ABSTRACT
Objective: to investigate the opinion of health professionals about the matrix supportive in the management of the health care in the Family Health Strategy. Method: it is an exploratory study, with qualitative nature, conducted in five Integrated Units of Family Health of the city of João Pessoa/PB/Brazil. We used the techniques of interview for data collection and, for analysis, the thematic Analysis. The research project was approved by the Ethics Research Committee from FACENE/FAMENE, protocol n.º 135/2010. Results: in the opinion of health professionals, the work of the matrix supportive is characterized by managerial activities, technical and pedagogical support and expansion of the clinic, addressed to the organization of the service, optimizing the actions of the Family Health Unity. Conclusion: considering the importance of the work of matrix supporters, it is necessary the development of actions for qualifying them on the part of municipal management, in order to strengthen their work, favoring a dialogic approach with and to the health workers and users of the system. Descritores: Primary Health Care, Family Health Program; Human Resources in Health.

RESUMO

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RESUMO
INTRODUCTION

The Primary Health Care (PHC) as a strategy that seeks to reorganize the health system and meet the needs of the population, requires an understanding of health as a social right and, the performance of the social determinants, which are present in several territorial realities, to promote it (health).\(^1\) It should be noted that the PHC is regarded as the first assistential level and, primarily, must be resolute, enabling the accessibility and ensuring the continuity of care.\(^2\)

In Brazil, with the establishment of the Unified Health System - Sistema Único de Saúde (SUS), the conception of PHC was developed by means of the Family Health Program - Programa Saúde da Família (PSF), initially in the areas of greatest social vulnerability and difficult access to the health services and, subsequently, it was expanded as a structuring strategy of municipal health systems and as a model of PHC in Brazil.\(^3\)

In 2006, the Brazilian National Policy of Primary Care - Política Nacional de Atenção Básica (PNAB) reiterated the Family Health - Saúde da Família (SF) as a priority strategic and substitutive model for organizing the primary health care, placing it as the preferential gateway to the service network of SUS. One of the purposes of the Family Health Strategy - Estratégia Saúde da Família (ESF) is to manage and direct the care to the population that is resident in its attached area, with the aim of making effective the integrity of the care in the assistential network of SUS.\(^3,4\)

The ESF stands out as an innovative and restructuring device of actions and health services, when it overcomes the fragmented view on the human being, considering it in its singularity / subjectivity, complexity, integrity and in its sociocultural insertion. In the process of caring, it seeks the health promotion, prevention and treatment of diseases and the reduction of damages or sufferings which may upset the healthy way of life of the individual, family and community.\(^4\)

However, there is a diversity of models of care in light to the inter-regional and intra-regional disparities as well as the inequalities of the Brazilian society.\(^5\) It is undeniable the quantitative expansion of the ESF in the Brazilian municipalities, providing access to the population that until recently was ruled out by the public health system. This strategy is present in 5,284 of the Brazilian municipalities, ensuring population coverage of 53.1%.\(^5\)

Even so, a study conducted in several regions in Brazil has shown that the reality of this strategy does not address the uniformity with regard to the implemented modalities.\(^6\) We should verify the existence of a parallel program, with superposition of basic assistential networks, dedicated exclusively to groups of low-income populations, which plays educational and preventive actions that are punctual, but they are not articulated and do not ensure the integrity of the care.\(^7\)

Furthermore, there are problems that prevent the consolidation and implementation of health services, we could point out the fragmentation of care and clinical accountability that is insufficient and inadequate, which are evidenced by the manner of organization and management of services, which contributes for that the health professionals reduce their object of work to simple procedures, diseases or body parts rather than take responsibility by people in a global form. This reality has just making impossible the territorial sanitary accountability of populations, as it is advocated by PNAB.\(^8\)

Another found difficulty is related the low permeability of specialized services to direct contact with the professionals of the ESF, as well as the reduced willingness to pursue strategies with a view to solve the problems. We should highlight the trend of shortage of interdisciplinary dialogue; as such types of strategies are structured in excessively asymmetrical power relations. Thus, the development of teamwork in its plurality and, consequently, the construction of assistential networks are faced with this reality.\(^8\)

Based on the above considerations, we realized the need to create new organizational arrangements that would broaden the clinical and practice of full care health, in order to produce and stimulate relationship patterns that go through between workers and users, promoting the exchange of information and the expansion of commitment from professionals with the production of health.\(^8\)

So, it raises up, in the management of 2007, in the city of João Pessoa, the Matrix Support - Apoio Matricial (AM), assuming this function different health professionals who, at that time, were part of the central administration and / or sanitary district and who performed technical activities which were divided by thematic areas. Regarded as a dynamizing device in the recasting process of the health practices, the AM aimed to empower and favor the establishment of a connection, welcoming and accountability of
health teams for building a full care in the local ambit.10

The AM sets up as an important acting person in the management of health in order to achieve the integrality within the APS. The management of care is understood as the provision of health technologies according to the particular needs of each individual, seeking its safety, independence, quality of life and productivity. It should also be pointed out that this is constructed through multiple interdependent dimensions, among them, the professional dimensions, organizational and systemic, sustained by the axis of the health needs.11

It is imperative to understand how the matrix supportive develops its work in the Family Health Units - Unidades de Saúde da Família (USF) along with health professionals, through the existing diversities in each location. Likewise, as this matrix supportive influences the work process of the SF team from the gaze of the health professionals. Therefore, we aim to investigate the opinion of health professionals about the work of the matrix supportive in management of health care in the Family Health Strategy.

METHOD

It is an exploratory study, with qualitative nature, conducted in the five Integrated Units of SF that are components of one of the five health districts - Distritos Sanitários (DS) of the city of João Pessoa/PB, Brazil, with a sample of 10 professionals of the ESF: three doctors, four nurses and three dentists.

Data collection was performed from August to September 2010. To that end, we applied the technique of the interview from a script containing questions about the work of the matrix supportive in management of care in the ESF. To get a better achievement of the empirical stuff, all interviews were recorded by means of MP4 player and, later, they were transcribed in their full version. It is noteworthy to note that the participants were identified by the letter E (abbreviation used for Interviewee, this letter came from word “Entrevistado” in Portuguese language), followed by an Arabic numeral referring to the sequence of the execution of the interview (E1 to E10).

In order to analyze the statements of the collaborators of the study, we used the technique of thematic analysis12, being held fluctuating reading of the empirical stuff to appropriation of a content that could answer to the proposed objective.

From the coding of comprehension units of the text (cores of meaning) we listed issues such as management, expansion of clinical, actions of health education, lack of autonomy, continuing education in health, organization of demand and healing actions.

After the classification of the data two broad thematic categories were emerged, respectively: The professional gaze of the professional of the Family Health Strategy on the labor of the matrix supportive and Difficulties related to the work of the matrix supportive. Both thematic categories were analyzed in light of the management of care with focus in the integrality of the care.

For the development of this study, we considered the ethical aspects of researches involving human beings, guided by the Resolution of the Brazilian National Health Council - Conselho Nacional de Saúde (CNS) n.º 196/96, respecting the autonomy, beneficence, non-maleficence, justice and equity, including the fulfilling all duties for maintaining the privacy and dignity of the people involved13; then, we had the examination and approval of the Ethics Research Committee - Comitê de Ética em Pesquisa (CEP) from Faculdade de Enfermagem e Medicina Nova Esperança (FACENE/FAMENE) under the protocol n.º 135/2010 and CAAE 3573.0.000.3510.

RESULTS

Thematic Category 1: The professional gaze of the professional of the Family Health Strategy on the labor of the matrix supportive.

The first category depicts the opinion of the health professionals about the work of the supporter worker that, according to the statements, is characterized by managerial activities, technical and pedagogical support and expansion of the clinical, directed, mainly, to the organization of the service; as reflected in the statements below:

[...]

He [matrix supporters] manages, organizes the meetings, it is facilitator of the work process not only from each team, but of the integrated; then it is an intermediary [...]. (E6)

I can see that he makes activities like a general administrator, [... ] how is going the care, the welcoming, he can be coordinating activities [...]. (E9)

I think it is important because they [matrix supporters] coordinate the meeting of Friday that is an overview of everything that was done in the unit [...]. (E8)
The speeches reveal that, in addition to managerial activities, the labor of the supportive worker came to optimize the actions taken at USF, primarily through the pedagogical support to the professionals of the ESF, using as device the Permanent Health Education – Educação Permanente em Saúde (EPS):

[…] This matrix support in continuing education also promotes here exchanges of experiences, livings and wisdom, really […] it with its nucleus, here in this case it is specific to psychology, comes to empower our actions […] . (E3)

[…] In permanent educations we have ever constant here in the health post, he also facilitates this process, because the meeting is not also given only in the context of people are discussing the problems of the unity, but in the form of continuing education […] . (E6)

Another important aspect is the clinical support, which the AM gives to the team, providing a specialized technical support in order to expand the playing field and qualify the actions; it can be performed by professionals of several areas, as mentioned below:

[…] If we want to do an action and our supportive is a female nurse and we check the pressure, we know it is necessary to have one more professional, and if she is available and we using a strategy, a schedule, she is along with us […] to work in its area of expertise when there is a need. (E6)

[…] It is not every time, but he performs the attendances when we need it, because he is physiotherapist […] . (E9)

[…] And another one supportive is a male nurse, and then he makes visits along with some health agents for some bedridden people who were going through difficulties […] . (E5)

♦ Thematic Category 2: Difficulties related to the work of the matrix supportive

As component part of the SF team, the AM also presents obstacles related to its work process, as is mentioned in the second category, especially with regard to the centralization of activities within the health unit, emphasizing the healing practice and not the actions of education health, as the following statement demonstrates:

Education in health does not exist here […] I think this is the way and I am not seeing it being done, he [supportive] at the beginning until he wanted, because once I got to talk, but he said 'as long as it is not prejudice the work of the unit ', I said 'come here...but prejudice, education in health is not prejudice the labor, it is a part, including, very importantly, of the family health '. (E1)

Moreover, one of the statements affirms that the AM in its unit is a practice inconsistent with the proposal of the ESF, claiming that instead of seeking the decentralization of actions, reorientation of the assistential practices in Primary Care, healing actions are emphasized at the expense of the preventive ones, that is to say, the strengthening of the hegemonic model:

Well, in my conception, with the experience I have, it is being a work that is pretty out of the proposal of the PSF […] what happens is that it is being centralized, they are centralizing all the activities here and little or almost no work on area, so what we are doing is only, in most cases, healing medicine and we realize that the intention is to remain so and having more attendance and dressing it will be better […] . (E10)

We identified, in the statements of collaborators, that the supporters have not full autonomy to the exercise of their work, often getting, depending on other bodies for solving the problems:

I think they are trying, but they have difficulty, because there are many things that are not of their domain and they are not able to do, it depends on other bodies […] . (E5).

DISCUSSION

The AM was inserted in the municipality of João Pessoa, location of this study, in order to optimize the breaking of hegemonic practices, focusing on the biomedical model, for the construction of humanized and completeness practices in health services, especially in the Family Health Units. 10

The management sets up as one of the functions of the work of the AM, since it acts as coordinator, facilitator of the work process and intermediary between the district and municipal management with the primary care services. The managerial activity performed by the AM is important in view of this being an articulator of the organization of service and the work process, who will empower the horizontality of relationships between different professionals, favoring the accountability of teams by the actions triggered and also ensuring the integrity of the care in primary care and its articulation in different levels of complexity of the health system. Based on this assumption, the AM will allow the expansion of the coverage and the scope of actions of primary care, as well as its resolution. 14

English/Portuguese
Nevertheless, the study has showed that managerial practice, which is developed by some supporters, is guided by conceptions of the classical administration, of Taylor’s connotation, they are evidenced by fragmentation of tasks, specialization of skills and centralization of activities.

In contrast, it is known that centralizing the services means drive the health actions to just one sphere, accumulating assignments in a central power, as in the old model of care, which is predominantly focused on the hospital and on the medical practice, with an assistential characteristic that is individualized and healing.

From this perspective, the AM, who should minimize fragmentation of the work process due to the increasing specialization in almost all areas of knowledge, enhances this understanding when centralizes the actions and prioritizes the clinical care. So, the AM should be an interlocutor in building intervention projects and that this process is conducted in a shared way with other interlocutors, enabling the creation of protected collective spaces and that allow the interaction of differences, realities and, unique experiences in certain territories.16

Another aspect of the work of the AM is related to the pedagogical support addressed to the professionals of SF team, in order to make them reflect on the problems experienced in the practice of health care, both at the individual and / or collective ambit. For this purpose, the AM makes use of the device of EPS that allows triggering the critical reflection of the problems relating to the actions and the constitution of subjects by means of the strategy of knowledge.10 It should be noted that the EPS is learning in the job, where the learning and the teaching are incorporated into the daily life of organizations and work.15

However, what draws attention, in the speeches of collaborators of this study, is the non- importance or non-prioritizing of the actions of education in health to be conducted by professionals of the SF, from the supportive. It is worth to mention that the education in health, beyond of being a dimension of the work of the AM16, optimizes the actions of prevention and health promotion, for this purpose it must be based on reflective practices, enabling the user to be a historical, social and political human being, who is articulated to its context of life, under the view of an enlarged clinic by the health professionals.17

In this sense, and considering that one of the guidelines of the ESF is the development of actions of education in health to promote the building of citizenship of subjects, there is the need of the AM understands that education in health enables the creation of collective spaces and that these sites emanate problems and, therefore, the identification of strategies for solving the problems, beyond of allowing the building of bond between users and health team.

The misunderstanding of the actions of education in health weakens the conduction of practices focused on the integrity of the care, including it walks in the opposite direction to what the municipal health plan rules about the educational processes for constitution of subjects-citizens and defense of the SUS.

One of the important points about the difficulty of the work of the AM, identified in the speeches, refers to the lack of autonomy in the face of some problems experienced in service and that they rely on other levels of management to solve them. It is necessary to understand that the AM is faced with a multitude of issues arising from the social and political dynamics which is inherent in the work in the health care field. Thus, it is essential to strengthen the supportive worker both technically and managerially, with a view of coping with a health structure filled with micro-powers and many feelings.18 One of the strategies that could strengthen this coping refers to the construction of collective spaces between supporters of primary care services, in order to promote the exchange of skills and experiences.

In this understanding, the AM is an indispensable actor for the humanization of practices and management in health20, since it works along with the team of SF, empowering caring and managerial practices. It should be noted that the labor of the AM has a technical dimension, which is associated with clinical activities and of public health; and political dimension, which is addressed to the activities of management, as well as communication and education in health, this last one factor is the mainspring axis of its work in producing of reflection on the health practices.16 These elements were identified in this study.

But, it is observed that the labor of the AM in the city studied is in training, with a view that there is still a misunderstanding on local health plan by this worker, as well as weaknesses in its practice. The challenge of local politics is to build a completeness and humanized care, with emphasis on the change...
of the routine of "doing health" and in producing care.\textsuperscript{10}

So, for that the work of the AM is materialized in the spaces of health services and in the prospect of the integrity of the care, it is necessary to understand that these places constitute themselves in a live setting, where different social actors develop their practices, creating different perceptions about what is demanded and offered in terms of health. It is necessary to incorporate the "renewal of health practices, in a perspective of completeness in which the valorization of the attention and the care emerges as the basic dimension for health policy that develops itself actively in routine of the services".\textsuperscript{19,1039}

CONCLUSION

The study has showed that the work of the AM in the city studied is addressed to managerial actions, clinical and of pedagogical support, and that these activities are facing difficulties in their development, especially in the centralization of activities and lack of autonomy for solving some problems of health unit.

It is suggested that the municipal management develops actions of qualification with matrix supporters who work in the Family Health Strategy, in order to strengthen their work, especially in potentiating of a dialogic approach with and to the health workers and users of the system.

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