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RESEARCH

Significados do fazer profissional na estratégia de saúde da família: atenção básica enquanto cenário de atuação

The meaning of professional making at family health strategy: primary care as scenario practice

Significados del hacer profesional en la estrategia de salud de la familia: atención primaria como escenario de la práctica

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ABSTRACT

Objective: recognizing the meanings attributed to the professional by health professionals working in a Family Health Strategy. **Method:** this is a field research, descriptive of qualitative approach. The study setting was one Family Health Strategy of the municipality of Santa Maria where two teams operate. Participants were selected as lottery and composed the study: a nurse, a doctor, a technician of nursing and six community health agents, totaling nine participants. The technique of data collection was semi-structured interviews and analyzed according to thematic analysis. **Results:** the categories were constructed: team assignments and welcoming and team work: issues inherent in working in the Family Health Strategy. **Conclusion:** it is emphasized the need to rethink the practices of teams for each encounter with the user is seen as a chance for health promotion actions is implemented. **Descriptors:** Family health, Unified health system, Nursing.

RESUMO

Objetivo: conhecer os significados do fazer profissional atribuídos pelos profissionais de saúde que atuam em uma Estratégia Saúde da Família. **Método:** trata-se de uma pesquisa de campo, descritiva, com abordagem qualitativa. O cenário de estudo foi uma Estratégia Saúde da Família do município de Santa Maria onde atuam duas equipes. Os participantes foram selecionados conforme sorteio e compuseram o estudo uma enfermeira, uma médica, uma técnica de enfermagem e seis agentes comunitários de saúde, totalizando nove participantes. A técnica de coleta de dados foi a entrevista semiestruturada e os dados analisados segundo a análise temática. **Resultados:** as categorias construídas foram: atribuições da equipe e acolhimento e trabalho em equipe: aspectos inerentes ao trabalho na Estratégia de Saúde da Família. **Conclusão:** ressalta-se a necessidade de repensar as práticas das equipes para que cada encontro com o usuário seja visto como possibilidade para que ações de promoção da saúde sejam implementadas. **Descritores:** Saúde da família, Sistema único de saúde, Enfermagem.

RESUMEN

Objetivo: Conocer los significados atribuidos a los profesionales por los profesionales de la salud que trabajan en una Estrategia de Salud Familiar. **Método:** se trata de una investigación de campo, descriptiva de enfoque cualitativo. El ámbito del estudio fue una Estrategia de Salud de la Familia del municipio de Santa María, donde operan dos equipos. Los participantes fueron seleccionados por lotería y componen el estudio: una enfermera, un médico, una técnica de enfermería y seis agentes comunitarios de la salud, con un total de nueve participantes. La técnica de recolección de datos fue la entrevista semi-estructurada y análisis de acuerdo con el análisis temático. **Resultados:** las siguientes categorías se construyeron: las asignaciones de equipo y de la acogida del equipo de trabajo: cuestiones inherentes al trabajo en la Estrategia de Salud de la Familia. **Conclusión:** se destaca la necesidad de repensar las prácticas de los equipos para cada encuentro con el usuario visto como una oportunidad para las acciones de promoción de la salud sea implementada. **Descriptores:** Familia, Sistema único de salud, Enfermería de salud.

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INTRODUCTION

From the perspective of the Unified Health System (SUS), primary health care appears as a possibility for the realization of its principles, in the case of a set of health actions, both individually and collectively, which has as performance focus the actions of health promotion. Primary care considers the subject in its uniqueness, complexity, completeness, and socio-cultural integration and has the Family Health Strategy as a priority for its organization. The Family Health Strategy (FHS) requires the definition of a territory with specific population and the establishment of a minimum staff: nurse, doctor, nurse technicians and Community Health Agents (ACS).¹⁻²

The full, continuous and resolving assistance to health needs of the population is the essence of this strategy; advocating health as a right of citizenship, and therefore quality of life, contributing to the democratization of knowledge of the health-disease process, strengthening the autonomy of the subject, establishing intersectoral action and stimulating social control. Still is, the main gateway, ie the users' first contact with health services.³

The FHS is seen as a way to reorient the health care model, operationalized through the implementation of multidisciplinary teams in primary healthcare units. Teams are responsible for monitoring a set of families located in a geographically limited area which include the number ascribed areas. With regard to team assignments, are the identification of epidemiological and social reality of families, the attendance of scheduled and spontaneous demand and health education with emphasis on self-care.

In this sense, that FHS is structured upon the purposes of primary care, it is emphasized the role of health professionals who must plan, organize, develop and evaluate actions that respond to community needs in articulating with various sectors involved with health promotion. For this, they should be valued the personal, human and interdisciplinary characteristics of these professionals, so that it enables better performance of their activities and consistent attention to the needs of the population.⁴

Given that the scope of the FHS involves a scenario of numerous social problems, economic and structural, recognizes the relevance of the actions developed by health professionals of the FHS. Thus, this study aimed to know the meanings attributed to the professional by health professionals working in a Family Health Strategy. This article consists of a clipping from the final year project entitled "reference and counter-reference in the post-hospital discharge: completeness of the actions of the family health team", presented to the Graduate Course in Nursing Franciscan University Center-UNIFRA, Santa Maria, Rio Grande do Sul (RS), Brazil.

METHOD

To develop the study, was chosen fieldwork, descriptive with qualitative approach, which is interested in the meanings result of objective human action, seized in everyday life, experience and explanation of people who experience certain phenomenon.⁵

The study setting was one Family Health Program located in the western part of the municipality of Santa Maria, where two teams operate. The participants in this study were selected through lottery representatives from each professional category and took part in this study a nurse, a doctor, a technique of nursing and six community health agents, totaling nine participants. The total number of community health workers between the two teams was twelve so was interviewed half so that the total number of interviewees corresponded to a team. After the draw, the subjects were contacted for scheduling the interview.

It was used as a technique for data collection semi-structured interview, which was recorded on digital equipment with the consent of the participant and after transcribed verbatim to ensure reliable data for analysis. Transcription followed by the process of data analysis for the definition of the meaning units to the construction of categories. To protect the identity of participants in the professional category abbreviations (Med-Doctor, Nurse-Nurse, ACS-Community Health Agent, Tec Enf-Nursing Technician) were used, whereas for the corresponding ACS numbering was used to the order in which these were interviewed. The period of the study included the months from August to November 2008.

Data analysis occurred through thematic analysis, which is divided into pre-analysis, material exploration, processing and interpretation of results of the same.⁵ In this analysis the data were analyzed with the theme as the core of meaning through which was classified material, and whose frequency or presence has significance for the analytical object.

The ethical rules were respected with regard to research involving humans.⁶ Participants were provided a Statement of Informed Consent in two identical copies, becoming one with the participant via the other with the researcher. This study is registered at the Research Ethics Committee of Franciscan University Centre under No. 161.2008.2.

RESULTS AND DISCUSSION

In this item are presented the categories that emerged from the data analysis process: attributions of the family health Team and aspects inherent to the Work in the basic attention.

Duties of the Family Health Team

The workers involved in the FHS have knowledge about its tasks in the strategy, how to identify the enrolled community and act from the perspective of health education, as reported below.

[...] the main assignment is to work with the registered community. Family health is a strategy that works with an assigned area and this makes it easier because we have knowledge of the epidemiological profile of this whole area, and then we can work with the programs that area needs more. Another role that sometimes gets a little forgotten is the health prevention and promotion that is within the philosophy of family health. (MÉD.)

I think it would be this: I learn and could help people not get sick. On prevention, trying to guide them, as much as possible, so they don't get sick, or if you already are, help them improve it. (ACS 04)

I think the priorities are the main tasks for you to mess with everything, hypertensive, diabetic, child, vaccine, pregnant women, prenatal care, adult health, of the woman who already enter CP (Citopathological exam); I think these are the priorities. (ACS 01)

Workers expressed that act in a FHS implies satisfaction:

For me it's all good (laughter), is the thing that I love most in my life is that there. (ACS 01)

For me it is super important, because we do prevention, I feel, at least, super satisfied. (ENF.)

Host and teamwork: Aspects inherent to the work at FHS

In the discourse of research participants emerged two aspects are considered fundamental for the development of work in Strategy: welcoming and teamwork. The host was perceived as essential for establishing link between health staff and users aspect.

[...] I understand that health, public health and primary health care, I think there has to be a well done, you have to visit people, to know the reality where they live, this is very important, [...] you prescribe a prescription, suddenly the person does not have money to buy, you don't know the reality of it, and he's not coming back. (ACS 01)

[...] most of them (users), you only talk to him talk you already solves the problem. He needs a conversation from a person who listen to him [...] here in the same post, the FHS does this kind of thing, which is the host, which is the conversation with the patient, help the patient. (TEC. ENF.).

Teamwork emerged as metaphor "team work / family", showing the existing commitment among professionals in a relationship of mutual aid:

When a team, you have to work all together. So I think one has to help the other, regardless of what is in here. (ACS 02)

[...] We are all family here, we work together, United, because everyone has to know the reality. Of course, there's friction as it has in every family, but we are a family. (TÉC. ENF.)

In the category assignments of the FHS team, workers demonstrated knowledge of the National Primary Care Policy, which defines the common FHS team and specific to each professional category assignments. The responsibilities cites is the assignment of customers, as common function to all professionals, which implies the involvement of territorial mapping and area of expertise of the team process to identify groups, families and individuals at risk, prioritizing situations to be monitored in local planning.¹

The ascription of clientele refers to the bonding that takes place permanently among social groups, teams and health facilities. Territorialization points to the relationship that is established by defining the territory and population.⁷

Actually investigated, we observe that the assignment of clientele enables preventive actions are planned to focus on the real problems of the population. Thus, to approximate the actions of the health needs of the clientele, which is belonging to a context with their own social, economic and cultural characteristics, the team's work may become more resolute. It is noteworthy that goes beyond solving decreased waiting time for service, conducting dressings and drug administration, because the clientele through contact with the health care team, needs to receive information, seize them and be able to apply in their daily lives.

So every encounter with the user, the healthcare team while performs procedures, dialogues with property on the needs of the same. The clientele is ascribed taxpayer factor for practice because it favors the team that best meet people, both individually and in the context of family and community, leading to the establishment of trust and bond between staff and users.⁸

In this sense, health promotion was also considered by workers in this study as TeamAssign. Health promotion can be understood as a strategy for health and social production presupposes the interaction between the health sector and other sectors of society, between the individual and his environment, producing a network of shared responsibility for the overall welfare.⁹

Thus, when analyzing the binomial health promotion-disease prevention, the first must be understood as the protagonist in health actions and the second as a result, because the focus should be founded on preventing disease rather work towards the illness.

Therefore, the FHS team is able to walk in this direction by actions of health promotion, which act on the causal factors of diseases is preventing this install. However, it is not enough that the staff of FHS transmit information. Necessary to make the workers listen to the demands of users and together establish care strategies that impact on health and quality of life.

There were prominent workers regarding the home visit, one of the technologies that support the FHS. In health, it is regarded as the displacement of the professional to the home user, with the purposes of health care, learning and research because it creates a space that allows qualified hearing, the bond and the host, causing that people are better able to become more independent in their own health production.¹⁰

In practice the strategy, the home visit is mainly in charge of Community Agents in Health, which set strict proportion to the enrolled customer for belonging to the community and do the work at home users. This logic of the service organization, this worker is seen as link between the community and the team, considering that moving the health unit for the home where there is the impossibility of user travel.

Thus, home visits for ACS is at the heart of their work. This practice is seen not only in the reality of this research, but in another study in which the home visit is considered as an activity that aims to cater to patients who cannot go to the clinic, as bedridden people with disabilities, children under one week old, or older people who need special care closer to people after hospitalization, mothers who neglect the care of their children due to hygiene problems or other difficulties..¹¹

This line of reasoning, it is noteworthy that the home visit should be made by all members of staff, each of which must organize the schedule to consider the majority of enrolled clients, considering that is a moment that can be observed the conditions of the home and the residents, and check the relevant problems and that most affect health. Home visits should be valued as a chance to meet and recognize a new field of flatter relations where not only remedies, but also promotes health.¹¹

When asked what is for them to act in a team of FHS, workers were satisfied. Job satisfaction is a complex and difficult to define because it is a subjective state phenomenon and can vary from person to person, circumstance to circumstance and over time for the same person. She is also subject to influences of internal and external forces to the immediate work environment.¹²

Thus, being satisfied with the work is critical for users to feel the security staff they need to take responsibility for your treatment plan and self-care. The taste and satisfaction expressed by workers collaborate to strengthen the link between service-community as being pleased with the professional work can plan and implement actions that have long-term effect.

Poll shows job satisfaction as one of the conditions that motivate workers to continue working in the FHS. The other reasons include: the proximity to the population, belief in changing the health sector and the possibility of expanding knowledge in the area.¹³

About the *category Host and Team Work: aspects inherent in working in Primary Care*, the host emerged as an important aspect of the health care team approach to users. The hearing by the team allows the knowledge of the needs of users from their reality, and this makes the actions meet the demand and are consistent with the possibilities of the clientele.

Host is considered a lightweight technology, and directs the establishment of strategies involving care workers, managers and users. With this, the needs experienced by

users can be worked by the staff of FHS in order to provide the solvability for real health requirements.¹⁴

It is believed that from the intersection, the exchange of knowledge between the user and the healthcare team, listening and respect to both the host can be effected. This bias, so that the users' needs are met in a comprehensive manner the relationship between user / services and health professionals must be interconnected with the goal of understanding the real needs of users and therefore triggering actions to make the solution more appropriate in each case.¹⁵

When working with technology relations during the service, the host was established as one of the first actions to be developed by all staff at the time of receiving the user at the health unit. To be welcomed by the health unit, with its guaranteed service, achievement is a major step in the adherence to treatment and resolution of health problems.¹⁶

However, considering the precepts of the FHS, which is based on comprehensive care, the host to the user's needs can and should be covered at all times when there is meeting between staff and user, either at the clinic or at home, aspect identified in the testimony of the participants of this research.

From this perspective, when the team offers listening and dialogue with the user in an attempt to meet him, she is seeking to meet the needs and therefore the welcoming. The dialogue enables the solutions to the problems presented are found in staff-user partnership. In this perspective, knowledge exchange can occur since the health worker present sensitivity to listen, understand the health needs and integrate the scientific knowledge, providing the user with better reception.¹⁶

In summary, the performance of the team FHS is not limited to medicate, consult or examine, and passes the significance of accepting the person themselves, whether through a dialogue, a gesture or any attitude with donation awareness therapeutic effect it provides. Listening allows you to build strong relationships between people from the socialization of knowledge, needs, fears and anxieties as well as being essential to establish a sense of empathy in order to meet the need of the other.¹⁷

Another important aspect related to work in primary care is teamwork. The full service to users and its implementation by means of multi and interdisciplinary approach provides the solution of problems health⁸. Actually investigated, although there are some differences among workers, team configures itself as a family, because they maintain their coordinated actions independent of core performance.

The work staff aims to meeting the different factors that affect the health-illness process, emphasizing comprehensiveness in care. Through multidisciplinary action, it is possible to achieve a greater impact in health care as they are added together the looks of distinguished professionals who build and rebuild their practices in constant interaction with the practices of other.¹⁸

Previous studies did not corroborate the findings of this research. In other situations, teamwork is reported as a difficulty, which characterizes the compartmentalization of activities.¹⁹⁻²⁰

Teamwork is a reciprocal relationship of communication and interaction among professionals belonging to different cores of knowledge in search of consensus which translates into quality in the attention given to the health needs of the clientele.

CONCLUSION

From this study can understand the meanings assigned by the professionals as the work developed in the family health strategy. Pointed the main FHS team assignments, which indicates a concern with users and with the resolution of the problems with a focus on health promotion, recognize the top of clientele and the domiciliary visit as important strategy of approximation with the community.

However, by means of this study it was observed that it is necessary to review the practices of health promotion as they are arranged in advance for specific groups, and users who do not fit in these groups are assisted by an interlocutory appeal to health already be installed. In this sense, it is necessary to rethink the practices of FHS teams so that every encounter with the user is seen as a possibility for those health promotion actions are implemented.

In relation to the reception and to work as a team, it was found that are fundamental tools so that the team can cater to their clientele. Moreover, meet the precepts of the FHS, since they represent a path to full assistance. With this, the aim of knowing the meanings of doing professional assigned by health professionals acting in a FHS was awarded because it was possible to identify the aspects that give meaning to the making of these professionals.

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