Resumo

Objetivo: analisar a satisfação de adolescentes usuários do Sistema Único de Saúde sobre o serviço público de saúde. Método: estudo descritivo, transversal, de abordagem qualitativa, com dez adolescentes usuários do Sistema Único de Saúde na faixa etária de 15 a 18 anos. A coleta de dados ocorreu por entrevista semiestruturada. Realizou-se a análise pela Técnica de Análise de Conteúdo. Resultados: a insatisfação esteve presente no relato da maioria dos participantes e, como principal dificuldade do acesso ao serviço, observou-se a demora ao atendimento. Conclusão: percebeu-se o quanto as unidades de saúde pública ainda passam por dificuldades no que diz respeito ao atendimento ao paciente, mostrando insatisfação dos adolescentes, o que não atende aos princípios do SUS, universalidade, equidade e integralidade, que garantem os ideais, direitos e deveres do paciente, que é o principal foco de bem-estar e saúde do Sistema Único de Saúde.

Descritores: Satisfação Pessoal; Adolescente; Sistema Único de Saúde.

Resumen

Objetivo: analizar la satisfacción de adolescentes usuarios del Sistema Único de Salud sobre el servicio público de salud. Método: estudio descriptivo, transversal, de abordaje cualitativa, con diez adolescentes usuarios del Sistema Único de Salud de 15 a 18 años. La recogida de datos ocurrió por entrevista semiestructurada. Realizóse la analísis por la Técnica de Análisis de Contenido. Resultados: la insatisfacción estuvo presente en el relato de la mayoría de los participantes y, como la principal dificultad de acceso al servicio, observóse a la demora al atendimiento. Conclusión: se perciebe el cuanto las unidades de salud pública aún pasan por dificultades en lo que respecta al atendimiento al paciente, mostrando insatisfacción de los adolescentes, el que no atiende a los principios del SUS, universalidad, equidad e integralidad, que garanten los ideales, derechos y deberes del paciente, que es el principal foco de bienestar y salud del sistema de salud.

Descritores: Satisfacción Personal; Adolescente; Sistema Único de Salud.
The Unified Health System (UHS) is a relatively new and comprehensive system, since it aims to meet all the needs of its citizens in a humane and egalitarian way. UHS was established in the Federal Constitution of 1988 with the objective of attending to the population in an integral and universal way, offering qualified services of protection, promotion, recovery and rehabilitation of health, covering several areas starting from the most basic, such as immunization, until the most such as organ transplantation.

There is a need to organize and elaborate plans and public policies that meet the constitutional assumptions that have actions directed to the promotion, prevention and health care, attending to the principles of the UHS and the population in its entirety. However, in the context of Brazilian socioeconomic policies, the fields of health and public education still fail to be desired and do not reach, the great mass of the population, in a satisfactory way.

Considering the paradigm of such socioeconomic policies in Brazil, indicators show that the adolescent is one of the population groups most sensitive to the current serious problems such as hunger, poverty, malnutrition, illiteracy, prostitution, violence, abandonment, family disintegration, independence of schedules and Places to eat, which is justified by the fact that it is a phase marked by psycho-affective and behavioral changes.

For the World Health Organization (WHO), adolescence is a biological process and organic experiences, in which cognitive development and personality structure are accelerated, including pre-adolescence (between ten and 14 years) and adolescence (From 15 to 19 years). Adolescence is also characterized by a period of physical, psychological and social vulnerability, with complex changes in the development process of the human being.

Thinking the health of the adolescent implies, in turn, lead a movement to rethink the practices of health and health education that turns to this significant portion of society, adolescents. Since, it is a phase that needs the attention of its caregivers, be it home, school or the health environment to which this public submits.

Given the approach, the research is promoting a discussion and analysis on health among adolescents, as well as among the various categories of health professionals who provide services to this public. Discussing and analyzing the way to receive and offer health leads professionals with adolescents to believe in the potential of recreation and appropriation of action tools capable of changing reality, promoting health and attending to the Policy of Attention to Integral Adolescent Health.

It is important to know the health habits that are present in the life of these adolescents, to identify the health professionals’ attention to this target audience, as well as to characterize the health units regarding the creation and execution of comprehensive health programs adolescents, which may be a warning not only to adolescents, but also to health professionals of the importance of a better quality of life at the peak of youth, with the consequence of a significant improvement in health in adult and old age.

It is in this purpose that the main characteristic of this study, which aims to analyze the satisfaction of adolescents users of the Unified Health System on the public health service.

METHOD

A descriptive cross-sectional study with a qualitative approach was carried out with adolescents from a public school in the city of Juazeiro do Norte (Brazil), Brazil, located in the Cariri region, with a population of 263,704 inhabitants (IBGE, 2014). The study began to be developed in the month of January of 2015 and extended until the month of September of the same year.

They were defined, as inclusion criteria, being in the age group of 15 to 18 years and enrolled in the function of student of said school in the city of Juazeiro do Norte-CE.

The students who agreed to participate in the research after reading the Free and Informed Consent Term (TCLE) and clarifications of doubts about the topic were invited to sign the Informed Consent Term.

A semi-structured interview was used, as a data collection instrument. The interview addressed questions specific to the adolescents about the satisfaction of adolescents UHS users about the public health service. For the interpretation of the results, the Content Analysis Technique was used in the Categorical Analysis modality.

Following the organization of the speeches, the following categories emerged: Category 1 - Characterization of the frequency and main reasons for searching the UHS; Category 2 - Satisfaction with UHS care; Category 3 - Main difficulties encountered for conducting...
consultations or examinations offered by UHS; Category 4 - Analysis of the care of the nursing professional both of the health strategy of the family, to which it is inserted, and of other health environments to which it has undergone.

The research was carried out in accordance with the ethical and legal aspects of Resolution 466/12. This resolution incorporates, from the point of view of the individual and the collectivities, the four basic references of bioethics: autonomy; Not maleficence; Beneficence and justice, among others, and aims to ensure the rights and duties that concern the scientific community, research subjects and the State.

The study had approved the research project in the Committee of Ethics in Research, Faculty of Juazeiro do Norte / FJN, CAAE nº 41933215.7.0000.5624.

RESULTS AND DISCUSSION

♦ Characterization of the research’s participants

The informants in the survey were ten students enrolled in the municipal network school. The age range ranged from 15 to 18 years, with eight females and two males. As for schooling, ranged from the first to the third year of high school.

The following is a discussion of the satisfaction of UHS users regarding the public health service to which this target public is submitted, whether primary, secondary or tertiary unit service, based on the students’ testimonies, in which they were named with names of Stud1 to Stud10.

♦ Category 1 - Characterization of the frequency and main reasons for searching the UHS

In the last two decades, adolescent health care has become a priority in many countries, including for international research institutions. This is due to the realization that the formation of the adolescent’s lifestyle is crucial, not only for him, but also for future generations.

Data from the IBGE (2011) reveal that adolescents and young people represent more than 20% of the entire Brazilian population. These data show the demographic relevance of this group and reveal the need to discuss and create public policies that meet the different demands and focus the processes of vulnerability to which this population may be exposed.

Thus, the need to characterize the frequency with which adolescents seek the public health service was evidenced. However, there was a shortage of demand for the service, as the following reports show:

- Hardly seek, and only go when I get sick. (Stud10)
- I go a few times! (Stud3)
- I do not know how often I go, but I think there are few of them. (Stud2)
- Hardly. (Stud1)
- I can not remember the last time I went. (Stud6)

As regards the health of this population, it is verified that a few years ago adolescence was described as the period of the life cycle characterized as lower risk of illness and death. However, in the last two decades, there was an increase in morbidity and mortality in this population group. This, in turn, has been mainly related to the consequences of violence (injuries, disabilities and homicides), suicides, accidents and contamination by diseases.

In this sense, we can see how this population is exposed to external violence, but, there are still adolescents who seek the public health service for other factors:

- I feel a lot of headache, and, when I can not take it anymore, I'm going to the hospital. (Stud4)
- I go to the hospital when I have the flu […] (Stud5)
- It’s difficult for me to have any health problem, but, when I have it, I’ll take care of it myself. (Stud7)
- When I go to the hospital, that’s when I need tests. (Stud10)

The specificity of adolescent care is an aspect of the greatest relevance in creating an effective program, presenting itself as a major challenge to managers. As an example of what presents itself as a challenge, it is possible to point out the necessity of adequacy of the language and the way the professionals work, in order to reach a level of understanding of the various segments that constitute this population.

♦ Category 2 - Satisfaction with UHS care

UHS is considered the largest social inclusion program in the world. Over these 20 years, regardless of governments and political parties, expansions and contractions in their funding or model changes in government management have been developing. It is based on decentralization and social participation in its first model of management, which has represented a constant institutional learning in the configuration of the Brazilian democratic state in its federative design.
Health promotion through public policies, as it has been understood in the last 20 years, is one of the most promising strategies to address the multiple health problems affecting human populations and their environments at the end of the century. However, in Brazil, public policies for adolescents, created and regulated in the 1980s, develop in a fragmented and disarticulated way. In this context, the need for information and qualified assistance to these adolescents is perceived. It was then sought to know the adolescent satisfaction about the care they are given.

The principles outlined in the text of the federal constitution are universality, equity, completeness, decentralization, participation of the population and organization of the service network in a regionalized and hierarchical way. These are the basic principles that should guide the state's action in health, starting with the unequivocal affirmation that health should be considered as a right of all and a duty of the State, following a rather broad understanding of health and its determinants as well as a broader view of the state's responsibilities for health. This movement also formulated the principles that should guide the construction of a health system, these being the central elements that are commonly called the principles and guidelines of the UHS.

Adolescent user's satisfaction with…

Interdisciplinary action did not promote a significant change with respect to the great health problems of the adolescent population. Thus, it is necessary and urgent a change in the form of service rendering, seeing to an attention that actually promotes an improvement in the health of this population. However, there were some difficulties to perform consultations or exams offered by UHS:

I think the problem is that the vacancies are few for many people and it has many difficulties, because it takes the attendance. (Stud2)

Often doctors are not, and when they are not. (Stud3)

It takes a long time to dial ... and the health care agent was never in my house. (Stud5)

 [...] the health agent never appears, and when attention appears is terrible, the main difficulty is this. (Stud10)

It takes too long and never works. (Stud1)

It takes a lot of time and the service is not always fulfilled. (Stud7)

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Category 3 - Main difficulties encountered to conduct consultations or examinations offered by UHS

The tendency to see adolescence as a transitional period has favored the forgetfulness of the needs of this population, disrespect for their rights, and an often inadequate requirement for the fulfillment of their duties as a citizen. In order for another approach to adolescence to be possible, society must value its potential contribution and support it by allowing its thoughts, desires, ideas and criticisms to be heard. In other words, this posture presupposes the opening of a space for adolescents to exercise their freedom and participate more actively in their process of maturing.

Adolescent health has been a challenge for health professionals dedicated to this population group. Initially, a methodology of interdisciplinary action was sought through comprehensive care programs. This proposal proved to be innovative in the face of the current medical practice, since, until this moment, the attention was given in a traditional way, being restricted to offer treatment to the patients from the reported symptoms. However, this methodology of
meant a change with respect to the way in which the professional user relationship was given up until then. Instead of considering that the adolescent should guide his behavior according to a pre-established model, the professional began to consider the environment as a key factor in understanding the problems of the adolescent. The ethical dimension that this strategy involves is that it considers the adolescent as a subject in the relation and no longer as a mere object of investigation.10

Thus, the care of the nurse professional was analyzed to these adolescents:

They are good nurses, have a lot of education and serve well. (Stud2)

In the neighborhood that I live, the service is horrible. (Stud3)

At the health clinic, the care is legal, but the hospital is very bad care. (Stud5)

I do not know the health post in my neighborhood. But when I went to the hospital, the nurse was great. (Stud10)

They are educated and great professionals. (Stud1)

I do not know the nurse in my neighborhood. (Stud6)

There should be an improvement in the relationship between health professionals and users / adolescents, a relationship that will allow a new approach to adolescent health care. For this to occur, there is a need for change from the professionals in order to create a bond, through welcoming, talking and listening.

CONCLUSION

Information, in a broad sense, enables young people to have knowledge that will enable them to make decisions about their behavior rather than being subjected to values and norms that prevent them from exercising their right to choose in the administration of their own lives.

Among teenagers, it was noticed how much health information is not yet part of their lives. Information that, besides knowledge, allows you the autonomy to administer for yourself a better quality of life.

It has also been shown, how scarce the actions of public policies aimed at this population are. It is important to create spaces for discussion with teachers, as they occupy a key position in the formation and transmission of knowledge and the cultural norms of society. This is a fundamental element, therefore, to act in the promotion of health.

Finally, it is necessary to raise the awareness of health professionals so that their looks also come back to adolescents. Health is important for all age groups, and it would not be different for this audience. However, health services, schools and society in general need to be vigilant, directing some of their efforts to resolve this issue. And, also, for the opening of spaces where young people can elaborate their participation in the society.

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