



NATIONAL HEALTH SYSTEM UNDER THE VIEW OF NURSES OF FAMILY HEALTH STRATEGY

O SISTEMA ÚNICO DE SAÚDE NO OLHAR DOS ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

EL SISTEMA DE SALUD PUBLICA DESDE PUNTO DE VISTA DE LOS ENFERMEROS DE SALUD PUBLICA

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ABSTRACT

Objective: to discuss the strengths and weaknesses of the Health System by the nurses of the Family Health Strategy. **Method:** exploratory, descriptive, qualitative study, with nine nurses working in the FHS in the city for more than six months and who has at least one year of graduation. Data collection was done through semi-structured interviews between April and July 2011. The collected data were analyzed through thematic content analysis. The project was approved by the Ethics in Research, CAAE 0134.0.428.000-11. **Results:** the nurses who consider as potential of the Unified Health System: universality and access to care, improved health indicators; emphasis on health education, disease prevention and health promotion. Weaknesses are: problems with poor infrastructure and the management of health services; deficiency in the supply of inputs; hegemony of the biomedical model and lack of collective work. **Conclusion:** nurses who have a critical view on the strengths and weaknesses of the system. **Descriptors:** Health System; Family Health; Nursing.

RESUMO

Objetivo: discutir as potencialidades e fragilidades do Sistema Único de Saúde pelos enfermeiros da Estratégia Saúde da Família. **Método:** estudo exploratório e descritivo, de abordagem qualitativa, com nove enfermeiros que atuam na Estratégia da zona urbana de Caicó/RN/Nordeste do Brasil. A coleta de dados foi feita por meio de entrevistas semiestruturadas entre os meses de abril e julho de 2011. Os dados coletados foram analisados por meio da Análise temática de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0134.0.428.000-11. **Resultados:** os enfermeiros consideram como potencialidades do Sistema Único de Saúde: universalidade e acesso para a assistência; melhoria dos indicadores de saúde; ênfase na educação em saúde, prevenção de doenças e promoção da saúde. São fragilidades: problemas com a gestão e infraestrutura precária dos serviços de saúde; deficiência no suprimento de insumos; hegemonia do modelo biomédico e inexistência do trabalho coletivo. **Conclusão:** os enfermeiros apresentam visão crítica sobre as potencialidades e fragilidades do sistema. **Descritores:** Sistema Único de Saúde; Saúde da Família; Enfermagem.

RESUMEN

Objetivo: discutir las potencialidades y debilidades del Sistema Único de Salud señalados por los enfermeros de la Estrategia de Salud Familiar en la ciudad de Caicó-RN. **Metodología:** pesquisa descritivo/exploratoria, de abordagem qualitativa, realizada com 9 enfermeiras que trabalham na cidade do FSE a los más de seis meses y que tiene al menos un año de graduación. La recolección de datos se realizó a través de entrevistas semi-estructuradas, entre abril y julio de 2011. Los datos recogidos fueron analizados mediante el análisis temático de contenido. El proyecto fue aprobado por el Comité de Ética por el CAAE 0134.0.428.000-11. **Resultados:** los enfermeros consideran como potencialidades del Sistema único Salud: la universalidad y el acceso a la asistencia; la mejora de los indicadores de salud; el énfasis en la educación para la salud; la prevención de enfermedades y promoción de la salud. Las debilidades son: problemas con la gestión y la infraestructura precaria de los servicios de salud; deficiencia en la provisión de insumos; la hegemonía del modelo biomédico y la ausencia de trabajo colectivo. Se concluye que los enfermeros reconocen las potencialidades y debilidades del sistema de manera crítica. **Conclusión:** los enfermeros tienen una visión crítica de las fortalezas y debilidades del sistema. **Descriptores:** Sistema Único de Salud; Salud Familiar; Enfermería.

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INTRODUCTION

The National Health System (NHS) from their formulation has been the subject of numerous discussions about their progress, weaknesses and contradictions. Its deployment has been occurring so heterogeneous and conflicting presenting a number of shortcomings. The NHS operates from the perspective of prioritization of services acting as an integrated network, where primary care is expressed as a preferential ordering and the care to be provided to the user.¹

In perspective of reorganizing the primary care and, thereby, contribute to the reorientation of the system, the Ministry of Health created the Family Health Strategy (FHS), initially seen as a program and later as a priority strategy. This incorporates principles such as territorial, intersectionality, comprehensiveness in care, decentralization, co-responsibility and equity, and it is structured from the basic health unit (BHU).²

Working with multidisciplinary team seeks care practice in new bases and criteria. Attention is focused on the family, understood and perceived from its physical and social context in an attempt to allow the family health teams an expanded understanding of the health / disease process and the need for interventions that go beyond healing practices.³ In this perspective, by sharing its principles and guidelines, FHS arises in trying to strengthen the NHS, seeking to provide assistance based on the identification of the health needs of the enrolled population. It is configured as a strategy to bring about changes in the assistance model, extending their actions to the community, whose focus in intervention changes for family, and the contextualized subject and community as space of production and social reproduction.

Thus, this has the potential to become resolute for most health demands of the subject; however, it's necessary that the principles and guidelines are operationalized in everyday services. It is thought to the FHS as a privileged health intervention which can contribute to the realization of the constitutional principles of the NHS. However, we must consider that because of immense inter-and intra-regional disparities and inequalities in Brazilian society, not always an increased coverage of FHS corresponded to changes advocated the model of care. In daily life, in this strategy there are still some weaknesses as care

practices influenced by the Flexnerian paradigm and doctor-centered, difficulties of municipal support, lack of inputs, lack of monitoring, evaluation, underfunding strategy, system failures of reference and counter-referral and fragmentation of work processes.⁴

The nurse who works in strategy occupies considerable space in NHS, assuming a key role in the implementation of proposals aimed at (re) organization of services, in addition to build a progressive field of action, which comes to favor the possibility of building a professional autonomy. In this space, the nurse has been configured as a fundamental agent for health care change, contributing to modify the profile of the health facility of many municipalities, through the introduction of new practices and a dynamic work committed to strengthen the strategy and consequently the NHS⁵.

In this perspective, this study aims:

- To discuss the strengths and weaknesses of the Health System by the nurses of the Family Health Strategy.

METHOD

Article elaborated from the monograph << NHS: perceptions of nurses (as) of the Family Health Strategy in Caicó / RN >> presented in Undergraduate Nursing, Universidade do Estado do Rio Grande do Norte / UERN. Caicó-RN, Brazil. In 2012.

Descriptive and qualitative study, with nine nurses who work in the ESF of urban area in Caicó-RN, with at least one year of graduation and six months of operation in the FHS.

Semi-structured interviews were conducted with subjects who met the inclusion criteria and confirmed the voluntary participation in research from signing the Informed Consent Form (ICF).

The data coming from the script of the interview questions were worked using content analysis of Bardin, thematic, which proposes to discover the meaning units that make up the communication⁶.

There was reading, trying to identify the core meaning of compliance with the proposed objectives. We prepared two types of analysis, namely: 1. The capabilities and 2. Weaknesses of the NHS. Then, there were inferences and interpretations of the material collected in conjunction with the theoretical on the subject.

The research was conducted in accordance with the ethical standards established in Resolution 196/96 of the National Health

Council. The participants' names were replaced by pseudonyms referring to superheroes. The project was approved by the Ethics Committee in Research of the University of Rio Grande do Norte (UERN), by the Certificate of Appreciation Presentation for Ethics (CAAE) 0134.0.428.000-11.

RESULTS AND DISCUSSION

◆ Potentialities of NHS

The Brazilian public health system has not only been setting of failures. It is important to consider that from the formulation of this system, many achievements have been made in the context of health care in Brazil. Today, this system is responsible for most of the procedures and supply of medicines in ambulatory care, improving health indicators achieved from the implementation of NHS rising electricity FHS coverage, with a focus on health promotion and disease prevention.

In this perspective, studying the potential of the system identified by the nurses of study, they highlight the fact that with NHS every Brazilian citizen conquers health while the right ensured by the government where the population will have access to services health in all instances and complexities without paying for services, contrasting the situation of inequality in care at any time prior to its implementation.

In this sense, when asked about the potential of the NHS, the nurses interviewed spoke as follows:

The right given, it gives assistance to all types of needs, medium and high complexity. (Cheetara)

The NHS brings a very interesting organization to expand assistance. (She Ra)

I think, about NHS, the advantages are precisely that: you have access to free treatment. (Invisible Woman).

As pointed by the nurses this study, the guarantee of universality and access in assistance has been one of strengths of NHS, once that this right opens the doors for a series of conquests achieved by Brazilians.

This reality can also be observed in another study, held in the city the Rio de Janeiro, which treats of perception of users about universal access to NHS. The interviewed people considered as strong point of SUS: the access to services of high complexity, such hemodialysis and transplants; offering of costly treatments than before were not accessible freely to population and the fact of getting care when necessary.⁷ However, it must take care when referred to the assistance to health in the

public system under the aspect of gratuity as said by the nurses of the study. When conceiving free assistance, there may be the risk of mischaracterize the health while citizenship right and consider it only as policy offered by the State to who cannot afford by private services. It is necessary to conceive it while constitutional right ensured to every Brazilian citizens who must be reached and respected.

Furthermore, nurses recognize the NHS as a public policy which enabled positive impacts in health indicators of Brazilians:

If you analyze the contents of present and the past, the rate of maternal and infant mortality is much lower nowadays. Why? Because there's pre-natal, postpartum care, the child has an assist (Cheetara).

The NHS brought advances, for example, it helped to reduce infant and maternal mortality, and approached the service to the user. (Hawk woman)

From the NHS there was an increase in productivity, improvement in health indicators; greater control of vaccine-preventable diseases, polio eradication; obtaining of self-sufficiency in vaccine production, the reorganization of psychiatric care, among other achievements.⁸

Moreover, the NHS has shown equal to or higher performance than other countries, even developed, in relation to the quality of certain programs, such as the National Immunization Program (NIP), and the National Transplant Program control of HIV / AIDS. Some diseases have been eradicated and other subsidiaries such as smallpox, measles, tetanus, pertussis, diphtheria, measles, mumps and polio.⁹

There is also increasing the number of prenatal consultations, the decrease in malnutrition and expansion of membership of the vaccination. From the creation of this system deaths from other diseases have been reduced, such as tuberculosis, leprosy, malaria and AIDS. Moreover, the public system has established itself as the leading supplier of medicines and generics market is growing.¹⁰

Despite the problems that the public system still experiences, the achievements of Brazilians from their formulation are great. Beyond the attainment of health as a social right, mark of Health Reform, through their actions, the quality of life of the population was also improved.

Nurses also highlighted as potentiality of SUS the emphasis directed to the actions of health education, disease prevention and health promotion by the system:

It is so, because the NHS works grounded in prevention, so it's possible to do prevention [...] you have tools for this, because you work with the community health agent, you have the nurse and the relationship with the entire team (She Ra).

The issue of preventive, prenatal care, the success of health promotion, which is the gold of NHS (Cat Woman).

We have worked with prevention and this has given a very good result from primary to high complexity (Cheetara).

There's a work in health education which is very important for you to work with people. Sometimes they have resistance, but it is only a matter of time, if you insist, persist, they will end up suiting. Although they only want to receive medication, but with the over time they will see that our work is that, it is to guide, then they will get involved with that (She Ra).

Health education is set up in the production of services, especially in the FHS, as a strategy to promote health by stimulating actions that meet the principles of the NHS. From this approach, teaching strategies are elected that lead to a transformation of socially embedded individuals in the world, expanding their ability to understand the complexity of the determinants of health/disease process encouraging self-care, promoting reflections to direct the changes in attitudes and behaviors.¹¹ Thus, this approach assumes the NHS, an important role in the transformation of practices aimed at overcoming the biomedical paradigm and adopting a new paradigm that works from the perspective of prevention and health promotion through educational practices that make the subject able to contribute positively to their health/disease process.

Despite the obstacles founded in health education, this practice represents a methodological tool for a fundamental reorganization of the system towards building a comprehensive care for people and social groups assume greater control over their health and their lives, and the rationality of the dominant biomedical model is transformed in their everyday practices.¹² However, it is imperative that the practices of health education are not exercised as rigid transfer of knowledge, where 'who knows' say 'to those who do not know'. For this practice actually has its proper value in the system, it is necessary to support it in the perspective of knowledge exchange between professionals and users, and this relation of health knowledge is produced by encouraging autonomy, self-care and empowerment of the

citizens.

On the basis of the formulation process of the NHS, there is the broader concept of health, the need to create policies to promote it, the imperative of social participation in the construction of the system and of health policy and the inability of the health sector in answer processing of the determinants and constraints to ensure healthy options for the population¹⁴.

In this perspective, the NHS, as a policy of the Brazilian state to improve the quality of life, reflections and dialogues with movements in the promotion of health.

◆ Fragilities of NHS

Nurses consider as one of the main weaknesses of the NHS problems relating to the management of health services and the difficulty in operationalizing the shares of financial mismanagement, political affinities in choosing positions for management and withdrawal of the management:

It is about the management. As management executes this NHS, as they use the system, how NHS reproduces. (Hawk woman)

When I realize the problem, what I feel it is in the management [...] they're uncooperative. I am not referring only to the mayor or the secretary, neither to who's in front of each sector, of each system. They do not do things as they should be, and this hampers, they choose per face, leaving who really needs for later because they have affinities with someone. This kind of thing that hinders assistance in NHS not to work as it is supposed to be (Cheetara).

I see a lack of commitment by some managers (Super man).

The discussion on this issue does not constitute as something unique empirical field study, as it is known that this is a present reality in other contexts, the management of health services emerges as obstacles to the functioning of the public health system.¹⁵

A committed management with the NHS should seek to develop a management services, with a view to (re) organization of the work process enabling the full development and meeting the needs of the population and actions for the production of care. What demands a managerial capacity to be able to promote physical fitness and functional expansion of the network of health care, the quantity and quality of workers allocated to the provision of care, review of standards of productivity and quality evaluation of care.¹⁵

Besides these aspects, it is considered as a fundamental process for ensuring the NHS public participation in the formulation of public policies contributing to the construction of policies to meet the real needs of the population favoring also for the reduction of social inequalities and building citizenship and democracy.¹⁶

Given the statements of the nurses and also the above authors, we realize the important role that management plays in the process of realization of the NHS, since it is responsible for planning, implementing actions, evaluation of results and formulation policies in their sphere of government.

Poor infrastructure and the deficiency in the supply of inputs were made by nurses also as one of the weaknesses of the system, which interferes with the efficiency of the actions carried out to NHS users:

There are days that there isn't material for us to do the procedures (Black Canary).

We have a lot of difficulty with regard to infrastructure, human resources, materials (She ra)

There are quite precarious structures [...] lack some materials and some equipment. (Cheetara).

Another study that addresses the organization of work in health services shows that the performance possibilities professionals who rely heavily on equipment, buildings and tools available. Thus, the shortcomings can compromise the work of teams and results of operations.¹⁷

What is observed is that there is an intimate relationship between infrastructure, inputs and quality of services. Thus, deficiencies in the supply of inputs and poor infrastructure conditions represent obstacles in the process of realization of the NHS since it compromises the quality of actions.

The primary care professionals sometimes attributed difficulties in their daily work to potential limited organizational conditions of service, as a rule, they are marked by improvisation and poor infrastructure. This perception is also present among nurses who associate their practices with existing infrastructure or poor health services at this level of attention.¹⁸

The lack of adequate infrastructure and the deficiency in the supply of inputs are related to low health financing, which is a problem since a long time it permeates the history of Brazilian public health system. The funding system is inadequate, so it makes the work difficult and even prevents not only the progressive / incremental of NHS, as well as the actual progress in the restructuring of the

model and management procedures, depending on the fulfillment of the constitutional principles.¹⁹

Importantly, it cannot be solely attributed to poor solutions in health practices of a service only from its infrastructure and inputs available, however these are affecting the quality of care provided.

It is observed that the nurses mention as the fragility of the system the strong features of the biomedical model which is still present in the practices, and in the vision of health care that the user has about the NHS, this can be evidenced in the statements below:

The user leaves here speaking against of you, if he does not come out of here with a medicine, you don't work well, you're not good, you know? He does not come back to you again, he did not demand more. I will not look her, she does not pass any droplets of dipyrone, so he does not look for. (Female Cat)

When they (doctors) do not sit down to talk, when they do not look at the patient, when they do not guide, or simply medicate. (Cheetara)

Thus, the nurses of study mention the influence of the biomedical model still present in health practices, especially in medical professionals, as well as the influence of this model in order to design support for users.

Professional practices supported by the biomedical model put in the minds of users gradually the culture of medicalization and healing and medical practices were gaining ground and being rooted. In the present days, despite the onslaughts of counter-hegemonic model based on the promotion of health and prevention remnants of the biomedical model as shown by the speech of the nurses in the study, it is still strong among the health system.

This model of health care based on a paradigm fundamentally biological and almost mechanistic to the interpretation of vital phenomena. In this aspect of the disease, it assumes the central role of the interventions, the individual himself flees from scene to give rise to their pathology, and there is an enhancement of technological devices, under the assumption that it would be the center of activity and scientific assistance. This model despite having lost his strength, still guides the professional practices.²⁰

Importantly, the study happened with nurses of the FHS, which shows how the biomedical model still has forces within the strategy that is considered a priority strategy

for the execution of the system.

The FHS presents some difficulty in breaking the hegemonic model; it most often is related to the vertical proposed of this program, the centralized management of homogeneity in service provision, without stopping regional differences in epidemiology and shortages trained human resources and / or with appropriate profile.²⁰

Another element pointed by nurses as weakness is the difficulty of developing in health work, especially with medical professionals, revealing the fragmentation of the work processes of the professionals in this space:

It's complicated they (doctors) end up summarizing the institution to medicate and we end up caring (Cat Woman).

Here we work well, it is campaign, we disclose in blog, radio stuff, we also work with the people, not only that there should be only nurses, but also bring the doctor, the physiotherapist for the community (Invisible Woman).

The medical issue is that they only meets 150 people per week, they do not meet workload, so we stayed here in the morning and afternoon and what we can do as far as possible we do, we just did not play the role of doctor (Wonder Woman).

The FHS is not developed based on teamwork, with interaction and complementarity between team members, the strategy runs the risk of reproducing the biomedical model, with inhumane practices, shredders, individual action and segregated occupations.²¹

These authors present a discussion of another point that was raised by nurses and weaknesses of the System, and somehow it also has a close relationship with the biomedical model, which is the absence of collective work under the NHS services, opening a special bracket for FHS. "The work of the physician and other health professionals should be designed as part of a whole complex and multifactorial".

The knowledge and competence of each professional cannot alone meet the complex health needs of the family, the individual and the community is necessary for the execution of health to act integration of various professionals in the spirit of complement.²¹

Thus, the non-adherence to collective work does the NHS and, especially, the FHS fall into contradictions, developing practices contrary to its principles and guidelines, since "health work has been configured through fragmented actions, where each technical area is responsible for a part of the

activity.²²

Although much emphasized in discussions about health practices, the concreteness of the collective work has been challenging, still guided by the light of the influence of the biomedical model, do the health professional has been permeated by the fragmentation of actions.

CONCLUSION

The nurses in the study have a critical view on the strengths and weaknesses of the system, since they consider as potential universality and access to care, the emphasis that the system directs the actions of health education, disease prevention and health promotion; and visualize the NHS as a public policy that caused a positive impact on the health of Brazilians, noting improvements in health indicators of the population.

They recognize that despite these achievements, the system has weaknesses such as problems with the management of health services; interference of financial resources and political affinities in the choices of positions to management; deficiency in the supply of inputs and poor and inadequate infrastructure, the hegemony of the biomedical model still present in professional practices and mentality of the users and the lack of collective work.

In this perspective, by experience and consistently recognize the progress and challenges of the SUS, the nurse represents a potential actor who can contribute to the effectiveness of the system through the adoption of a practice in harmony with ideals espoused by SUS.

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