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ORIGINAL ARTICLE

HOST QUALITY IN BASIC HEALTH UNIT

QUALIDADE DO ACOLHIMENTO NA UNIDADE BÁSICA DE SAÚDE

CALIDAD DE LA RECEPCIÓN EN LA UNIDAD BÁSICA DE SALUD

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ABSTRACT

Objectives: recognizing the host strategies implemented in a Family Health Unit, checking the quality of care, listing implanted host strategies and identifying the degree of users' satisfaction with the reception in the unit. ***Method:*** an exploratory descriptive study of a quantitative approach performed in a Basic Health Unit in Teresina/PI. Data were collected with a questionnaire; then, processed in Microsoft Excel 2010, presented with simple frequency in tables. The study had the research project approved by the Research Ethics Committee, Protocol nº 713.841. ***Results:*** there was identified a positive evaluation of users in relation to the reception provided by the professionals of the Basic Health Unit, and the offered activities were evaluated by users as good. ***Conclusion:*** there were weaknesses in relation to the physical structure and working conditions that affect the actions taken to accommodate users with quality and thus providing a care of quality. ***Descriptors:*** Quality Management; Host; Family Health.

RESUMO

Objetivos: conhecer as estratégias de acolhimento implantadas em uma Unidade de Saúde da Família, verificar a qualidade do atendimento, elencar estratégias de acolhimento implantadas e identificar o grau de satisfação dos usuários com o acolhimento na unidade. ***Método*:** estudo exploratório descritivo com abordagem quantitativa realizado em uma Unidade Básica de Saúde de Teresina/PI. Os dados foram coletados com um questionário; em seguida, processados no Microsoft Excel 2010, apresentados com frequência simples em tabelas. O estudo teve aprovado o projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo nº 713.841. ***Resultados:*** identificou-se uma avaliação positiva dos usuários em relação ao acolhimento prestado pelos profissionais da Unidade Básica de Saúde, sendo que as atividades ofertadas foram avaliadas pelos usuários como boas. ***Conclusão:*** houve fragilidades em relação à estrutura física e condições de trabalho que afetam as ações desenvolvidas para acolher os usuários com qualidade e, desta forma, prestar a assistência de qualidade. ***Descritores:*** Gestão da Qualidade; Acolhimento; Saúde da Família.

RESUMEN

Objetivos: conocer las estrategias de acogida implementadas en una Unidad de Salud de la Familia, comprobar la calidad de la atención, listar estrategias de acogida implantadas e identificar el grado de satisfacción de los usuarios con la recepción en la unidad. ***Método:*** este es un estudio exploratorio descriptivo con enfoque cuantitativo, realizado en una Unidad Básica de Salud de Teresina/PI. Los datos se recogieron con un cuestionario, y luego procesado en Microsoft Excel 2010, presentados con frecuencias simples en tablas. El estudio tuvo aprobado el proyecto de investigación por el Comité de Ética en la Investigación, el Protocolo nº 713.841. ***Resultados:*** se identificó una valoración positiva de los usuarios en relación con la recepción proporcionada por los profesionales de la Unidad Básica de Salud, y las actividades que se ofrecen fueron evaluadas por los usuarios como buenas. ***Conclusión:*** hubo debilidades en relación con la estructura física y las condiciones de trabajo que afectan a las medidas adoptadas para dar cabida a los usuarios con calidad y proporcionar así la calidad de la atención. ***Descriptores:*** Gestión de la Calidad; Acogida; Salud.

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INTRODUCTION

The Family Health Strategy/FHS was a program designed to ease hospitals, as many users sought health services to a known service today as basic that are not classified in urgent, so we brought professionals closer to the population breaking a taboo where only patients went to the meeting of professionals.[1]

The Health Strategies are planned according to the needs of the population and the services must be prepared to meet the needs of each individual and family, promoting autonomy of the individual.[2]

All health services should implement the host as a SUS principle that favors the achievement of better results in health interventions, providing continuity of care at any level of attention.[3]

So there is a host of quality, the professional should have the ability to understand the feelings of the user in his diverse perspectives, because if the professional ensures the user's satisfaction it will be great his bound with the Basic Unit.[4] The National Humanization Policy (PNH), launched by the Ministry of Health aims to accommodate users through the principles of the Unified Health System.[5]

Host appears as an appropriate working tool for all health workers, not limited to the patient's desk, but in a sequence of acts and routines that are part of the work process, as explained by the National Policy for Humanization (PNH), which exemplifies that host and user inclusion should promote the optimization of services, the end of the queues, the ranking of risks and access to other levels of the system.[6]

The attitude of welcoming requires the mobilization of those involved in all aspects of the relations established in the field of health. A citizens' awareness is needed. It should be recognized in the strategies proposed by SUS one way to exercise the right to universal access and conquer the completeness and equality of health care.[7]

Considering the importance of the host in the Family Basic Health Unit, it is understood that the host should be done adequately and thus contribute to the assistance to users. The Basic Health Unit is responsible for managing the host to all users who seek it, offering quality services in order to meet solvability to the demands of users.

This study is justified by the contribution to the discussion about the quality of care in BHU, to the extent that one can realize how important the relationship between the population and the health team is. The objectives of this study are:

- Meeting the welcoming strategies implemented in the family health unit.
- Checking the quality of care of the same, listing which welcoming strategies are implemented in the Basic Health Unit of the Family.
- Identifying which level of users' satisfaction with existing host in the Basic Health Unit.

METHOD

Exploratory and descriptive study with a quantitative approach carried out in Basic Health Unit in a neighborhood of the city of Teresina/PI. The unit has four multidisciplinary teams with doctors, nurses, dentists, nursing technicians, dental assistant and community health workers.

The study sample was limited by the simple non-probability sampling process and consists of 49 participants of which 36 users and 13 professionals of Basic Unit aged up 18 years old. The selection of subjects was conducted during three days a week during one month, and 36 included nine members of each team. Data were collected through a questionnaire.

The variables addressed in this study were: age, gender, education, occupation, BHU service evaluation, assessment of consultation with the professional, BHU satisfaction degree, workers' length of service, profession, educational background, graduate, training, thematic training, physical space, furniture, equipment, office supplies, dining space, comfort and well-being of the user, hygiene and environmental cleanliness, air conditioning, lighting, presence of noise and privacy in attendance.

The most significant data were presented in tables using the Excel Program database, with simple frequency and analyzed with literature.

The development of the study met national and international standards of ethics in research involving human subjects. All participants signed the Informed Consent.

RESULTS

During the survey conducted in the basic unit there were interviewed 36 users, of which 86,6% are female and 13,8 male. Regarding the age of these, 86.6% are adults, range 19-59 years old. As regards the level of education of respondents, 55.5% of the population has high school, regarding the occupation most (22,2%) work in the home.

Table 1. Evaluation of health service according to users of the study . Teresina - PI, 2014 (n = 36)

Variables	n	%
Evaluation of attendance at the BHU		
Excellent	8	22,2
Good	20	55,5
Regular	8	22,2
Query evaluation with the professional		
Excellent	12	33,3
Good	20	55,5
Regular	4	11,1
Degree of satisfaction BHU		
Excellent	10	25,6
Good	20	55,5
Regular	6	16,6

In the evaluation of care at the BHU (Table 1), 77,7% of the users rated the BHU service between good and great. Regarding the consultation in the day of the interview, 88,8% considered from good to great and the degree of users' satisfaction with the service provided by BHU, 81,1% are satisfied.

Concerning the characterization of the workers in the Memorare Basic Health Unit as to length of service of the respondents alternated from 1-5 years, 53,8%, and over 10 years, 30,7%, with the representation of all professional categories, females predominated with (69,3%) and male (30,7%) and the training, 53,8% have higher education and of these 85,7% have Postgraduate degrees.

Table 2. Humanization devices developed in Basic Health Unit . Teresina (PI), 2014

Variables	n	%
Training in humanization/host (n = 13)		
Yes	9	69,2
No	4	30,7
Theme of the training (n = 9)		
Interpersonal relations	3	33,3
Users' rights	3	33,3
Host	3	33,3
Host exists in BHU (n = 13)		
Yes	10	76,9
No	3	23,0
Professional who performs host (n =13)		
Physician	1	7,8
There are circles of conversations with workers at the gateway to evaluate the host (n = 13)		
Yes	5	38,4
No	8	61,5

Regarding the humanization devices (Table 2) developed in the Basic Health Unit, 69,2% of respondents have training in humanization/host. The host is deployed in BHU, in the view of 76,9, being carried out by all staff (61,5%).

Table 3. Assessment of working conditions/environment of Basic Health Unit according to the interviewed professionals. Teresina (PI), 2014.

Variables	Satisfactory	Unsatisfactory
Physical space	6	7
Furniture	4	9
Equipment	4	9
Office material	5	8
Dining area	2	11
Comfort and users' well-being	5	8
Sanitizing and cleaning of the environment	13	-
Air conditioning/ventilation	10	3
Lighting	12	1
Privacy	8	5
Absence of noise to assistance	10	3

The conditions of work/ambience of the Memorare Basic Health Unit, according to the professionals interviewed (Table 3), of the 11 items evaluated were considered satisfactory: the hygiene and cleanliness of the environment; the air conditioning/ventilation; lighting; privacy in attendance and absence of noise; being evaluated as unsatisfactory: physical space; furniture; equipments; office supplies; dining area; comfort and well-being of users.

DISCUSSION

Since the SUS implementation a set of policies and strategies are being formulated in recent decades to overcome difficulties in this system consolidation. Among them, the institutionalization of the National Humanization Policy (PNH) that brings the challenge of deploying technical, managerial and ethical tools for ensuring access and comprehensive care users in health services. The host is one such tool for transformation of technical assistance actions, which aims to well serve all who seek health services, welcoming their needs, taking an ethical position that is listening, instruments to attract more appropriate responses to users.[8]

Host is an operational guideline that part of the following principles: serve all people seeking health services, ensuring universal accessibility. Thus, the health service assumes its function to welcoming, listening and responding positively, able to solving the health problems of the population, reorganizing the work process in order that this move its central axis, the doctor for a team multi-host team, which takes care of the user's listening, assuring to solve his health problem.[9]

The welcome starts at the first moment of contact between people. It is attention, listening, finally, it is a mutual relationship of respect, necessary for the development work, which will gradually organizing a less individualistic society and more likely to change, according to the needs of others.[6]

For the professionals, working conditions and the environment affect the quality of reception, because the quality incorporates the basic variable structures, process and result, the component structure corresponds to the evaluation of existing resources for the performance of services; by process means the evaluation of the implementation of activities and dynamics presented in their interrelationships; and finally, the result is the effect or product of the actions taken by the health services, altering the health situation of the users or the community.[10]

Thus it supports - the principle that the bond between workers and institution may mean that these are committed to the goals and results of the institution as participants feel it. So that this bond provides solid relations between the parties, based on commitment and respect that can interfere with productivity and health of the subjects. The performance in the institution promotes safety, skill mastery and autonomy in decision-making to employees and the quality of welcome.[11]

In this study 81,1% of the users are satisfied with the services provided by professionals in BHU, recognize that teams providing services at BHU making every effort for them to be well attended and receiving the necessary guidance. Proper care should be based on the user's listening, and good professional performance that causes them to have a link of the health service user-binomial. This link helps in the care process, allowing professionals to know their patients and priorities of each, facilitating their access. It was evident in the speeches of the subjects of this research, a concern with the humanization of care, as well as a form of organization that takes into account listening to his needs as a user.[10]

The satisfaction of the health service user has multidimensional nature, ie, the individual may be satisfied with one or more aspects of a service and/or consultation and simultaneously be dissatisfied with other aspects of the service. Thus, the degree of satisfaction achieved reflects a number of factors that go beyond the eminently clinical site, passing by dimensions such as environmental structure, service delivery process (service) and results obtained with treatment.[12]

The BHU must be prepared from conception with a definition of what, to whom and under what circumstances will host as well as the presence of certain working conditions, context in which the fact that workers materialize the service on behalf of the health unit. For the professional encounter with the user is no positive doubt, both are aware that the objectives are achieved because the quality of care by subjectivity, by listening to the subject's needs, through the accountability process of recognition between services and users and opens the start of construction of key components link to the quality of care.

The host aims to meet the resolute way the population seeking health services welcoming and listening to their needs, and move the central axis doctor's care to the

multidisciplinary team, since all members of the healthcare team should be able to provide the host.[13]

In order for the service to take place in a humane way ensuring the population access to health services and occurs through a qualified hearing of population problems enabling the solution. It permeates the necessity of the link between the health team and users.[13]

Thus the FHS has achieved advances in health care to the population about the humane care that, according to users, they recognize the difference of FHU in relation to other health services by the welcoming service, held in a polite way. With the humanization of health care practices developed by the FHU has managed to achieve one of PNH goals of care, since they have improved the relationship between professionals and users.[13]

The social concept is a principle of SUS, and brought the possibility of users interfere in the health services, policies, actions and in the completion of its efficiency. Therefore, their strengthening within the SUS and the encouragement of community participation, particularly in primary health care, require the user design as co-responsible for the management of the health system and competence to evaluate it, and for it to intervene and modify it. The evaluation of the perception of users regarding the quality of care and care in the Basic Units is of great importance, since evaluation of the health system by the user favors the humanization of service, as well as provide an opportunity to verify, in practice, community response to the health service offering, but also allow the suitability of their expectations.[14]

CONCLUSION

The study identified a positive evaluation of users regarding the quality of care provided by professionals from the Basic Health Unit, and the strategies used classified as good. About the degree of satisfaction in the evaluation of care in basic health units, the majority of users rated the service as good or excellent.

About the quality of care, the study showed that the host is always developed by the family health team, but there are factors that affect the quality of the welcome as working conditions, hours of material and user's comfort.

With regard to strategies for reception, it presented the training in humanization and acceptance, implementation and realization of the host by parts of professionals, with circles of conversation at the gateway of the Basic Health Units. This assessment is of extremely importance to scale the reflection of the actions that have been developed in the health sector, leading to targeting and planning of actions, describing them and improving the services offered.

The study also showed weaknesses, particularly on factors related to the physical structure and working conditions that ultimately affect the actions taken to accommodate users with more quality. To quality care, professionals must have as well as inclination to meet a suitable structure for carrying out their functions, materials to assist them in providing service and equipment to perform their procedures.

REFERENCES

1. Matumoto S, Mishima SM, Fortuna CM, Pereira MJB, Almeida MCP. Discussão de famílias na estratégia saúde da família: processo de trabalho em construção. Rev esc enferm USP [Internet]. 2011 June [cited 2014 Dec 08];45(3):603-10. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000300008&lng=en

2. Moraes PA, Bertolozzi MR, Hino P. Percepções sobre necessidades de saúde na Atenção Básica segundo usuários de um serviço de saúde. Rev esc enferm USP [Internet]. 2011 Mar [cited 2014 Dec 08];45(1):19-25. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000100003&lng=en

3. Corrêa ÁCP, Ferreira F, Cruz GSP, Pedrosa ICF. Acesso a serviços de saúde: olhar de usuários de uma unidade de saúde da família. Rev Gaúcha Enferm [Internet]. 2011 Sept [cited 2014 Dec 08];32(3):451-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472011000300003&lng=en

4. Schimith MD, Simon BS, Brêtas ACP, Budó, MLD. Relações entre profissionais de saúde e usuários durante as práticas em saúde. Trab educ saúde [Internet]. 2011 [cited 2014 Dec 08];9(3):479-503. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S198177462011000300008&lng=en&tlng=pt

5. Junges JR, Barbiani R, Fernandes RBP, Prudente J, Schaefer R, Kolling V. O discurso dos profissionais sobre a demanda e a humanização. Saude soc. [Internet]. 2012 Sep [cited 2014 Dec 08];21(3):686-97. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902012000300014&lng=en

6. Medeiros FA, Araújo-Souza GC, Albuquerque-Barbosa AA, Clara-Costa IC. Acolhimento em uma Unidade Básica de Saúde: a satisfação do usuário em foco. Rev salud pública [Internet]. 2010 June [cited 2014 Dec 08];12(3):402-13. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0124-00642010000300006&lng=en

7. Brehmer LCF, Verdi M. Acolhimento na Atenção Básica: reflexões éticas sobre a Atenção à Saúde dos usuários. Ciênc. saúde coletiva [Internet]. 2010 Nov [cited 2014 Dec 8];15(Suppl 3):3569-78. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413

8. Nonnenmacher CL, Weiller TH; Oliveira SG. Opiniões de usuários de saúde sobre o acolhimento com classificação de risco. Rev Eletr Enf [Internet]. 2012 Jul [cited 2014 Dec 08];14(3):541-9. Available from: http://www.fen.ufg.br/revista/v14/n3/v14n3a10.htm

9. Santos IMV, Santos AM. Acolhimento no Programa Saúde da Família: revisão das abordagens em periódicos brasileiros. Rev salud pública [Internet]. 2011 Aug [cited 2014 Dec 08];13(4):703-16. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0124-00642011000400015&lng=en

10. Moimaz SAS, Marques JAM, Saliba O, Garbin CAS, Zina LG, Saliba NA. Satisfação e percepção do usuário do SUS sobre o serviço público de saúde. Physis [Internet]. 2010 Dec [cited 2014 Dec 08];20(4):1419-40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312010000400019&lng=en

11. Benetti ERR, Kirchhof RS, Bublitz S, Weiller TH, Lopes LFD, Guido LA. Características sociodemográficas e funcionais dos trabalhadores de enfermagem de um hospital privado. Rev enferm UFPE on line [Internet] 2015 Jan [cited 2015 Jan 05];9(1):128-36. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6202/pdf_6888

12. Brito, TA; Jesus CS; Fernandes; MH. Fatores associados à satisfação dos usuários em serviços de fisioterapia. Rev baiana saúde pública [Internet]. 2012 Apr [cited 2014 Dec 08];36(2):514-26. Available from: http://inseer.ibict.br/rbsp/index.php/rbsp/article/viewFile/473/pdf_139

13. Ogata MN, Machado MLT, Catoia EA. Saúde da família como estratégia para mudança do modelo de atenção: representações sociais dos usuários. Rev Eletr Enf [Internet]. 2009 Dec [cited 2014 Dec 08];11(4):820-9. Available from: http://www.fen.ufg.br/revista/v11/n4/v11n4a07.htm

14. Santiago RF, Mendes ACG, Miranda GMD, Duate PO, Furtado BMASM, Souza WV. Qualidade do atendimento nas Unidades de Saúde da Família no município de Recife: a percepção do usuários. Ciênc saúde coletiva [Internet]. 2013 Jan [cited 2014 Dec 08];18(1):35-44. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232013000100005&lng=en

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