



INTERFACES OF THE WORK PROCESS OF NURSES IN THE FAMILY HEALTH STRATEGY

INTERFACES DO PROCESSO DE TRABALHO DO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA

INTERFACES DEL PROCESO DE TRABAJO LAS ENFERMERAS EN ESTRATEGIA DE SALUD DE FAMILIA

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ABSTRACT

Objective: to analyze the interfaces between the health/disease process and the work process of nurses from the Family Health Program, in Santa Cruz/RN, Brazil. **Method:** descriptive exploratory study, with semi-structured interviews. Participants were six nurses working in family health of the urban area of Santa Cruz/RN, Brazil. **Results:** the analysis of data, based on the hermeneutic/dialectic. As a result, the process of work of these professionals is fragmented, ineffective and biological. For the respondents, the health/disease process is seen as individual impairing its operation and resolving problems in the community. However, the study concluded that this is a tipic process of a society that expresses the collective living conditions. **Conclusion:** the bonding and the creation of bonds of commitment to co-responsibility between professionals and the public are essential to the goal of the family health strategy is achieved. **Descriptors:** Nursing; Family Health; Health-Disease Process.

RESUMO

Objetivo: analisar as interfaces do processo de trabalho dos enfermeiros da Estratégia Saúde da Família no município de Santa Cruz/RN, Brasil. **Método:** estudo descritivo exploratório, com entrevista semiestruturada. Participaram seis enfermeiros que atuam na saúde da família da zona urbana do município de Santa Cruz/RN. A análise dos dados foi pautada segundo a hermenêutica/dialética. **Resultados:** o processo de trabalho desenvolvido por esses profissionais é fragmentado, inoperante e biologicista. Para os entrevistados, o processo saúde/doença é visto como individual, prejudicando sua operacionalização e resolução de problemas na comunidade. Contudo, o estudo concluiu que esse processo é característico de uma sociedade que expressa as condições coletivas de vida. **Conclusão:** desse modo, o estabelecimento do vínculo e a criação de laços de compromisso com co-responsabilização entre os profissionais e a população são essenciais para que o objetivo da estratégia saúde da família seja alcançada. **Descritores:** Enfermagem; Saúde da Família; Processo Saúde-Doença.

RESUMEN

Objetivo: analizar las interfaces del proceso de trabajo de los enfermeros del Programa Salud de la Familia en Santa Cruz/RN, Brasil. **Método:** estudio descriptivo exploratorio con entrevista semi-estructurada. Los participantes fueron seis enfermeras que trabajan en salud de la familia de la zona urbana de Santa Cruz / RN. El análisis de datos fue guiado de acuerdo con la hermenéutica / dialéctica. **Resultados:** el proceso de trabajo de estos profesionales es fragmentada, ineficaz y biológica. Para los encuestados, el proceso salud / enfermedad es vista como una persona, dañando sus operaciones y la resolución de problemas en la comunidad. Sin embargo, el estudio concluyó que este proceso es característico de una sociedad que expresa las condiciones de la vida colectiva. **Conclusión:** por lo tanto, la unión y la creación de lazos de compromiso con la co-responsabilidad entre los profesionales y el público son esenciales para el objetivo de la estrategia de salud de la familia se logra. **Descriptor:** Enfermería; Salud Familiar; Salud-Enfermedad.

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INTRODUCTION

Before the changes that have occurred in society and also in the health area, only the intervention and/ or recovery of biological body has not supplied the health needs of the population, when you have the health / disease process as the object of work, seeking the epistemological foundations which concern primarily on the relationship subject-subject.¹

The more integral conception regarding the association between the social conditions and the health production gained a new strength in the mid-70s, especially, in Latin America, where is developed the latent embryo of called "Social Medicine", due to the adoption of certain policies of economic and social orders; because the population has increasingly precarious conditions of employment and income.²

Furthermore, in the 19th century the institutionalized nursing leaves the family, private and domestic ambit and becomes a part of the public sphere by acquiring the character of rationality and technology (scientific knowledge) of the productive sphere of society.

In face of this scenario, the nursing work in public health must be built on the philosophy, science, technology and ethics, as they worry about the integrity of human being for, and thus promoting its emancipation.¹

The Brazilian Unified Health System - *Sistema Único de Saúde* (SUS) has been able to cause relevant repercussions in the strategies through a new proposal on the health care, by having the family and its social space as a basic core of attention. The collective works change themselves following the social alterations, cultural, economic and technological, as well as the modes of teaching and learning at different levels, which requires an expanded understanding on the health / disease process.

Thus, the construction of a new health care model proposed by SUS, which is partly developed by Family Health Strategy - *Estratégia Saúde da Família* (ESF), has to be grounded in socio-political conditions, material and humanized, which facilitate a work of quality for who exercises it and for who receives the assistance.³

Therefore, and according to the public health policies, the Strategy is configured as the gateway to the SUS; and that if a primary care gives no sufficient answer to the needs of the population, people end up continuing to follow only the traditional model (biologist).

However, the health teams, and especially the nurse, should take it upon themselves to

discuss on the determinants and theoretical models that explain the health / disease process, translating them into concrete forms of teamwork and overcoming conceptions about the individual as a creature merely functional, who is not regarded as a political subject and a singular person provided with beliefs, values, desires and emotions.³

The present study aimed to analyze the potentialities and the obstacles faced by nurses in the Process Work of the Nursing in the Health Strategy in the city of Santa Cruz /RN, Brazil.

METHODOLOGY

This is a qualitative research, which was attended by six nurses who work in the ESF in the urban area of the municipality of Santa Cruz / RN, Brazil, acting for at least two years at the same location.

We use like instruments a script of semi-structured interview, with open and closed questions, and a field diary, to know the dynamics of the production process of health services in six Basic Health Units for the Family - *Unidades Básicas de Saúde da Família* (UBSF) in the urban area, from the municipality of Santa Cruz / RN, Brazil. These units were chosen because they are training camps of the nursing graduate course from the *Universidade do Estado do Rio Grande do Norte* / UERN.

In the data analysis, we used the hermeneutic / dialectic approach; the starting point of the hermeneutic research is the maintenance and/ or the extension of inter-subjectivity of the intention during the data analysis of a reality. It seeks, at the present time, the understanding of the meaning that comes from the past or a world vision from a particular group.⁴

The researcher has to deduct and explore the definitions of situations from the world of the author and his social group. You should also understand the text as a social representation of a reality that shows and/or hides itself in the communication; the statement as a result of a social process and of knowledge with a specific meaning.⁴

The research was approved by the Ethics Research Committee of UERN, in April of the year 2010, under protocol n. ° 058/09 and CAAE n. ° 0057.0.428.000-09. All participants signed a Free and Informed Consent Form (FICF). We used names of endangered birds as pseudonyms to maintain the anonymity of the study subjects.

RESULTS & DISCUSSIONS

The work as a process, arising from the Marx's theory, takes into account the historical process of the individual based on the changes and needs that motivates it. While, the work process is the transformation of a specific object in a specific product, by means of the intentional and conscious intervention of the human being that, to do it, employs tools with the objective of producing some product or service that has value to the own human being.⁵

• Behind the coat and the bureau: reflection on the practices of nurses

The ESF has been considered as a strategy to reorientation of the model of care from the primary care to drive the organization of the health system as a social right. In 2006, the National Policy for Primary Care - *Política Nacional de Atenção Básica* (PNAB) expanded the vision of basic care and did reaffirm the Family Health as a priority strategy and substitutive model for organization of the primary care.⁶

This can be evidenced in the statements below:

So, we know that the Family Health Strategy - it is much more focused on Public Health than to the Individual Health. Of course the individual is made without prejudice. But then, our goal is to go back to that other analysis, this part of the promotion, protection and health prevention. For this, we use the public health programs. (Pichochó)

To me, the collective work in health is essential. To me, I think is very important, why? The way of working in the community is the way you work well! We never work alone right? We work together. With the team, with all people of the unit, mainly along with the community health agents who are essential for us, right? Because they are a communication link between the people and the community, right? This is very important for us; mainly it there, because they address the problems of the community for people. (Anumará)

The teamwork in the ESF stands out for its aspect of approximation to the integrality in development of actions linked to the health care; the integrality consists in organizing the work in service, articulating the needs of a spontaneous demand and another one planned. As well as an expanded understanding of the needs of the population

that should incorporate both the prevention possibilities as the assistentials.⁷

I, for example, I try as hard as I can to treat people as possible as well as possible, you know?! Meet people, seeking to meet people in the best way, promoting a link between me and them. It is[...] try as much as possible [...] try to get a feedback from that patient [...] it is, as a nurse, to solve as well as possible the situation of the patient, is not it? Because we have to do what is the task of the nurse in terms of prevention, healing, talking [...] (Anumará)

The Family Health Strategy involves something more complex; it involves knowing why that person has arrived, how it arrived, what it came to do at that moment, what it will do after that moment, when it had that direct contact. That is to say, it is a work of monitoring the person. (Crejoá)

Specifically, in the case of the nursing, its practice integrates the relationship of the environment and its impact on the human being. It is influenced by the reality that covers the politics, the economy and the culture, its specificity is in the care - both to the individual as for the families / collective - by developing activities of promotion, prevention, recovery and rehabilitation.¹

It is a process that seeks to operate in surveillance and in the epidemiological indicators in health education, in fulfillment of the ministerial programs, planning and management of the team, in performing the HV (Home Visit), regardless of the disease, in coordination of the Programs of Community Health Agents - *Programas dos Agentes Comunitários de Saúde* (PACS) and in the promotion of autonomy of the patients / community.

Moreover, some challenges present in the speeches indicate the need for a profile to the work within the PSF. The speeches of the nurses who care about the profile of the professionals who are involved in assisting in the context of ESF guide this understanding, which are involved with the process of collective work in health:

Health in itself in the city of Santa Cruz is not as good as it should be. I do not know if I'm talking bullshit! But I think so, I think it needs more[...] more things, more support and more staff, people striving, did you understand? People are no longer looking for is[...] is [...] they are not doing the work that is for doing. (Anumará)

I'm in a work of PSF, but my colleagues cannot do it! Here, with these people, is a bit complicated, because we have different interests[...] but unfortunately lack the willingness of professionals to join it. And

here, it (the work in ESF) is a little different, because unfortunately our human resources are not prepared to work in health[...] in primary care. So [...]it is letting every man for him own, nobody cares about it[...] (Crejoá)

For working in the PSF, it is needed that there are professionals seeking health promotion, who have a family focus, integral view of the subject, articulation of actions and interactions of the agents, adscription of customers, horizontal relationships and, even, a common and assistential project with a continuing and intersectoral care that has common goals well defined.⁸

It is also noteworthy to note that the work of these nurses and other team members is fragmented:

The family health team is[...]. it recommends that the team is multidisciplinary and integrated. Why? Because the doctor, the nurse and the dentist, they work together, both in programs as in lectures [...] some health actions for the community, but the nurse is aware of the coordination of actors of health, but the good thing would be that the doctor and the dentist also encompass furthermore, if they were integrated in the team even more. If it would not only the weight, the weight is too much over the nurse. Because today we see, so all, the PSF organized and such[...]. everything's still is the of task of the nurse, the doctor are not yet fully integrated to the health team. (Tiê-Bicudo)

I [the doctor] just do my part here; I don't want to know how he [the nurse] is taking care of the population. I [the doctor] I get paid to solve those procedures, and the rest [...] So the process of work here is like this, practically each one does its own part and hopes that in the end it all [...] (Crejoá)

The work of each professional area (specialized works) is understood as a set of tasks, assignments or activities. Thus, with regard to the technical division of labor, the multidisciplinary team splits the same work process, since there is a relationship of complementarity and interdependence between the works.⁹

In addition to this fragmentation, there is also the factor of staff turnover and the few intersectoral actions developed to meet the complexity of the health-disease process.

From the municipalization process and the enactment of Constitutional Amendment n.º 19, from 1998, which allowed the loosening of the forms of bonding, the employment contracts have passed to be a responsibility of the municipalities, but the linkages were being constructed in various ways, according

to the programs created through the public health policies.¹⁰

It further states that this occupational condition does not have protection of the laws, as well as does not guarantee stability, benefits and security to the worker:

Because in this manner, you, today, you're in a Family Health team, but today you're in and tomorrow you won't, right? You create a bond with the community, but only for six months and then you go out. (Anumará)

Nowadays, one of our biggest obstacles is the labor bond. The people who work in the Family Health Strategy have no labor rights. Unfortunately, our ministry, the law is all cute, but in practice our contract is only temporary. We have no right to the leave, to the formal contract, and the thirteenth salary. Finally, the worker is tempted to go where it will be better paid, where it pays better. (Crejoá)

Whereas the conception of health involves the social and economic development, the intersectoral actions, understood as the interaction between different sectors, are needed for that there is a coping of social determinants of the health-disease processes of population groups.⁶

Nevertheless, in the interviews it is clear that there is a limitation with respect to the articulation of the health services with other sectors:

For example, I say that we're not directly with the education, but we're indirectly. Because we're always going to the schools, right? We're always going to do lectures, the director of there, we're always in communication with her, go ask if you can go to talk, we always have such access, did you understand? Yes, we can see the CAPS, right? It is also on it. It also has the CRI that makes referrals to there, but that does not pass through here, going directly to there and they do the monitoring there. But, it is very little, you know? It's more related to the education, in schools. (Anumará)

Well, actually we work more with education matters. There is a school of the municipality, here in our area, and then we perform this work. It's like you say you have this relationship with education. But, regarding other sectors of the city hall, it is harder to do. (Pichochó)

The intersectoral performance is a condition for health promotion, because it seeks to overcome the fragmentation of the public policies, by covering the biological, psychological and social aspects which focus on the collective problems of health-disease process of the population.⁶

Regarding the community participation in activities that are related to the health, social

control is defined as "the right and duty of society to participate in the debate and decision on the formulation, execution and evaluation of national health policy".^{11:43}

However, the user is absent in respect of its co-participation in the production process of health care:¹²

The most difficult thing is the planning. The population has difficulty in talking about what it needs. (Coroinha)

So, if we want to make the women's day, the tuberculosis day, for example, as we had few days ago "Tuberculosis Day", the community is little present on this, because we know that the educational work is very hard, right? They see more the palliative work than the educational work of prevention, you know? The community accept, did you understand? An educational work, they just say, 'they will walk'. (Anumará)

With regard to the work of care provided to the population, this occurs with the centrality to the clinical model, although the PSF has the epidemiological model as one of its guidelines.

This influences the practice of nurses who were interviewed and they end up answering to this model:

It works more with the healing issue than the preventive issue, due to the need of the population, due to the hospitals are being crowded. It is also recommended by the Brazilian Ministry of Health to work the educational part, preventive. But, this does not succeed, because the healing is predominant, "because the population is very sick." If the hospitals were less crowded, we could work more on prevention. (Coroinha)

So, for them (the community) which heals is [...] is the remedy, which heals is when you come to the health station every time, you're wanting a remedy, wanting[...]. because that is what will heal and not preventive work, did you know? (Anumará)

Still [population] valorize the healing part, so if they come to do a consultation, take up some medicinal drug, they find it much easier to search for health services. (Pichochó)

This clinic developed on the subject ignores the bonds among patients, families and community with the health team, preventing people from facing their problems from their concrete conditions of life. A new clinic, the expanded, breaks with this logic, because the role of the health professional is to encourage the self-care, the health education and the sharing of health knowledge with patients and groups, by increasing the ability of people to be therapists of themselves.¹³

Nurses, when exercise their practice of nursing consultation, reiterate the medical logic and medicalizing, which is hegemonic in the Western society, acting according to the theories of a unique cause or from multi-causes of the health-disease process.

• The outputs to be travelled

Nevertheless, it is understood that one of the strategies for achieving a democratic management that strengthens the work relationships and implement a humanized performance and of quality, is the execution of a participatory strategic planning.

Considering that "the strategic planning as a technical and political tool that allows set the mission, values and goals of the institution, as an initial step of the process of organizational change."^{14:516} However, it establishes goals and action plans, but also employee training and the accountability of themselves, not only with the planning in itself, but with the institutional mission, that is to say, with the care and the educating.

Here, I can usually talk a little more with the nursing assistants and community health agents. Weekly or monthly meetings are made in order to make an assessment and plan what will be done. (Crejoá)

Where we are gathering through meetings, right? Here we're always in communication, the whole team. For example, here, right, it has 3 teams; nurses are always in communication with each other because here we always work together with the 3 teams, right? We work with the doctor, the nurse, the dentist, right? Whenever we do meetings, we're always in touch. (Anumará)

Another relevant discussion is the facilitating of the work brought by the Brazilian National Council of Municipal Secretariats of Health - *Conselho Nacional de Secretarias Municipais de Saúde* (CONASEMS), which means ensuring the social and social security rights for all workers, whether directly or indirectly, aiming to reduce the harms caused to the health's worker and to the very population that is served by professionals who are almost always in constant job rotation.¹⁵

Some stability in the PSF is essential for the building of a work that addresses all elements of the integrality. Stable professionals maximize the strategies of health education, since they start knowing the history and political-social organization and/ or economic of the community in which they will act.¹⁶

We also emphasize the issue of the collective work in health; it denotes a reciprocal relationship between the technical interventions and the interaction of agents, with the aim of building a common assistential

project, around which occurs the integration of the team work.⁹ The following interview clarifies this point:

It is important to work as a team, everyone working together, everyone cohesive. Because when you set your feet inside a Family Health Strategy, you have to work all the programs of the booklet. Our strategy is to sensitize our colleagues / professionals to achieve a common denominator. (Crejoá)

And, yet, knowing the other's work is a necessary condition for a collaboration to be developed and still, they are collective, because many professionals are seeking the effectiveness and efficient in their work, as we note in the following interview:

If I cannot solve, I let it out, but I don't let the patient without an answer. I will not leave it of the way it is. I have an obstacle here [...] and have no stimulus [...] I will not stop, I proceed, I'll forward. It would happen only if I really cannot find anyone to help me. But anyway, I will run after it. (Anumará)

Regarding the role of the nurses interviewed, it should be noted that there is a restriction in the sense of only to develop programs of public policies of health. Is that integrality? The integrality as one of the principles of the SUS has to be the priority for the preventive actions, but without prejudice the assistential services. The professionals need to be able to respond to the prominent suffering of a socially constructed demand.⁷

Thus, over time we find [...] the nurse is [...] have to be responsible for consultations, that we're there doing educational lectures, we have to be responsible for the information, by the bureaucratic side of the PSF, by completing forms which are many, by the lack of material and for the educational lectures. The main work is this, which is related to the prevention, rehabilitation, promotion and this part of managing the nurse's role; it is also a task of the nurse. (Anambezinho)

At the health station there are appointments, scheduling and planning. Plan, organize and execute actions related to health, from the orientation, education, prevention to the health issue. The nurse is the pin of the PSF. (Coroinha)

During the decades of 70/80, there was an expansion in the number of UBS, which provided an increase of the coverage, improving the access to the health services by the population. The districting of health as a strategy for building a model of care focused on the social reality shows the territory as an essential element for the planning and management of health services offered to the population.¹⁸

It is necessary for the team members of the PSF assess the impact of their actions on the health-disease process, individual and collective, identifying health problems that depend on the sociocultural context, by articulating intervention projects on the territory, or on specific institutions.¹³

And, yet, the Home Visits are performed only to people who are "isolated" or to the postpartum women, it should be illustrated this idea in the interviews below:

The consultation cannot be performed in the health station, it has to be made in the patient's home, but so it is a limited thing, but well, we have a shift to visit and they are prioritized, so, therefore, those people who cannot come here at all, then the agent goes to the residence, provided with all the material they need. It is any work that is needed to make within the residence; we will already equipped for this; it is as if he had put it into here in the health unit. (Pichochó)

You have to work the Home Visit to the bedridden and the postpartum women. (Anambezinho)

It is up to the nurse of the PSF deciding which issues are important and should be further explored in each family and what can be resigned. It is important to note that, in clinical practice with families, the intervention has like goal to promote, enhance and sustain the functioning of the family as for their cognitive, affective and behavioral aspects, besides its role as caregiver.

CONCLUSION

The manner in which the SUS was introduced to the population ends up hindering the new understand on the broader concept of health. It was in this sense that the ESF arose and the whole process of work aimed not only to the biological aspects, but social, political, economic, as well as forms of social production and reproduction and of living.

Nursing care has to follow ethical principles and seriousness in providing service to meet its customers, using an interdisciplinary and multidisciplinary approach, seeking self-care, acceptance of the treatment established, identifying the weaknesses of the family environment for not compromising the integrality of the actions and, above all, the overcoming of the fragmentation of public policies.

The establishment of a bond and the creation of ties of commitment and joint responsibility among the professionals and the population are essential for that the goal of

the PSF is achieved. However, the professional has to expand its referential without exceeding the limits of their individual action and isolated, in order to meet the universe of the user's needs, favoring a full care.

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