collaboration on patient safety appear consistently in different studies. Mello et al. (2022) demonstrate that collaborative strategies significantly reduced care-related infections, reinforcing that integrated teams have a greater capacity to monitor risks, review conducts, and adopt corrective interventions in a timely manner. Oliveira et al. (2022) add that collaboration improves clinical surveillance capacity and favors shared decisions, resulting in greater therapeutic accuracy and lower likelihood of complications in critically ill patients.

Despite the positive effects evidenced, there are still important barriers to the effectiveness of interprofessional collaboration. Dalóia et al. (2021) highlight that the absence of structured communication, work overload, lack of role clarity, and resistance to change are recurrent obstacles, especially in critical units. Silva (2022) deepens this debate by discussing that the hierarchy between professions can limit the participation of some categories in decision-making, restricting interprofessionality and reproducing historical inequalities in the hospital environment. This hierarchization, in addition to affecting autonomy, impairs the alignment of conducts and interferes with the quality of clinical decisions.

The reviewed literature also reinforces that interprofessional collaboration is based on continuing educational processes and institutional environments that value shared work. Araújo (2024) and Santos (2022) state that interprofessional education strategies — such as realistic simulations, case discussions, joint training, and structured feedback — strengthen communication skills, expand understanding of professional roles, and contribute to the development of collaborative attitudes. Teams with interprofessional training tend to have more cooperative behaviors, greater adaptability, and greater resilience in the face of critical situations.

From an organizational point of view, the findings show that collaborative practices are not consolidated only by the individual will of professionals, but depend on institutional policies that encourage cooperation, reduce hierarchical barriers and promote adequate working conditions. Studies such as those by Luz et al. (2021) show that more welcoming

environments, with a culture of respect and psychological safety, provide greater openness to dialogue and recognition of the competencies of each category.

In view of this set of evidence, interprofessional collaboration in high-complexity units should be understood as a multifaceted phenomenon, which requires integration of technical skills, communication skills, and ethical and relational sensitivity. The positive impact of collaboration — on patient safety, quality of care, and the well-being of professionals — makes this practice an urgent need for strengthening health systems. To move forward, it is essential that institutions promote collaborative environments that encourage interdisciplinarity and offer continuous support for professional development.

6 CONCLUSION

The analysis of the selected studies demonstrates that interprofessional collaboration in high-complexity units is an essential pillar for the quality of care, patient safety, and the effectiveness of clinical interventions. The literature shows that, in environments such as ICUs and emergency services, where decision-making needs to occur quickly, accurately and integrated, the isolated performance of professionals is insufficient to respond to the multiple demands of care. In this context, interprofessionality emerges not only as a recommendation, but as a structuring need.

The results indicate that effective communication, clarity of professional roles, mutual appreciation and the existence of well-defined organizational processes are determining factors for the consolidation of collaborative practices. When these conditions are present, significant improvements are observed in patient safety, prevention of adverse events, adherence to protocols, clinical surveillance, and consistency of therapeutic conducts. On the other hand, barriers such as hierarchization, communication failures, work overload and absence of institutional support continue to compromise the effectiveness of collaboration, requiring structural and educational interventions.

The review also shows that interprofessional collaboration depends on an organizational culture that values dialogue, co-responsibility, and the active participation of all professional categories. Investing in interprofessional education, continuing training processes, and strengthening of multiprofessional teams becomes, therefore, a fundamental strategy to promote lasting changes in health care.

In view of this, it is concluded that interprofessional collaboration in high complexity units is not only a desirable practice, but an ethical, technical and institutional commitment to

the safety, efficiency and humanization of care. Advancing in this field requires collective efforts, incentive policies, and work environments that recognize the multiplicity of knowledge as the basis for comprehensive and excellent care.

REFERENCES

Araújo, D. A. de S., Dantas, A. C., Medeiros, A. B. M. de, Santos, P. H. A. dos, Figuerêdo, J. P. S., & Araújo, J. N. de M. (2024). Comunicação interprofissional colaborativa para segurança do paciente em terapia intensiva: revisão integrativa. REVISA, 13(3), 712–723.

Barros, E. R., & Ellery, A. E. L. (2016). Colaboração interprofissional em uma Unidade de Terapia Intensiva: desafios e oportunidades. Revista Rene, 17(6), 747–755.

Batista, R. E. A., & Peduzzi, M. (2018). Prática interprofissional colaborativa no serviço de emergência: atribuições e responsabilidades dos fisioterapeutas. Interface – Comunicação, Saúde, Educação, 22(65), 47–58.

Daloia, L. M. T., Pinto, A. C. P. N., & Silva, É. P. da. (2021). Barreiras e facilitadores da mobilização precoce na Unidade de Terapia Intensiva: revisão sistemática. Fisioterapia em Movimento, 34(1), 1–12.

Luz, S. C. L., Calabres, A. C. O. B., Gonçalves, B. M., & Gesteira, E. C. R. (2021). Potencialidades, barreiras e dificuldades nos cuidados humanizados: implicações para equipes multiprofissionais. Revista Brasileira de Enfermagem, 74(4), 1–9.

Mello, L. S. W., Estevão, T. M., Chaves, J. S., Vieira, J. M., Siqueira, M. M., Alcoforado, I. L., & Melo, L. S. (2022). Fatores de sucesso na colaborativa PROADI-SUS para redução de infecções relacionadas à assistência: experiência multiprofissional. Revista Brasileira de Terapia Intensiva, 34(3), 387–395.

Mendes, F. S., Oliveira, J. C. de, Silva, L. F. da, & Santos, R. C. dos. (2024). Percepção da equipe multiprofissional sobre mobilização progressiva na UTI: estudo em hospital universitário. Revista de Fisioterapia da Bahiana, 18(2), 1–10.

Oliveira, R. D. de, Bustamante, P. F. O., & Besen, B. A. M. P. (2022). Infecções relacionadas à assistência à saúde no Brasil: implicações para prática multiprofissional. Revista Brasileira de Terapia Intensiva, 34(2), 166–175.

Santos, M. L. R., Correa Júnior, A. J. S., & Silva, M. V. S. (2022). Comunicação de eventos adversos e trabalho interprofissional em Unidade de Terapia Intensiva: entre o ideal e o (não) realizado. Interface – Comunicação, Saúde, Educação, 26(1), 1–14.

Silva, V. S. (2022). Poder interprofissional em cuidados intensivos: reflexões sobre hierarquia e tomada de decisão clínica. Acta Paulista de Enfermagem, 35(1), 1–8.

Vasconcelos, R. O. (2021). Percepção de enfermeiros acerca da colaboração interprofissional em serviço de urgência e emergência [Preprint]. SciELO Preprints.

Vieira, R., Silva, M. J. P. da, & Santos, S. M. dos. (2024). Estratégias para melhorar a comunicação interprofissional na atenção primária e hospitalar: revisão integrativa. Revista Enfermagem Atenção à Saúde, 13(1), 1–15.