Rev Rene. 2021;22:e67967.
DOI: 10.15253/2175-6783.20212267967
www.periodicos.ufc.br/rene

Original Article

Street Clinic Nursing for coping with vulnerabilities

Enfermagem do Consultório na Rua para o enfrentamento das vulnerabilidades

How to cite this article:
Bombonatti GR, Santos DS, Marques D, Rocha FM. Street Clinic Nursing for coping with vulnerabilities. Rev Rene. 2021;22:e67967. DOI: https://doi.org/10.15253/2175-6783.20212267967

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ABSTRACT

Objective: to unveil the perceptions of the Street Clinic nursing staff about coping with vulnerabilities. **Methods:** qualitative study, carried out by means of participant observation of the team's activities, recording in a field diary and semi-structured interviews with the nursing team, totaling 17 participants. **Results:** situations experienced by people living on the streets that deepen health inequities by violating rights were revealed. Among the nursing work tools, the potential of collaborative work, listening, and welcoming technologies stand out as mediators of a more humanized care. There is a need for specific strategies to guide nursing care on the streets. **Conclusion:** nursing has great potential for addressing the vulnerabilities of the homeless population using soft and soft-hard technologies.

Descriptors: Homeless Persons; Vulnerable Populations; Health Equity; Nursing; Professional Practice.

RESUMO

Objetivo: desvelar as percepções da enfermagem do Consultório na Rua voltadas para o enfrentamento das vulnerabilidades. **Métodos:** estudo qualitativo, realizado por meio de observação participante das atividades da equipe, registro em diário de campo e entrevistas semiestruturadas com equipe de enfermagem, totalizando 17 participantes. **Resultados:** revelaram-se situações vivenciadas pelas pessoas em situação de rua que aprofundam as iniquidades em saúde pela violação dos direitos. Dentre os instrumentos de trabalho da enfermagem, destacam-se a potencialidade das tecnologias de trabalho colaborativo, escuta e acolhimento como mediadoras de um cuidado mais humanizado. Carece-se de estratégias específicas norteadoras do cuidado de enfermagem na rua. **Conclusão:** a enfermagem possui grande potencialidade de enfrentamento das vulnerabilidades da População em Situação de Rua por meio do uso das tecnologias leves e leves-duras.

Descritores: Pessoas em Situação de Rua; Populações Vulneráveis; Equidade em Saúde; Enfermagem; Prática Profissional.

Received: Mar. 21th 2021; Accepted: May 25th 2021.

Introduction

Nursing as a social practice is of considerable importance, since it favors access and establishes care, welcoming, bonding, promotion of a safe environment, educational and preventive practice, participation in the definition of health policies, interdisciplinary communication and coordination with other services of the complex network of health care[1]. In the context of Primary Care, especially in the Street Clinic, it is relevant to discuss the nursing practice in coping with vulnerabilities and expanding access to health care.

The concept of vulnerability considers that the vulnerable person is more susceptible to suffering physical and psychological harm because of disadvantages to achieve higher levels of quality of life. When reflecting on the individual, social, economic, and cultural dimensions of vulnerability, one considers the situations and contexts of inequalities that mark the differentiation in the enjoyment of rights as citizens[2]. The situations of poverty, unemployment, migration, substance abuse and family conflicts related to the history of exploitation of minority groups and population concentration in urban centers impact the increase of the homeless population. The street condition compromises the identity, safety, physical and emotional well-being, sense of belonging and roots and, consequently, survival[3].

To meet and expand access to health care for the population living on the streets, the Street Clinic was created as a health device of the National Policy of Primary Health Care of the Ministry of Health. The work of multidisciplinary teams is supported by the principles of the Brazilian Public Health System, equity, universality and integrality and the guarantee of the social right to health, as well as the development of shared actions with other services in the health and intersectoral network[4].

With the possibility of being renewed and reinvented, health work contributes to the improvement of care and can be embraced as a social practice. Thus, the study of the nursing work process is relevant to better understand the role and importance of these professionals, broaden the view of the health-disease process and, consequently, subsidize strategies to address health inequities, considering the low scientific production of nursing in the Street Clinic[5-6].

Faced with a considerably complex and dynamic work object, which is the Homeless Population, nursing is challenged to use varied and socially contextualized instruments. Based on this scenario, the question is How can the nursing performance of the Street Clinic support the coping with the vulnerabilities of the Homeless Population? To answer this question, the study aimed to unveil the perceptions of the Street Clinic nursing staff about coping with vulnerabilities.

Methods

This is a qualitative social research in health because it focuses on the study of the experiences and perceptions of Street Clinic professionals about their practices[7-8]. The study adopted the theoretical and methodological framework of health work process from the perspective of historical-dialectical materialism to analyze the nursing practices. From this theoretical perspective, the work of health professionals can be understood as a combination of knowledge, instruments and means used to provide care, whether individual or objective, with the aim of obtaining products and results[5]. For the research report, we followed the rigor required for qualitative health studies by means of the international instrument Consolidated Criteria for Reporting Qualitative Research (COREQ)[9].

The research team is part of the Study and Research Group on Education and Nursing and Health Practices, working on studies focused on Primary Care and vulnerable populations for at least 10 years. The research that gave rise to this article began in 2018

and, in 2021, received the Human Rights Academic Recognition Award from the University of Campinas and the Vladimir Herzog Institute for the relevance of the results to the discussion of access to health as a fundamental human right for populations in severe social vulnerability.

The team of the only Street Clinic service in a city in the interior of the state of São Paulo was composed of 19 members, being four doctors, two nurses, three nursing technicians, one occupational therapist, one psychologist, one social worker, three harm reduction agents, two drivers, one administrative and one coordinator. The participant observation included 17 professionals active during the data collection period and excluded two who were away. For the qualitative data saturation criterion at the end of the participant observation activities, it was considered the volume of material collected sufficient and the development of bonding with the participants for the understanding of the phenomenon under study: nursing work process in the Street Clinic[7].

For data collection, the method of participant observation was used, with the use of a field diary and semi-structured interview. Data were collected in the period from January to March 2020. The participant observation was directed to the nursing team, but, by the nature of this technique, it involved all active members of the Street Clinic team. There were 17 days of observations, totaling 77 hours.

To ensure the rigor of the method, the insertion in the social group was carried out, in order to become part of it and seek to share the daily routine to understand the meaning of the situation in which it is inserted. The stages included: 1) approach of the researcher to the multi-professional and nursing team, with a previous presentation of the research project; 2) effort to acquire an overview of the service through participation in practical activities and team discussions, with immediate recording of data in the field diary; 3) systematization and data organization. The field diary was used to record conversations, information, observations of behavior, interlocutors' manifestations, investigated points, and personal impressions during participant observation[7-8].

The semi-structured interview, directed to the analysis of the nursing work, was applied to this team, composed of a nurse and two nursing technicians, professionals effectively active during data collection, identified as I1, I2 and I3. The interviews were carried out in the service itself, at a previously arranged time, recorded and transcribed in full, with an average duration of 20 minutes. Conducted by the main researcher of the study based on a script pre-formulated with the research team and submitted to a pilot test for adjustments. The following triggering question was used: Tell us about your work and your daily life at the Street Clinic as a member of the nursing team.

For data treatment and interpretation, we used the Thematic Content Analysis. In the stages of pre-analysis and data exploration, floating reading of the collected material and identification of themes that respond to the study were performed and based on these, the context units (meanings of the speeches) and the registration units (fragments of the speeches) were recognized[7].

For the analysis process, the results were discussed in the light of the theoretical framework mentioned above, and then returned and validated in relation to the participating nursing team, in line with the perspective of social research supported by historical-dialectical materialism. The sharing of the results was conducted in such a way that there were exchanges, reciprocity, and respect during the interaction through sensitive strategies and initial interactive dynamics. Effective and positive feedback was recognized for the participants and the researcher herself[8,10].

The research was submitted and approved by the Research Ethics Committee, meeting the ethical aspects of Resolution 466/12 of the National Health Council and obtained the Certificate of Ethical Appreciation Submission No. 24730519.2.0000.5404 and opinion No. 3,784,681/2019.

Results

The 17 members of the multi-professional team were mostly female, with only six men. The three participants of the nursing team, interviewed, were women, between 35 and 45 years old, with between 15 and 25 years of education (technical or higher), and had worked between 4 and 7 years in the Street Clinic.

To understand the confrontation of nursing in the Street Clinic, it was necessary to insert the context of care during the research and identify the components of the work process in their daily lives. The text below was extracted from the field diary: *While the team circulates with the van through the territory towards another service, it is spotted near the vegetation and on the side of the dirt road what the professionals call "mocó". The van parks near what appears to be a pile of recyclable materials and a space like a hut. The harm reduction workers get out of the van before the rest of the team for the first contact and offer water to the lady who appears. The service is presented to her and slowly the entire team exits the van. The harm reduction worker notes that she has a cat and, along with the technician, offers a pot of topical antiseptic solution to rub on the injured ear. The nursing technician offers some clothes as a donation and the lady accepts. The nurse asks about the plants at the entrance of the owl, opening the way for a more relaxed conversation. The woman offers one of the plants to the nurse. The nurse arranges to meet next week to perform an evaluation with the companion, who is not present* (field diary).

Homeless people with complex needs, individual and social vulnerabilities were identified as objects of the nursing work process. The places where they met and lived were diverse, some public or with minimal privacy, in the presence of substance abuse, trafficking and violence, and others were homes.

Knowing the health needs and demands contributed for the nursing team to direct their actions and achieve the purpose in a manner consistent with what is expected by the homeless population, according to the following statement: *We have the purpose of treating that user. If he has a wound, and the wound is open, the intention is that it heals, that it closes, but always looking at the patient in the general context, in everything. If he is there to treat the wound, I will not look only at the wound, I will look at him, I will try to understand where that patient lives, because if he has a lesion on his leg and it is open, it also depends on where he is, how I will guide him to dress this lesion, to leave it open or closed, how he does it, with what he does to improve, to have the purpose of closing the lesion, to improve the dressing* (I1).

The Homeless Population presented particularities that deepened their vulnerabilities and marginalization in society. Weaknesses were observed regarding the incorrect use of the transgender social name, disrespect for ethnic-racial identities and cultures, repeated Sexually Transmitted Infections in sex workers, in addition to the limitations and complexities in the care of children and adolescents, because the care of children under 18 years old is not recommended by the service, as identified in the fragment of the field diary: *When the Street Clinic is triggered to perform intersectoral action with indigenous people, Venezuelan refugees and help in the linkage with Basic Health Unit, the unit's team presents difficulty in welcoming the families, especially when creating uncomfortable situations, not guaranteeing privacy, taking pictures without permission, and trying to introduce the bottle and powdered milk in a decontextualized way. The technician and the nurse of the Street Clinic, on the other hand, perform the role of welcoming the families with respect and empathy, besides carrying out active search together with the multi-professional team in the city's commercial center of those who did not come to the service* (field diary).

As can be evidenced by the speeches, the nursing team, through its actions, contributed to the expansion of access and promotion of comprehensive and equitable care. These can be considered the most important fruits of the work (product) of health professionals.

Faced with so many scenarios experienced, the nurse and the technicians sought answers together, and identified the need to create moments of reflection and learning within the professional category, as in the statement*: It is crazy, right, because we only see an external look, which tells us 'Look, evaluate this', 'look and this? Then we stop to think because we are doing things so automatically... I am also reflecting now, because that is it, I do not stop to reflect on this daily* (I3).

As for the work process in the Street Clinic, it was observed that it did not occur in a closed and fixed place, being characterized by the participants as adapted and complex, as elucidated below: *It has that differential of you not having that closed place, like hospital and health center, you end up improvising a little and you have the look of doing something as it has to be done, as COREN* [Regional Council of Nursing] *prioritizes, but you also have to adapt to the situation, to the day to day* (I1). *The work happens] in a more diversified manner, in a more extended manner, in a more difficult manner, in a more thought--out manner of doing it, the Clinic has its peculiarities, and thus, it is overly complex* (I2).

It was observed that the instruments defined as hard technologies were used in the daily work of the nurse and nursing technicians, enabling the performance of procedures and care. In addition, the materials such as the tent, sheets, and transport vehicle contributed to establish the minimum privacy during care, as shown in the field diary report: *The nurse, along with the doctor, tries to approach a pregnant woman, who seems to run away at first, a little shy, but then they manage to convince her to perform an evaluation (they line the transport seats with paper sheets and close the door for more privacy). The technician injects Benzetacil in a man with an infected dressing, using one of the front doors of the van and a sheet as a 'screen' for privacy. While the consultations are happening, other people are approaching the van, wanting to talk* (field diary).

The nursing team, responsible for supplies, was concerned about the transportation and availability of materials during the activities, as well as their storage and replacement. Thus, the nurse and the technicians organized themselves daily to replace the materials in the backpacks and boxes carried during the field activities. As they were always circulating around the territory, several adaptations were necessary for the performance on the street, as can be seen in the following statement: *There is the whole issue of organization for the camps, it takes time to organize everything, to be able to take it, because there are many things, and I think that since we don't have a physical space, this space is the van, we always end up forgetting something, sometimes we lack medication, anyway... I believe that is because we must organize everything else, the whole arsenal, which is to take the tent, set up the tent...* (I3).

The nursing team used various technologies during their care, observing the comprehensive care and addressing the vulnerabilities of the homeless population. They performed dressings, antibiotic therapy, intravenous hydration, medications, vital signs measurement, blood, sputum and urine collection, nursing consultation, pregnancy test, contraceptive injections, guidelines for prevention, maintenance and recovery of health, among others. What is exemplified in the excerpt from the field diary: *In the field activity, it is visible the intense dynamics of the nursing performance to meet the population's demand. Inside the tent that is set up in the square, the nurse cares for a patient in a withdrawal crisis and a technician installs saline solution in him, while the other is outside the tent performing bandages on a person who suffered physical violence* (field diary).

The need for adaptations permeated the nursing practices, such as the preference for using the intramuscular route for antibiotic therapy. The availability of pills involved difficulties of storage and proper use, in addition to the possibility of the homeless people's belongings being collected by the "cata treco" services (collection and transportation service of bulky waste on roads and public spaces): *During the team meeting, with the indignation of the professionals, it is discussed the need to dialogue with the "cata treco" service and the municipal guard, because people who sleep on the street lose their belongings, including the medicines delivered by the Street Clinic, or have their documents torn by these services. Meanwhile, to give continuity to the treatment of patients with tuberculosis, the nurse arranges with the harm reduction agent, in a meeting, to go daily to deliver the medication* (field diary).

Thus, the speeches of the participants and the dynamics of the service observed revealed that the care, adaptations and strategies occurred together with the team, in an integrated manner, enhancing individualized care. The organization of the work of the Street Clinic allowed the nursing team to work in an integrated way with the multi-professional team and to elaborate the therapeutic plan in an interdiscipli-

nary way. Thus, adding to the soft-hard technologies were the teamwork and collaborative practice.

During the activities, it was observed that the approach strategy through the practice of harm reduction allowed adaptation to the reality of the user and considered his needs, thus contributing to the construction of the bond. It was established as an essential practice for the access and performance of nursing, as well as the entire team, as elucidated in the following statements: *It is the principle of harm reduction that opens the way for the nursing team, medical team to go, and I think the whole team acts with reduction* (I2) *Harm reduction permeates all moments, in all clinics. I think that it is the instrument that we end up using the most, the bond and harm reduction, to go and do any other type of care* (I3).

It is worth mentioning that the intersectoral, also, was used as a tool through referrals and connections within the network, being important for the attention to the demands in a comprehensive way. However, it was evident that the relationship of the intersectoral network with the Street Clinic was sometimes established in partnership, sometimes in conflict.

The relationship and communication with the homeless population was identified as soft technologies necessary for the performance of nursing and the team. Characterized by friendliness, relaxation, jokes, welcoming and trust, the relationship between the team and the people on the street was perceived as strengthened and close. The bond established was reported as a key point in the care, as in the following statement: *We do our best to bond, because from there we can get success in the care, in the treatment* (I3).

The constant reflective criticism resulted in professional and personal transformation. Each one, in their own way, adapted to the mode of care on the street, prepared to deal with the diversity of situations and realities, (de)constructed judgments and re-signified the value of human life, defending health with equity. In this way, the continuous movement of self-evaluation and humanization of the practices were constituted as immediate products of the work process, contributing to a dignified and respectful care, as observed in the speech: *There is this look for the patient, look at him, evaluate him, and give him the care he needs at that moment. Many times, it is not even a medication, it's not even a pressure check, it's more like really listening, if that's what he wants* (I1).

Discussion

The limitation of this study is related to the limited literature on nursing in the Street Clinic. On the other hand, the study contributed to the expansion of knowledge about the nursing practices directed to homeless people, in the context of the Street Clinic.

The complexity of the nursing work object became evident and demanded the expansion of knowledge about vulnerabilities in order to improve the practices and materialize the proposals of the Unified Health System in face of the unique needs of homeless people.

The concept of intersectionality contributes to the understanding of the individuality of the subject and has been pointed out in the literature as a possible methodological tool to deepen the understanding about the multiple oppressions experienced, because it exposes racism, patriarchy, class oppression, colonial process, and capitalism as discriminatory systems that produce inequities and discusses how specific actions and policies generate oppressions[11].

In this sense, the nursing appropriation of the intersectionality of gender, race/ethnicity, work, age and social class, considering the historical conformation of the social determinants of health, such as structural racism and sexism, is urgent for the confrontation of discrimination, humiliation and violation of rights and dignity of the homeless population. Protection and health promotion actions require a holistic look that goes beyond taboos, prejudices and cultural values that violate rights[12].

In times of Coronavirus Disease 2019 (COVID-19) pandemic, the discussion of the deepening of social injustice experienced by the Homeless Popula-

tion is even more alarming. Contrary to what is advocated by the authorities about sanitization and social isolation as measures to prevent the transmission of the new virus, homeless people are prevented from following the guidelines for issues prior to the pandemic[3,13].

Besides the guarantees of state failure to provide minimum conditions, especially in the pandemic, they have a higher risk of developing the most severe form of the disease and mortality because of their comorbidities, risk factors for the virus, compromised immune systems, mental health issues that make it difficult to recognize the threat of infection, and difficulty in accessing health services[3,13], either due to concrete lack of services or subjective barriers of racial, class, and gender prejudice.

The complexity of the object requires of nursing a great diversification of its working tools and health technologies[5]. However, regarding the specific soft-hard technologies of nursing, it should be considered that there are no guiding documents and support for nursing practices on the street. It is pondered that the improvisations and adaptations experienced by the Street Clinic nursing are rich and should be the target of research for the implementation of specific documents for this type of service.

The nursing practice was based on interprofessional collaborative practice and teamwork, which contributed to the access and quality of care. Language was used as a communicative action exercised through dialogue and the understanding of the parties involved. Working together, the team has interdependence of actions, establishes communication to design agreements and execute care, and builds a common care project, because it recognizes that this produces better results in care[14-15].

Soft technologies were fundamental for giving the field of subjectivities space for bonding, empathy, and humanization of this population. Together with soft-hard and hard technologies, they potentiated the team's performance, especially that of nursing, constituting a strategy to face vulnerabilities.

The work process of Nursing in the Clinic found products such as improvement in quality of life, guarantee of the right to access and autonomy of the person in their care. The combination of the use of technologies, especially soft technologies, corroborated so that the product of care was oriented towards the incessant search for equitable access and comprehensive care[6].

The nursing and the team acted with a focus on the user's needs through a positive and effective intersubjective language and interaction, considering the space of the subject's protagonism in his care. Common goals were established, stimulating autonomy and citizenship, with participation in decision making and the exercise of the right to health.

Furthermore, the promotion of intersectoral work by the team is configured as an essential element in the collective health work when seeking alternatives to improve assistance[14-15]. Thus, it can be understood that the inter professional teamwork focused on the user and the search for intersectoral relations constitutes a strategy for addressing the vulnerabilities of people who experience the situation on the street.

It is essential that the live work in act be a propellant for the confrontation of vulnerabilities and contribute to the necessary changes in society[12]. The nursing performance in the Street Clinic has the potential to identify inequities and, supported by the principles of the Brazilian Public Health System, advance in their confrontations. The locations and forms of action that allow greater approximation with the subjects, and the use of diversified technologies that permeate the field of relationships are the differentials of this service. Based on that, it is noteworthy that this population experiences several barriers of access and unavailability of professionals from other services that do not use these technologies and deepen the inequities of health care[13].

For these assumptions to be achieved and improved, it is essential to qualify the nursing care and the Street Clinic team, as well as the other services in

the health network through permanent health education, financial investment, and scientific research.

The results corroborate the need for new research and new care technologies supported by inclusive principles of intersectionality for the expansion of the understanding of vulnerability and the development of care contextualized to the complexity of the street.

Conclusion

The perception of the nursing staff of the Street Clinic showed in their daily lives the need for different technologies, especially for soft and soft-hard as the listening, welcoming, focusing on the needs of the user and the interprofessional work as facilitators of autonomy and citizenship of users. This set of practices and knowledge enhance the work of nursing in coping with the vulnerabilities of the homeless population.

Acknowledgment

To the Institutional Program of Scholarships for Scientific Initiation of the National Council for Scientific (*Conselho Nacional de Desenvolvimento Científico e Tecnológico*) and Technological Development and the Fund for Support to Teaching, Research and Extension, of the Pro-Rectorate of Research of the University of Campinas, for the financial support.

Collaborations

Bombonatti GR contributed to the conception of the project, analysis and interpretation of the data, and writing of the article. Santos DS and Marques D contributed to the conception of the project, analysis and interpretation of the data, relevant critical review of the intellectual content, and final approval of the version to be published. Rocha FM contributed to the interpretation of the data, writing of the article, and relevant critical review of the intellectual content.

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