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THE WORK PROCESS AND PLANNING OF HEALTH ACTIONS

PROCESSO DE TRABALHO E PLANEJAMENTO DAS AÇÕES DE SAÚDE PROCESO DE TRABAJO Y PLANIFICACIÓN DE LAS ACCIONES DE SALUD

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ABSTRACT

Objective: to analyze the work process based on the planning of health actions and the impact in the scope of basic health care. **Method:** this is a quantitative, exploratory and descriptive study with 25 professionals from the Family Health Team, based on a questionnaire. The data was organized in SPSS, version 21, and analyzed using bivariate descriptive and inferential statistics. **Results:** Teamwork, together with educational actions, focusing on health promotion and prevention, favors the integrality of health care in its expanded dimension. The actions of promotion and prevention developed in the scenario of basic health care are still punctual, directed and related to care. **Conclusion:** the integrality of care must comprehend the notion of expansion of knowledge with a view to the community reality, the multiprofessional teamwork, with an interdisciplinary approach. **Descriptors:** Primary Health Care; Process Evaluation; Interdisciplinary Health Team; Health Promotion; Family Health; Comprehensive Health.

RESUMO

Objetivo: analisar o processo de trabalho com base no planejamento das ações de saúde e o impacto no âmbito da atenção básica de saúde. *Método*: trata-se de um estudo quantitativo, exploratório e descritivo com 25 profissionais da Equipe Saúde da Família, a partir de um questionário. Os dados foram organizados no SPSS, versão 21, e analisados por meio de estatística descritiva e inferencial bivariada. *Resultados*: o trabalho em equipe, aliado às ações educativas, com foco na promoção e prevenção da saúde, favorece a integralidade da atenção à saúde em sua dimensão ampliada. As ações de promoção e prevenção desenvolvidas no cenário da atenção básica de saúde ainda são pontuais, dirigidas e assistenciais. *Conclusão*: a integralidade da atenção deve compreender a noção de ampliação do conhecimento com vistas sobre a realidade comunitária, o trabalho em equipe multiprofissional, com abordagem interdisciplinar. *Descritores*: Atenção Primária à Saúde; Avaliação de Processos; Equipe Interdisciplinar de Saúde; Promoção da Saúde; Saúde da Família; Saúde Integral.

RESUMEN

Objetivo: analizar el proceso de trabajo con base en la planificación de las acciones de salud y el impacto en el ámbito de la atención básica de salud. Método: se trata de un estudio cuantitativo, exploratorio y descriptivo con 25 profesionales del Equipo Salud de la Familia, a partir de un cuestionario. Los datos fueron organizados en el SPSS, versión 21, y analizados por medio de estadística descriptiva e inferencial bivariante. Resultados: el trabajo en equipo, aliado a las acciones educativas, con foco en la promoción y prevención de la salud, favorece la integralidad de la atención a la salud en su dimensión ampliada. Las acciones de promoción y prevención desarrolladas en el escenario de la atención básica de salud todavía son puntuales, dirigidas y asistenciales. Conclusión: la integralidad de la atención debe comprender la noción de ampliación del conocimiento con vistas a la realidad comunitaria, el trabajo en equipo multiprofesional, con enfoque interdisciplinario. Descriptores: Atención Primaria a la Salud; Evaluación de Procesos; Equipo Interdisciplinario de Salud; Promoción de la salud; Salud la Familia; Salud Integral.

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INTRODUCTION

The Family Health Strategy (FHS) is characterized as an important instrument of basic care in the Unified Health System (UHS), driven by the decentralization process and supported by innovative programs for the restructuring of the health system and the care model. In this way, it seeks to offer universal access to health services with a level of comprehensive care, as well as to implement community-led promotion and prevention actions.¹⁻²

The human resource that acts in the FHS is multi-professional organized based on teamwork, considered an essential factor for the proper functioning of the organizational process in health units. The teams are composed of a physician, a nurse, a nursing technician and community health agents (CHA) and, since 2004, has begun to include oral health teams. The teams are responsible for monitoring a defined number of families ascribed to the delimited territory and develop actions of integral attention to the individual and his or her community.³

It is known that the practical activities to stimulate prevention and self-care, developed with the community, make it possible to sensitize the population as an integral part of the health-disease process, strengthening autonomy and instigating critical reflection through relevant themes on the environmental changes needed considering the local life context. However, administrative capacity at the municipal level is still deficient, as is national regulation, and highlights the fact that strategies such as family health are processes construction.4

In this context, the importance of health education as an instrument for health care in the community, as well as the need to overcome barriers and the existence of organizational conflicts, is observed. Above all, the active participation of the population must always be stimulated by making it responsible for health care. Thus, it is necessary to analyze the work process of the multidisciplinary team and the planning of health education actions in the FHS.

It is hoped that this research contributes to the guiding of workers and managers in the planning and development of health education actions that satisfy the wishes of the service, professionals and, mainly, UHS users, as well as stimulate the construction of new studies. The work process and planning of health...

OBJECTIVE

• To analyze the work process based on health action planning and the impact on basic health care.

METHOD

This is a quantitative, exploratory and descriptive study with professionals of the family health team of the municipality of Cajazeiras / PB, Brazil.

It is reported that the population of this study was composed of the number of active upper-level professionals enrolled in the multidisciplinary family health team of the municipality of Cajazeiras / PB. Up to the year 2016, 24 teams were distributed in 24 units.

For the delimitation of the sample, the professionals who fit the criteria of this study were selected: (1) to be a registered professional in the family health team; (2) act as a dentist, nurse or physician at the FHS duly registered at the National Register of Establishments (NRHE) municipality of Cajazeiras / PB; (3) be part of the multidisciplinary team of Mixed Unit (that serves both the urban population and the rural area in the same establishment). On the other hand, the following exclusion criteria were adopted: (1) not being present at the time of collection; (2) working time in basic care of less than six months of work.

Seven FHS were included in the study sample, which consisted of 25 health professionals: seven dentists, nine nurses and nine physicians who answered a self-administered questionnaire in June and July 2016. Before application of the instrument, the professionals were informed about the objectives of the study being presented, for them, the Free and Informed Consent Term (FICT). The subjects were identified with pseudonyms corresponding to flower names native to the caatinga - a biome that is concentrated in the Northeastern region of Brazil.

For this study, the semi-structured form with multiple choice and discursive questions was divided into two segments, adapted from a study:⁶ (1) regarding the social and demographic characterization of the interviewees and (2) directly related questions to the central object of the study.

Data was analyzed in the Statistical Package for the Social Sciences (SPSS, version 21). Descriptive statistics of relative and absolute frequency, Spearman's non-parametric correlation were used as the

inferential technique, with an accepted statistical significance of less than or equal to 5%, p <0.05.

The study was approved by the Research Ethics Committee of the Santa Maria College, Cajazeiras/PB, according to Resolution 510, of April 7, 2016, of the National Health Council, which determines the norms and guidelines for carrying out research involving human beings (CAAE: 56536516.7.0000.5180).

RESULTS

It is pointed out that the participants selected to compose the sample of this study were professionals of the upper level of the multidisciplinary team of the FHS (dentist, nurse and physician), of nine family health teams, who work in Mixed Units, adding a total of 25 participants. However, in the period of the field survey, due to the absence of five medical professionals, the sample was closed in 20 participants.

The prevalence of female sex (70%) was observed. Regarding the age of professionals, the data revealed the age range between 24 and 54 years, with a mean age of 24 to 34 years (65%). Regarding the variable marital status, the predominance of singles, in a total of 55% of professionals, is demonstrated in relation to 40% of the married. There was a predominance of nurses in the study sample (45%), followed by the dental surgeon (35%). In relation to the time of graduation, 16 participants (80%) graduated less than 13 years ago.

The perception of the concept of health promotion as the development of educational actions in order to promote health with the community (89.5%) was understood, as evidenced by the following.

It is the articulation of means and actions to prevent people from exposing themselves to conditioning factors and determinants of diseases promoting quality of life [...]. (Bromélia do sertão)

It is promoting health by guiding the community in a variety of ways (conversations, dialogues), in all aspects of life and, consequently, preventing injuries. We cannot stop to watch only the sick person. It is necessary to involve the multiple factors of the health-disease process (leisure, home, family ...). (Catingueira)

Health promotion in team planning is extremely important because we are the easiest way to reach the community. We are the bearers of care, of prevention, of awareness [...]. (Jurema)

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It was considered that interventions on the social determinants of health make it possible to promote health, health equity and overcome inequities by acting on the determinants and social determinants that generated it through effective health actions (89.5%). It was inferred, then, from the primary data produced from the interviews, that the expanded health conception related to the social determinants of health is very well understood by the team.

It is the whole context connected with lifestyle, health, education, housing, work, culture, are the conditions that lead the individual to feel good. With low risk of vulnerability. (Poppies)

Social determinants directly influence the work of the FHS, which should reduce the inequalities in basic rights (health, leisure, education) of individuals and communities, offering services that guarantee the promotion, prevention and health care considering their human uniqueness. (Violeta-da-caatinga)

The results are presented in table 1. The respondents consider that the Permanent Education in health allows the professional improvement / updating in order to guarantee the quality of care for the population (60%).

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Table 1. Description of the work process. Cajazeiras (PB), Brazil, 2016.

Variables	N	%
How often do community health agents (CHA) survey the needs of the		
local population		
Always	2	10.0
Almost always	8	40.0
Regularly	9	45.0
Sometimes	1	5.0
How do they analyze the physical structure available for their		
performance		
Good	10	50.0
Regular	10	50.0
How do you analyze the material resources available for your work?		
Excellent	2	10.0
Good	8	40.0
Regular	9	45.0
Deficit	1	5.0
Regarding the conditions of use of these material resources, how do		
they qualify them		
Good	10	50.0
Regular	8	40.0
Deficit	2	10.0
What is your level of satisfaction with your professional activity in BC		
Satisfied	18	90.0
Reasonable	2	10.0
In their thinking, what is the relevance of Permanent Education in		
health in the context of promoting health for teamwork		
It guides professionals on theoretical and practical	2	10.0
methodologies		10.0
Essential strategy for the work process	2	10.0
Facilitates professional interaction and knowledge sharing	4	20.0
Opportunities for professional improvement in order to guarantee the quality of care for the population	12	60.0

It is also stated that health workers regularly survey the needs of the population in the area (45%). Half of the sample qualified as good the physical structure and the conditions of use of these material resources, as well as the materials available for their performance.

Teamwork is considered a complex activity, which presents behavioral variables, opinions / perceptions, personality differences, conflicting interests, and individual and collective impressions. In this sense, facilities and difficulties were raised in the work process - the articulation of knowledge and practices (65%) and fragile interpersonal relations (55%), according to the sequence.

Articulation of multi-professional knowledges and practices and otherness facilitate a lot of work among the team. (Seine)

One difficulty is the few interpersonal relationships, fragile, among the FHS professionals. (Muçambê)

The lack of support and monitoring of the relations between the professionals, on the part of the management, hinders the work of the team. (Laelia purpurata)

In relation to the description of activities in health education, professionals reported that they carry out health education activities periodically (65%) and many stated that they do not have a collegiate manager in place in their territory (75%), according to table 2.

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Table 2. Description of activities in health education. Cajazeiras (PB), Brazil, 2016.

Variables	N	%
What is the frequency of carrying out Health Education		
activities with users		
Always	1	5.0
Periodically	13	65.0
In times of campaigns	4	20.0
A few times	2	10.0
In your unit, is there a collegiate local manager		
Yes	4	20.0
No	15	75.0
Unknown	1	5.0

There was a positive and statistically significant correlation between the frequency of Health Education activities and those accompanying the constant updating of Basic Care manuals and regulations (r = 0.46). It was also found a positive and statistically significant correlation between the positive

analysis of the material resources available for its performance and the positive conditions for the use of material resources, as well as the frequency that the community health agents (CHA) carry out the survey of the population's needs in the area, both statistically significant correlations.

Table 3. Correlations between health education activities and context and work condition. Cajazeiras (PB), Brazil, 2016.

Variables	1	2	3	4	5	6	7
1 - What is the frequency of							
performing Health Education							
activities with users 2 - Positive analysis of material							
resources available for its	0.22						
performance	0.22						
3 - Positive conditions for the	-0.05	0.48*					
use of material resources		0.40					
4 - How often do Community							
Health Agents (CHA) carry out a survey of the needs of the	0.40	0.57**	0.14				
population in the area							
5 - Accompanies the constant							
updates, manuals and	0.46*	0.38	0.08	0.34			
regulations of Primary Care							
6 - Time of action in Primary Care	-0.31	0.01	-0.13	-0.38	0.01		
7 - Working time at the	0.04	0.42	0.00	0.44	0.00	0.70**	
institution	-0.01	-0.12	-0.08	-0.41	0.09	0.78**	
8 - Teamwork time	-0.07	-0.16	-0.11	-0.30	0.01	0.72**	0.96**

- 1 The frequency of carrying out Health Education activities with users
- 2 Evaluation of the material resources available for its performance
- 3 Qualification regarding the conditions of use of these material resources
- 4 The frequency with which Community Health Agents (CHA) carry out the survey of the needs of the population in the area
- 5 Accompanies the constant updates, manuals and regulations of Primary Care
- 6 Time of Action in Primary Care
- 7 Working time at the institution
- ** $p \le 0.01$; * $p \le 0.05$.

DISCUSSION

The prevalence of the female sex (70%), aged between 24 and 34 years (65%), of unmarried children (55%) was observed, with the predominance of nurses. In addition, the majority reported having between two and 13 years of experience in the FHS with specialization in Family Health / Collective Health. The concept of expanded health promotion, related to social determinants and lifelong learning, is well understood by the team.

Health promotion is considered as a mediating strategy between people and the environment, strengthening the participation of social and community actors in modifying the determinants and determinants of the health-disease process through a complex and expanded conception seeking to develop health capacities.⁸⁻⁹

According to several authors, 10 health education enables the transformation of reality through the critical sensitization of individuals, since it allows the shared construction of knowledge by integrating scientific-popular knowledge and

differentiated forms of care that favor learning significant "as a process of understanding, reflection and attribution of meanings of the subject in interaction with the social environment, when constructing the culture and because it is constituted".¹¹

It is believed that educational practices should be developed through reflection that starts from the reality of the subject, which proposes the emancipation and autonomy of the same by a liberating pedagogy. In this sense, it is considered an important methodology for working to promote health.¹²

It is conceptualized that health promotion was considered an important tool teamwork bν all the interviewed professionals, being a mediating strategy between people and the environment that aims to increase the participation of subjects and the community in their self-care and is very important for teamwork in the FHS. The FHS team assumes responsibility for providing educational actions guided by the principles of health promotion in which multi-professional is an integral factor for improvement of health indicators and the quality of life of the population.6

The approach to the health-disease process is presently under an expanded concept of health, which appropriates the need to overcome the biomedical model, considering it insufficient to guarantee the full health potential of the population. There is, then, a moment of reordering and reorientation of the practices aiming to broaden the understanding of the health-disease process encompassing the insertion and valorization of different knowledge, professionals and social sectors. ¹³⁻

In this perspective, the recognition of the individual as a social being has been deepened, transforming and transformed through relationships and interactions, making him a participant in care in his collective context and redirecting care in health and Nursing as a science of the caution. Thus, intersectoriality emerges as an important strategy for the systematization of health promotion, considered structuring for the achievement of health goals in a movement of ioint responsibility between public partners organizations and with the a network of effective construction of relationships. 15

It was also verified that the community health agents (CHA) carry out the survey of the needs of the population in the area with little attendance (45%). The survey of needs is the fundamental basis for the identification of the current health situation of a population

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producing basic data for later analysis and planning of the development of actions, health education programs and disease control, constituting, in this way, an instrument of epidemiological surveillance used in health actions.

It is shown that two variables in relation to the physical structure of the FHS were matched as the first choice of respondents (Table 1), characterized as good (50%) and regular (50%). Regarding the conditions of use of material resources, they qualify them as appropriate for the professional performance. However, we distinguish this result when compared to a similar study, 16 which points out weaknesses and difficulties for the performance of basic health care activities such as: scarcity of infrastructure, materials and equipment for the performance of work, especially medicines, dressing and cleaning materials, as well as absence transportation for home visits, which makes it impossible to carry out daily activities, especially in rural areas.

It is noted that the level of satisfaction of the professionals of the FHS is quite significant (90%). The good physical structure positively influences the practices of the health professional favoring their achievement with the required quality. In addition, the existence of an appropriate structure promotes more humanized conditions of work for the team, allowing the expansion of the possibilities of the multidisciplinary team. ¹⁷⁻⁸

It is also pointed out that, in addition, the articulations of multi-professional knowledge and practices and the alterity between professionals as well as professional-users are relevant indicators for the transformation of practices in all health care and sectoral management scenarios, that the frail professional life is considered as a stressful condition within the process of teamwork.

It is understood that interpersonal relations should be pursued positively in a positive way, since work environments that promote contact between people are more beneficial and stimulating, since the compromise of an essential characteristic of the work process is the development of skills and relevance in building competencies for health promotion.

Skills are considered to be synergistic combinations of attitudes, skills, and knowledge that provide the basis for problem solving. Developing skills consists of conferring on the professional several cognitive resources related to know-how, know-how, know-how. In relation to health promotion, specifically competence is defined as the harmonious relationship of knowledge, skills and attitudes

that enables an individual to perform tasks according to a standard.¹⁹

The relevance of the use of competencies for the promotion of health to the potential of these are a reference to: establish professional standards; identify the need for training; guide academic training; develop accreditation guidelines; guide the development of evaluation tools; increase the knowledge and skills required by health promoters in planning, implementing and evaluating programs, as well as assessing the quality of work.²⁰

In this context, the process of continuous work-learning actions that takes place in a work-production-health education space, which starts from an existing situation, providing the articulation of the perspective, knowledge and attitude in order to stimulate creativity in the changes of the work process through shared and non-individualistic action among the various actors involved with an emphasis on health education.²¹

The majority of the activities are carried out with the community, by the professionals of the multi-professional team (dentist, nurse, doctor), in the groups of specific pathologies (target public: the elderly) and in the lifewomen), as can be identified through the reports, with the following topics being more worked up: systemic arterial hypertension, diabetes mellitus, gestation, cervical cancer, smoking, obesity, sexual and reproductive health.

However, it should be pointed out that educational actions should include integral care activities in all phases of the life cycle (child, adolescent, woman, adult and elderly). In health education, professionals should systematically use knowledge, teaching skills, active / participatory methodologies, emphasizing dialogue, formal and informal knowledge, acting as facilitators, stimulating the development of individual and collective capacities aimed at improving people's health conditions and groups and not only the creation of groups of specific pathologies. 9

Health education is thus characterized as an important instrument for working with the community, through initiatives aimed at a policy focused on health promotion, with the encouragement of the autonomy of the people, community empowerment, ensuring access health information, the development of skills and decision-making in their social, political and cultural contexts.

Participation and social control are considered fundamental elements in educational actions. As social control, it is

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understood the capacity and the possibility that the organized society has to intervene effectively in the definition and implementation of the UHS management model and the health care model for the execution of public policies.²²

Social participation for local development and organization becomes essential. The research identified positive and negative reports regarding the use of the collegiate instrument manager. It was observed that participants in this study, involved in social control, had a significant argument about the collegiate local manager.

It is identified that the reorientation of the care model, in which the FHS is inserted, is a formally concrete strategy in the field of practices, which remains under construction and, in view of this, coexist the foundations of both models of health care and makes it is necessary to systematize mechanisms that aim at the development of methodologies for effecting health promotion in order to overcome the actions still oriented by the biological approach.⁸

It is noted that preventive actions prevail in the incorporation of educational practices, but, although relevant, do not advance to a positive conception of health. This situation is mentioned both in relation to the spaces of formation, as well as spaces of professional activity favoring the presence of traditional models of care.²³

It is proposed, therefore, that the multiprofessional team needs to know the limitations regarding the educational practice in the scope of basic health care and, through them, seek alternatives to overcome them. It should be noted that health education still prevails hegemonic educational practices and its position has not stimulated the participation and autonomy of families in terms of care and service.

It is also important to seek constant updates in health, aiming at the practice of health promotion strategy in the FHS's work, considering the different dimensions of care, since addressing the theme of health promotion implies thinking about health in its broad sense, social determinants of health, skills development and social empowerment.

The development of educational activities should be prioritized in the articulations of the members of the multidisciplinary teams in the area of basic care, emphasizing the fact that these practices need to advance in the systematization of their actions involving interdisciplinarity and be guided by health indicators. Management, in turn, should

contribute to the construction of space and environments that enable the effective performance of the integral care activity.

Therefore, educational actions can be understood as a strategy for innovative interventions in health practices, an expanded conception of planning, execution, evaluation and control.⁶ Thus, they go beyond solving individual needs and, through a approach, seek integration, territory, equity, citizenship and social rights.

CONCLUSION

It was concluded that educational activities, although they did not occur in an effective way, were identified as an important instrument in the work process of the integrated team focused on the practice of health promotion that significantly impacts the health-disease process of the population.

It is understood that the actions of health promotion and prevention, carried out in the scenario of basic health care, are still punctual, directed and assistential, without interdisciplinary planning and, on the face of it, do not constitute a collective work. The integrality of the attention must comprehend the notion of expansion of the knowledge with views on the community reality, the multiprofessional and transdisciplinary team work and the intersectoral action.

Through this study, we contribute to the guiding of educational actions in the work process of the family health teams. Thus, the propositions produced may subsidize strategies for the reorientation of their work practices.

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