Percepción de los 20 años de implementación del SUS en la óptica de enfermeros que trabajan en salud pública

ABSTRACT

Objetivo: revelar la trayectoria de 20 años de implementación del Sistema Único de Salud en la perspectiva de los enfermeros que trabajan en el sistema público de salud, con descripción de avances y retrocesos. Método: estudio exploratorio-descriptivo, con entrevistas semifuncionales, con 18 enfermeros con 18 años o más de experiencia en el sistema de salud del Brasil, por medio de entrevistas semiestructuradas gravadas, analizadas en la propuesta de Minayo. Neste contexto, se elaboró la pregunta: ¿Cuál es la percepción de los enfermeros que trabajan en salud pública antes de la trayectoria del Sistema Único de Salud en los 20 años de su implementación? Resultados: después de examinar, emergieron dos categorías: << A la trayectoria de 20 años de SUS vivida por enfermeros >> y << Percepción de los avances y retrocesos del SUS >>. Conclusión: se elaboró que los desafíos deben ser enfrentados con firmeza, serenidad y equilibrio, para que se abra una nueva etapa en la historia de la salud brasileña, con alcance de sus directrices. Descritores: Sistema Único de Salud; Enfermería en Salud Pública; Enfermagem Transcultural.

RESUMEN

Objetivo: mostrar la trayectoria de 20 años de implementación del SUS en la perspectiva de los enfermeros que trabajan en el sistema público de salud, con la descripción de los avances y retrocesos. Método: estudio exploratorio-descriptivo, con abordaje cualitativo, con 18 enfermeros del Departamento de Salud Municipal y Estatal, con 18 años o más de experiencia en el SUS, a través de entrevistas semi-estructuradas, analizadas e integradas con la propuesta Minayo. En este contexto, se elaboró la pregunta: ¿Cuál es la percepción de los enfermeros que trabajan en salud pública frente a la trayectoria del Sistema Único de Salud en los 20 años de su implementación? Resultados: después de análisis, emergieron dos categorías: << La trayectoria de 20 años del SUS vivida por enfermeros >> y << Percepción de los avances y retrocesos del SUS >>. Conclusión: el estudio consideró que los desafíos deben ser enfrentados con firmeza, serenidad y equilibrio, para que se abra una nueva etapa en la historia de la salud brasileña, con alcance de sus directrices. Descriptores: Sistema Único de Salud; Enfermería de Salud Pública; Enfermeria Transcultural.

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INTRODUCTION

The current public health system in Brazil is a result of political, socio-cultural and economic crisis experienced in the last century. During this development process, the country was marked by social movements driven by the dissatisfaction of the population, by democratization and the improvement of conditions and access to health care of the population, called Health Reform Movement.¹

At the same time, the World Health Organization (WHO) sought ways to deploy a new way of thinking in health, with the aim of promoting health and quality of life, most notably the Alma-Ata Conference (1978) and the Ottawa Charter (1986), which were milestones defined for this director. Brazil held the eighth National Conference of Health (1986) in which attached to the reformulation of the Federal Constitution, guarantee that health was a right of every citizen and the responsibility of the State control.¹²

The proposals of the Conference, held in the constituent National Assembly, gave the right to health for all citizens, and were defined principles, by creating a system with universal and equal access, focusing on decentralization and fairness, with actions directed to its promotion, protection and recovery of health.³

The Conference was successful by the active participation of the population and resulted in the discussion of a health system that meets the needs of the population and guarantees the quality assistance. Social mobilization was a determining factor for the structuring of the system, as with the support of the population have been defined the priorities of health actions, by means of social control, monitoring and surveillance of actions at all levels.⁴

As a result of discussions, the 8th Conference took note of report guidelines for the reorganization of the system and established that the same that started the Single Health System (SUS) with a new organization, with the separation of pension health thus resulting in Health Reform. This system was put into action by the National Congress, by means of the called Health Organic Laws, Laws no 8,080 and 8,142 of 1990.⁴⁵

Along the path of system deployment, there were advances and challenges to overcome, which required the managers of SUS a constant movement of changes, based on the primary Health care⁶. Since its creation, there has been a significant improvement in the country's epidemiological profile, for example, the reduction in infant mortality rates, the main world indicator of social development, as well as international reference health programs.⁶

Health promotion is one of the main tasks of the nurse who works in the area of public health, which began in the decade of 70, when the nurse comes out on the front line in the model preventive in Brazil. The nurse dominates and contemplates human care in a biopsychosocial way, having as principles the attention to factors such as improving the quality of life of citizens, popular participation in decisions, prioritizing the vulnerability and the risk of illness in a particular community.⁷

In this way, prevention is a way to minimize future health spending and provide better quality of life to the people. WHO influenced Government plans for its expansion, regionalization, simplification and community participation, resulting in Community Nursing in the Country. Its understanding is by full assistance in biopsychosocial aspects in individual and collective level. So, the nursing actions have highlighted in primary health care.⁸

The nurse is a professional of fundamental importance to the consolidation and continuity of a democratic and public health project, responsible for the efficiency of this. Their intervention capacity is directly proportional to the quality of their education and/or training to develop activities in health services. It can be said that the nurse is the educator with families and communities, developing educational activities aimed at health promotion and disease prevention.⁹¹⁰

In this context, was elaborated the guiding question "Which is the perception of nurses working in public health before the trajectory of the Single Health System in 20 years of its implementation? > > To meet this questioning was defined as objective:

- Unveiling the trajectory of 20 years of implementation of SUS on optics of nurses working in the public health system, with description of advances and setbacks.

METHOD

Exploratory-descriptive study with a qualitative approach, carried out with 18 nurses in the public health area, in the Municipal and State Health Departments in the State of Paraná/Brazil.

The nurses’ participants of the study acted 18 years ago or more in public health and have experienced the deployment, the
trajectory, the evolution and consolidation of the SUS in these 20 years. Of the total participants, nine acted in the Municipal and the other nine in the State Health Department.

For the selection of the nurses, was recruited by the human resources Department of the secretaries, a professional acting for more than 18 years in the public health sector, regardless of gender or sector of activity. From the identification of the first participant, was applied to snowball technique. The first selected nurses indicated the next, that was invited to join the research, and thus consecutively, to conform the sample of 18 participants.

The collection of information was carried out by means of semi-structured interview recorded, composed of questions that could lead to the answer of the research. Survey participants were clarified and had assured anonymity, confidentiality, the right to withdraw at any time if they wish, as well as signed the Free Informed Consent Form (ICF).

The reports obtained from the interviews were analyzed qualitatively by thematic content analysis. This step was necessary to know the material, get in touch with what was described by the subject and unveiling the seized by meanings statements. During this process, was considered the purpose of the research, to be fully elucidated, which allowed the categorization process.

The research project was submitted to the Research Ethics Committee of the Hospital Pequeno Príncipe with CAAE 0097.0.090.000-10 and approved under record ZIP CODE: 890-2010, as well as authorized by Municipal and State of health.

**RESULTS**

Of 18 nurses study participants, 12 (66.7%) work in administrative and management sector in Municipal and State Health Departments, only 6 (33.3%) work in the health unit. The training of nurses ranged from 18 to 32 years. Nurses with practice time between 18 to 24 years totaled 10 (55.6%), between 25 to 30 years totaled 8 (44.4%).

The data was initially ordered and arranged according to the order of the reports, classified with constant readings of texts that gave basis for the key moments and constitution of the communication log units. Finally, the interpretation of the findings that emerged two categories: the trajectory of 20 years of SUS experienced by nurses and perception of the advances and setbacks of the SUS. For the presentation of the subjects, the letter “N” of nurses, followed by the letters “M”, of “Municipal” or “S” of State, as the locals, even by the sequential number of the interview 1 to 9.

- The trajectory of 20 years of SUS experienced by nurses

Through the interviews, it was possible to identify that the trajectory of 20 years of SUS, experienced by nurses, evaluates to a conquest of population, seen through the improvement of access and health care.

A strong system of agility, universal, decentralized, national, effective, efficient, democratic […]. […] The SUS is part of health reform, it is a process that has been and will always be in improvement and adaptation (NM - 1).

A improving access to population health services, with the deployment of new units, partnerships with hospitals, increased supply of exams, admissions and participation in discussions of SUS [NM - 5].

I see evolution in health care[…]. Health as a right of all and duty of the State favors to everyone who has any problem with health (NN - 6).

The statements also show dissatisfaction with regard to the quality and commitment of the management of SUS, which is often based on curative care focus or on actions that do not reach resolution.

I appreciate the system, but realize how decadent the mismanagement, lack of commitment of some of the waste, the focus prioritizing healing issues at the expense of preventive (NM - 2).

In the conception of the study participants about the current system time, “the SUS that we have”, the lines describe shortcomings to be overcome, mainly related to increased complexity and that requires major financial resources. In addition, it is noted the increase in demand and the lack of completeness, in addition to the lack of resources invested in health. It is obvious through the optics of nurses working in the public system, a SUS still unsatisfactory, that must be qualified constantly before the difficulties still experienced.

[…] when you need services of secondary and tertiary level suffers a stranglehold leaving the user with no solution […] (NN - 9).

[…] the theory of the public system is very good, but the practice does not work as it should. Equal care for all and access to all resources is not true […] (NM - 3).

The population increased greatly during this time, as a result the demand for services also increased [NN - 4].

Consider that the context is positive in relation to the access and provision of health services. There are services and actions that
ensure the attendance of the population, and changed the context of health experienced during deployment and structure of the SUS. These services and actions were described as qualification and better indicators of health.

[... broad network of services such as ESF, hospitals, outpatient units, participation of social control in public policies, evolution of prenatal care, of basic care [...] (NM - 6).

[...] Number of queries offered; offer of specialized care; offering high-cost tests; Family health program; Community health Agents; programs with more specific medications; immunization program, with greater supply of vaccines; decentralization of communicable diseases programs, e.g. tuberculosis and meningitis; local health councils; NAPS before specialties nutritionist, physiotherapist, etc. were centralized in nurse; decentralized management; equal access; greater life expectancy; Municipal Emergency Medical Centre (MEMC); SAMU; dental service [...] (NM - 9).

It is noted the recognition of the evolution and achievements of the system that guarantees access to health and improved population health context.

- Perception of progress and setbacks of SUS

To the participants of the study, the advances of the system were many, seen through services and activities to improve the quality of health. They indicate the quality of health information, in addition to access to training and greater autonomy of professional nurses.

[...] requirement of professional training, community involvement and pharmaceutical care with emphasis on special pharmacies, deinstitutionalization of psychiatric patients, etc (NM - 3).

[...] the enhancement of nursing consultation and prescription (NN - 4).

The advances were many, as the implementation of epidemiological surveillance, environmental health workers, other services that have improved the quality of the information and access (NM - 5).

Advances are recorded, but there are still problems to be faced for consolidation as a universal public system that can provide quality services to the entire Brazilian population. These problems are challenges to overcome, indicated by the increasing number of attendances, which therefore requires greater number of professionals. In addition, they point out that, for the SUS goals, requires trained professionals, with thought aimed at health promotion and not just curative demand.

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 [...] it has still a lot to advance preventive issues [...] (NM - 6).

It should occur more personal signings, contests to restitute the Staff compliment, today there are few nurses, lack of professionals in the municipalities [...] (NM - 1).

 [...] stabilized in investment, in recent times there were not significant changes for improvement of SUS [NM - 9].

 [...] There are still queues to query schedules in basic health units [...] (NN - 8).

In the assessment of nurses in relation to the guiding principles of the SUS, the testimonials emphasize that the principles were not achieved in its entirety. The access to health has improved considerably, social participation is still unsatisfactory and the completeness of the services is relative. The focus of attention is still focused on curative actions and regionalization must be improved on the basis of the decentralization in local problems of each region.

 [...] on the issue of social control is very precarious, it is still a small portion of the population that participates actively, participative population would result in an improvement in the service [...] (NN - 1). Universality has improved, because now everyone has access to the system, but it's hard to contemplate, at high cost of procedures and medicines [...] (NEM - 6).

The completeness is failed, because the patient is not good treated, the patient most often is treated only upon his complaint [...] (NN - 2).

Regionalization, implementation done, however requires health policy focused on the needs of each region (NM - 7).

In view of the dissatisfaction expressed, nurses indicate “a SUS we want”, with perspectives to reach the qualification and resolution system.

Greater commitment of professionals; local health boards more active and less manipulated [...] health must be a priority for the country to move forward, then I include sanitation and education; intersectoral actions: [...] We need good and committed administrators, who can point out problems and propose solutions [...], better control of public expenditure; improve the facilities and equipment of hospitals and health centers; improve the quality of services. The success of the SUS is a permanent challenge, the stroke path aims to improve the quality of life of the population (EM - 6).

Restructuring of the secondary and tertiary levels; most effective campaigns of prevention of diseases to more specific groups; health action planning based on epidemiological data; more effective participation of the population in all levels of the health boards; budget review for health (NN - 9).
The perspectives direct to the improvement of the system, with greater commitment of professionals and managers, coupled with a change of focus for the preventive curative health promotion, in the search for better health indicators. In addition, they point out the need for actions and investments developed decentrally and greater involvement of social participation in the process of monitoring and oversight through the health boards.

**DISCUSSION**

The reports show that the SUS is a conquest of the population, demonstrated by the qualification of access to health services. SUS can be considered one of the greatest social achievements enshrined in the 1988 Constitution, which guaranteed the right to health. Its principles point to democratization in health actions and services that cease to be restricted and become universal, similarly, will no longer be centralized and will be guided by decentralization, starting from the local problem. A system created in 1990 without preliminary structural bases, with a methodology based on guiding principles that have been building over the years. At the beginning of its deployment, there was resistance to decentralization of management, especially by some municipalities who saw the system as visionary. To this end, operational standards were created to guide the municipalities with respect to responsibility to health and constant and effective deployment of the SUS.

However, these advances of improvement for the SUS were not linear, nor uniform. The planning of health promotion and prevention was occurring as they were emerging needs for improving the service for the population attendance. However, by not crediting these advances to the simple nature of historical processes experienced in these 20 years, if we do not want to condemn us to the comfort of the past victories and live from them.

There are several positive reports on the SUS with management focused on primary care and improving the quality of life, which in fact is the focus of public health. It implies to break the model of secondary care medical attention, prioritized in the diagnosis and treatment of diseases, encourage and invest in health care, in social production.

To evaluate SUS becomes difficult, because there are several reports are reported as positive and non-positive, so that the assessment should be more focused on Municipal management, and not for the context of the Simple Health System as responsible for all the problems and the disorganization in the various national territories.

In those 20 years, the SUS has been able to structure and consolidate the public health system of huge importance and presents unquestionable results for the Brazilian population. The size of the numbers and the quality of certain programs attest to the progress achieved by the SUS and this can be examined in perspectives of existing structures, production processes, health outcomes and the Brazilian population opinion. The advances of SUS can be observed, in addition, by the quality of certain programs which have performance equal or superior to those of other countries, even developed countries.

On these interventions were avoided many unnecessary expenses with aggravations, that today are considered eradicated in the country. The SUS, in addition to showing advances in terms of structure and processes and be developing programs of excellence, it has contributed to the improvement of the health of the Brazilian population levels, as it is the case of decrease of infant mortality. This decline manifested itself in all regions of the country.

As a result of these advances and setbacks of the SUS, emerged the need to assess the implementation of the guiding principles of the system. Are SUS principles: universality, integrity, decentralization, equity, social control and regionalization.

The health policy proposal, built in the 1980, has been deconstructed by many. In SUS, despite official statements, there is the violation of constitutional and legal devices and an omission of the federal government in regulating and monitoring the actions of general health. However, some issues have undertaken the possibility of advancing SUS ad a social policy, highlighting: non-compliance with the principle of equity in the allocation of public resources for non-unification of federal, state and municipal budgets; removal of the principle of completeness, i.e. indissolubility between prevention and curative and priority attention to medical and hospital assistance to the detriment of the actions of health promotion and protection.

The complexity of the SUS, the regional difficulties, the fragmentation of health policies and programs, the qualification of management and social control, a regionalized and hierarchical area of health actions and services have been constituted in permanent consolidation of the SUS challenges.
difficulty of managers to promote integration between States, municipalities and the State social assistance areas with national coverage has led to problems in access to services and the commitment of the universality and completeness. In this sense, the improvement in management is reflected, therefore, a better funding of the sector, with a fair allocation of resources, better use and application of this investment, the higher rate of pay for the healthcare professionals, with the possible links, today still quite precarious, generating demotivation and despondency among the servers.18

It is understood, therefore, the SUS living as a policy that is in the course of change and building towards the completion of the Brazilian population's health by means of the principles of universality, integrality and fairness, and to face the challenges experienced throughout its history of 20 years18.

FINAL REMARKS

In this research it was possible to identify, through the conception of nurses, that SUS is in constant construction, passing through numerous changes for effectuation of its ideals, with the assumptions the promotion, protection and recovery of health. Is consolidated in the country, but faces challenges, among them the qualification of management, professionals and social control, the strengthening and the qualification of the basic attention, difficulties in full access to health actions and services, giving base to the regionalized area. These dilemmas challenge public health managers and need to be managed with responsibility for the implementation of the SUS we want.

Throughout the study, it was found that many changes still need to happen for the SUS to be a complete system with resolution and host to the population and in the implementation of its principles, such as guarantees the Constitution and the Organic Laws of health and thus, able to guarantee a better quality of health care users.

However, emerges the paradox: on one hand, it has excellent service made available to all citizens, such as organ transplants, cancer treatments and access to medicines; on the other hand, difficulties in access to services, singled out by long waits in queues, mainly of medium and high complexity. Only experiencing these issues can be guaranteed the quality of the actions and services, in order to make effect the SUS, which meets the principles of universality decentralization, equity and integrality, tied to social control.

The managers have the constant challenge to achieve fully the guiding principles of the SUS, with actions directed to primary care and the objective of improving health and quality assurance, to professionals, the commitment and the capacity to act on health and, users, the duty to participate fully in the processes of health. The credibility of the current public health system is highlighted, since it was a conquered through popular struggle from constant dissatisfaction of previous models. It is important to emphasize the consolidation of the system and see that there have been developments in the Brazilian health with the SUS.

It is necessary that managers, healthcare professionals and popular meet the current health system's history, the difficulties and achievements that have occurred in the last 20 years, so that the system does not run a risk of extinction, motivated by various interests, but rather that seek constantly to their qualification. The SUS stimulates the decentralized; each region expressed their problems and needs. Other studies must be conducted more broadly, in several Brazilian territories, in order to have a global vision of nurses, advances and perspectives found in the unveiling of the 20 years of system consolidation.

REFERÊNCIAS

Perception of 20 years of implementation of...