



THE WORK OF NURSES IN AN AMBULATORY MEDICAL ASSISTANCE UNIT O TRABALHO DOS ENFERMEIROS DE UMA UNIDADE DE ASSISTÊNCIA MÉDICA AMBULATORIAL

EL TRABAJO DE LAS ENFERMERAS EN UNA UNIDAD DE ASISTENCIA MÉDICA AMBULATORIA

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ABSTRACT

Objective: to know the difficulties and ways of coping reported by nurses at work in an Ambulatory Medical Assistance unit located in the south side of the municipality of Sao Paulo. **Method:** this was a descriptive, exploratory study, with a qualitative approach and analysis based on Bardin's content. All twelve nurses working in this unit participated in the study. The data was collected from September to November of 2009 through recorded interviews using a semi-structured guide containing questions designed to characterize the sample and two guiding questions: What are the major difficulties you face when working in this unit? How are you coping with these difficulties? Written authorization from the person responsible for this Ambulatory Unit Care and the project's approval by the Ethics and Research Committee (COEP) from the Paulista University under process CAAE nº 1931.0.000.251/09 and Protocol nº 206/09 was obtained prior to the study start. The data was analyzed through the transcripts from the interviews using a semantic characterization (subject grouping). **Results:** Six categories emerged from the analyses: high demand for the service, curative care versus preventive care actions, physical and emotional stress, difficulty in interpersonal relationships, teamwork, and communication with the community. **Conclusion:** the survey of the difficulties and coping strategies were of fundamental importance for the understanding of the real role of nurses and functioning of the unit in the study. **Descriptors:** public health; nursing; work, basic health services; comprehensive health care.

RESUMO

Objetivo: conhecer as dificuldades e as formas de enfrentamento do trabalho, relatadas por enfermeiros em uma unidade de Assistência Médica Ambulatorial. **Método:** pesquisa descritiva, exploratória, com abordagem qualitativa, na vertente da análise de conteúdo de Bardin. A população inclui todos os doze enfermeiros da unidade pesquisada, localizada na zona sul do município de São Paulo. Para a coleta de dados, realizada no período entre setembro e novembro de 2009, por meio de entrevistas gravadas, foi usado um roteiro semiestruturado, com questões para a caracterização da amostra, e duas questões norteadoras: Para você, quais são as maiores dificuldades enfrentadas em seu trabalho nesta unidade? Conte como você tem enfrentado essas dificuldades? A coleta de dados foi realizada após obter prévia autorização formal do responsável pela Assistência Médica Ambulatorial, e aprovação do projeto de pesquisa, pelo Comitê de Ética e Pesquisa (COEP) da Universidade Paulista, mediante CAAE nº 1931.0.000.251/09 com Protocolo nº 206/09. Para a análise dos dados transcreveu-se o discurso dos participantes e utilizou-se a categorização semântica (agrupamento conforme o tema). **Resultados:** emergiram seis categorias: grande demanda do serviço, assistência curativa versus ações preventivas, estresse físico e emocional, dificuldade no relacionamento interpessoal, trabalho em equipe, e comunicação com a população. **Conclusões:** o levantamento das dificuldades e seus enfrentamentos foram de fundamental importância para a compreensão do real papel dos enfermeiros e do funcionamento da unidade pesquisada. **Descritores:** saúde pública; enfermagem; trabalho; serviços básicos de saúde; assistência integral à saúde.

RESUMEN

Objetivo: conocer las dificultades y las maneras de enfrentar el trabajo, reportada por las enfermeras en una unidad de Asistencia Médica Ambulatoria. **Método:** estudio descriptivo, exploratorio, cualitativo, con análisis de contenido de Bardin. La población incluye todas las doce enfermeras de la unidad investigada, ubicada en la zona sur de la ciudad de São Paulo. Para recopilar lo datos, realizado en el período comprendido entre septiembre y noviembre del 2009, mediante entrevistas grabadas, fue usado un guión semi-estructurado, con preguntas para la caracterización de la muestra, y dos preguntas orientadoras: Para usted, ¿cuáles son las principales dificultades enfrentadas en su trabajo en esta unidad? Diga cómo usted ha tenido que enfrentar esas dificultades? La recolección de datos fue realizada después obtener la autorización previa y por escrito de la persona responsable de la Asistencia Médica Ambulatoria, y la aprobación del proyecto de investigación por el Comité de Ética de la Investigación (COEP) de la Universidad Paulista, CAAE Nº 1931.0.000.251/09 con el Protocolo 206/09. Para el análisis de los datos se transcribe el discurso de los participantes y se utiliza la categorización semántica (agrupación de acuerdo con el tema). **Resultados:** surgieron seis categorías: gran demanda de servicio, atención curativa versus las acciones preventivas, estrés físico y emocionales, dificultad en las relaciones interpersonales, trabajo en equipo y la comunicación con la población pueblo. **Conclusión:** el estudio de las dificultades y los enfrentamientos fueron de importancia fundamental para comprender el papel real de las enfermeras y el funcionamiento de la unidad investigada. **Descriptores:** salud pública, enfermería, trabajo, servicios básicos de salud, atención de asistencia integral de salud.

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INTRODUCTION

The Unified Health System (SUS), created in Brazil by the Federal Constitution of 1988, is part of a process of decentralization of health services and actions that started in the 70 decade, which proposed the construction of a single unified service network, universalized and decentralized from the public health system.¹ According to the Federal Law No. 8080/1990, the SUS project's main objective is to improve the health conditions of the Brazilian population, guarantee the citizens' rights, respect patients, and operate with humanization in the provision of services. In addition, it is also focused on assisting people through actions of promotion, protection, and recovery of health through integrated assistive actions and preventive activities.^{2,3}

The new social, political, and cultural challenges, the exhaustion of the biomedical paradigm, and the changing in the epidemiological profile of the population in the recent decades have imposed changes in the practice of assistance on all professionals involved in the process of producing health. With the creation and implementation of the Unified Health System, the then hegemonic biomedical model based on curative practices began losing ground for a new health care model in which the individual should be understood as the subject inserted in different contexts and heavily influenced by social determinants.²

The Basic Attention is characterized by a set of actions in health service within the individual and collective scope, that encompass the promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation, and maintenance of health. These actions are guided by the principles of universality, accessibility and care coordination, continuity and linkage, completeness, accountability, and humanization exercised by the health team and with social participation.⁴

Thus, this paradigm searches for health promotion, disease prevention and treatment, and hardship and suffering reduction that might compromise the chances of living healthfully. The inadequacy of the basic health network and rigidity of their schedules result in large and unnecessary demand of the population for emergency room services.

In the year 2005, the Secretary of Health from the municipality of São Paulo began the installation of a system for medical service called Ambulatory Medical Assistance (AMA) usually conducted at offices attached to the

Basic Health Units (UBS). The goal of these units is to expand access for patients, who need immediate care, streamline, organize, and establish the flow of patients toward the Basic Health Units, specialty clinics, and hospitals. The AMA's function is to service unscheduled patients with low and medium complexity pathologies in the areas of clinical medicine, pediatrics, general surgery, and gynecology.⁴

The management of the AMAs is shared between the municipality and public or private partners. The human resources, physical adequacy, and acquisition of equipment and furniture are responsibility charged to the partners. The role of the nurse in the AMAs is: to participate in training and improvement programs offered to the health care personnel, provide nursing consultation, practice embracement, provide prescriptions and nursing care to patients with serious life-threatening conditions, participate in nursing care involving greater technical complexity that requires the appropriate scientific knowledge and ability to make immediate decisions, plan, organize, and execute and evaluate nursing care services.

Therefore, considering all exposed and the importance of exploring the universe of subjectivities that permeate the everyday practices of health care professionals, this study aimed to understand the experiences of nurses working in the AMAs. The present study assessed the difficulties and ways of coping with work, reported by nurses, in an Ambulatory Medical Assistance unit.

METHOD

This was a descriptive and exploratory research with a qualitative approach that used the content analysis of Bardin. The content analysis is defined as a set of methodological tools, which are applied to speeches and aimed at the induction, deduction, and conclusion.^{5,6}

The research was conducted in an Ambulatory Medical Assistance unit (AMA) located in the Southern zone of the municipality of São Paulo servicing the 27 health units in the region. It operates daily from 7 am to 7 pm including holidays. The goal is to provide humanized assistance to citizens, support and offer backup service to the Basic Health Units (UBS), promote the integration of services in harmony with the Family Health Strategy and respect the principles of the SUS. The proposal of this healthcare model is the integration with the basic network, emergency rooms, and nearby hospitals conveying this service to the existing health system.

The population served is of 510,000 people and the service capacity is of 350 clients per day; from its inauguration until 2009, the average daily attendance has been at the average of 470 clients per day. The healthcare team consists of: 01 medical manager, 01 supervisor/administrator nurse, 42 doctors, 03 social workers, 11 nurses, 15 nursing technicians, 04 dentists, 03 dental assistants, 03 x-ray technicians (outsourced), 03 radiology assistants (outsourced), and 13 technical-administrative assistants.

It is important to stress that the role of the nurse in the AMA consists of: to participate in training and improvement programs offered to the health care personnel, provide nursing consultation, practice embracement, provide prescriptions and nursing care to patients with serious life-threatening conditions, participate in nursing care involving greater technical complexity that requires the appropriate scientific knowledge and ability to make immediate decisions, plan, organize, and execute and evaluate nursing care services.

The data collection was performed with the participation of 12 nurses from the team working at the study site; all agreed to participate in the research through a recorded interview based on a semi-structured script with questions designed to characterize the sampling and two guiding questions: What are the greatest difficulties that you have faced working in this unit? How have you dealt with these difficulties?

The data were collected from September to November of 2009 after prior and formal

authorization from the professional in charge of the Ambulatory Medical Assistance unit and approval of the study by the Ethical in Research Committee (COEP) through the CAAE number nº 1931.0.000.251/09, and under favorable decision according to Protocol nº 206/09.

The participants were informed about the purpose and sensitive character of the study and possibility to withdraw their participation without any consequence. All participants signed an informed consent form.

The data were pre-analyzed after the transcription of the participants' speeches. The material was subsequently analyzed through exploration involving the analysis itself and essentially coding operations.⁶ The data was processed according to semantic categorization, i.e. grouped by themes, and the obtained results were interpreted.

RESULTS AND DISCUSSION

The data concerning the characteristics of the participants is presented first. Table 1 presents the results from the analysis of the semi-structured questionnaires responded by the nurses working at the Ambulatory Medical Assistance unit located in the Southern zone of the municipality of São Paulo and used for the characterization of the sample.

Table 1. Characterization of the studied sample - São Paulo, 2009

Variable	n=12	%
Age (years)		
25 - 26	01	8,33
27 - 28	03	25,00
29 - 30	04	33,33
31 - 32	01	8,33
33 - 34	02	16,66
35 - 36	01	8,33
Sex		
Male	02	16,66
Female	10	83,33
Length of time in the job (in months)		
01 - 06	01	8,33
07 - 12	03	25,00
13 - 18	03	25,00
19 - 24	03	25,00
25 - 30	01	8,33
31 - 36	-	-
37 - 42	01	8,33
Time since graduation (in months)		
01 - 12	01	8,33
13 - 25	02	16,66
26 - 38	01	8,33
39 - 51	02	16,66
52 - 64	03	25,00
65 - 77	01	8,33
78 - 90	01	8,33
91 - 103	01	8,33
Attended graduate school		
Lato sensu	09	75,00
Strictu sensu	-	-
Not	03	25,00

The age range in the group of 12 nurses participating in the study was from 25 to 35 years of age with an average of 30 years; there was a predominance of females, i.e., 10 out of 12 (83.33%).

The average length of time working in the job was 18 months; the shortest amount of time was 04 months and the longest 38 months. This studied AMA unit was inaugurated five years ago.

The average time since graduation from nursing school was 54 months; the shortest time since graduation was 12 months and the longest 96 months. Nine out of 12 (75.00%) hold graduate degrees (*lato sensu*) in nursing; none held *strictu sensu* graduate degrees.

None of the 12 nurses reported having another job because their shift in this job is regularly 40 hours per week.

The categorization process with the identification of themes present in the speech of each informant, i.e., focused on the structure and singularity of each statement, was executed after transcription and analysis of the interviews.⁷ A "horizontal" reading of the material was performed by checking confluences with divergences in order to identify common axes that could reveal the structure that could illuminate dissenting traits which were similarly assessed and valued.

This process originated six categories. The first four pointed out the difficulties encountered in the work of nurses: intense service demand, curative assistance versus preventive actions, emotional and physical stress, and difficulties with interpersonal relationships. These difficulties and the associated coping mechanisms were assessed focusing in the following themes: teamwork and communication with the population.

► The difficulties faced by the nurses

To understand the difficulties reported by the nurses it is necessary to consider that the problems experienced today were also occurring in the past, and thus are being reproduced in the present.

Nursing is one of the healthcare professions whose essence and specificity is the care for human beings, individually, in the family or the community, developing activities that promote and prevent diseases, recover and rehabilitate health, and work in teams. Nursing is responsible for the care, comfort, embracement and well-being of patients by providing the care, coordinating other sectors for the provision of assistance, or promoting the autonomy of patients through health education.⁸

These professionals need to adapt to new health care programs and the constant change in their daily work.⁹

• Category I: Intense service demand

The excessive demand for service is reported as a major difficulty by the nurses. This demand leads to the lack of time to articulate the various works and plan actions to be undertaken because, as reported earlier, the service capacity is 350 clients per day; however, it sustains a daily average attendance of around 470 clients. The following speeches corroborate with this fact:

For me, the hardest thing is to give guidance in an integral form to the user, because the demand is too large. (Interview 2).

The greatest difficulties are the flow control in the unit and the demand to be met. (Interview 4).

This situation causes the team to act on isolated cases, according to the demand of users, because there is little time to plan and implement collective actions aimed at the prevention and promotion of health in the community¹, the nurse ends up only tending to the cases with greater complexity, as it is shown in the account below:

The greatest difficulty is in relation to the medical and nursing care which, on the account of the complexity and demand of patients being intense, dissatisfaction is triggered in the client, who does not understand the purposes of the preliminary sorting and blame the nurse by the delay in getting serviced. (Interview 1).

Another investigation revealed that the analyses and alternative solutions to the problem of access, in strictly quantitative bases, such as the number of attendances and professional performance, shift to trends that seek to qualify the user at the reception/sorting step of his visit. The issue is not restricted to how many accessible entrances are available, but above all, its quality is questioned.¹⁰

The moments of articulation for actions among the professionals happen in a limited fashion because they are always geared to solving immediate situations in the routine workday that arise from the users' complaints:

One of the difficulties is to orient and resolve the demand after 6 pm, a time when the population seek health care service because many of the Basic Health Units close at 5 pm; the customers' complaints are daily; this unit is open until 7 pm, thus I believe to be necessary that the service be open for 24 hours [...] (Interview 12).

Therefore, it is questioned here whether the SUS's strategy would not be contributing to the maintenance of an individual and biological health care model, which disregards the many aspects of the context in which users are inserted.¹

The practice of embracement expands the users' access to services but generates the need for discussions by professionals and managers about the demands to be met in order to reassess the provision of services, priority programs, and organization of the work performed by the team.

The health care professionals stated that numerous problems related to the work overload were identified due to the need to provide daily service to a number of users a lot higher than predicted. They also reported that this leads to the lack of time to carry out promotion actions to improve health and prevent diseases; their time is consumed with the care of spontaneous and immediate demand.

This reality requires the reorganization of the work process. There is a need for discussions between users, staff, and municipal management aiming at identifying joint solutions to the problem because the team's difficulties in performing a job effectively and integrated interfere with the quality of the care provided to the population.^{1,2}

The absence of public and social control mechanisms is clear in this category, both in regards to the definition of priority forms of allocation and geographical distribution of services, and social control on the quality and type of service provided to users.

● Category II: Curative assistance versus preventive actions

One of the biggest challenges of the SUS sits in this dimension which is to implement new practices of health care that will in fact ensure universal access to the population, completeness, and equality in a hierarchical network of resolving services.

Despite the Family Health Strategy proposed to replace the hegemonic model, there is a big gap in the implementation of this program in all Brazilian municipalities. Its reach is still limited, which makes its own existence fragile. The difficulty in contributing to the rupture of a curative and hegemonic model seems to be associated with the vertical proposal of this program, its centralized management, and uniformity in the provision of service, disregarding regional differences from an epidemiological standpoint. It is possible, thus, to assert that

the shortage of trained human resources and/or with the appropriate profile is one of the barriers to this rupture.¹¹ If a large proportion of professionals are not trained, how will the population be able to change their beliefs?

The understanding that the health-illness process does not have only a biological dimension leads to the development of interdisciplinary and inter-sectorial actions in the basic care. The development of learning and multi-professional practice is a strategic element for the building of new paradigms in education and health practice.

The change in the assistive hegemonic model requires the fundamental interference in the micro-processes involved in health care, conceptions related to this work, and construction of new relations between users and professionals, and these with each other, in an attempt to turn users into subjects, both producers of health care.^{9,10} The speeches presented below illustrate the need for interaction and establishment of mutual goals between professionals and clients, otherwise the population's perspective of curative actions and services will not change:

[...] the population, in general, still have the vision of "healing" and not of "taking preventive actions" [...](Interview 7).

[...] most customers arrive when their condition is already serious; they do not follow the guidelines from the Family Health Strategy team and don't try to prevent the illness (Interview 8).

The health actions encompass the promotion, prevention, diagnosis, treatment, and rehabilitation. These actions are developed through the exercise of managerial and sanitary, and democratic and participatory practices in the form of teamwork directed to the populations of territories (territory-process) well delimited from which they take responsibility. They utilize technologies of high complexity and low density that must solve health problems of greater frequency and relevance to populations. This is the users' preferred contact with the health system. It is guided by the principles of universality, accessibility (the system), continuity, comprehensiveness, accountability, humanization, interaction, equity, and social participation.

The basic care should consider the subject in its uniqueness, complexity, completeness, and social and cultural insertion in addition to fetch the promotion of their health, prevention and treatment of diseases, and harm or suffering reduction that may be undermining their ability to live healthfully.¹²

• Categoria III: Estresse físico e emocional

Stress is a syndrome characterized by a set of reactions that the organism develops upon exposure to a situation that requires an effort to adapt. The stress is the state manifested by a specific syndrome consisting of all non-specific changes produced in the biological system. It can also be defined as anything that causes a breach in the internal homeostasis requiring some adaptation.¹³

The nurse at the AMA develops his/her work with the professional staff, at the triage, supporting and supervising the work of nursing assistants and technicians, as well as assisting the people who need nursing care. In regards to their basic tasks, the nurse should: participate in training and improvement programs offered to the health care personnel, provide nursing consultation, practice embracement, provide prescriptions and nursing care to patients with serious life-threatening conditions, participate in nursing care involving greater technical complexity that requires the appropriate scientific knowledge and ability to make immediate decisions, plan, organize, and execute and evaluate nursing care services.

The responsibility that involves this professional with the entire team needs to be worked internally by the nurse, otherwise it can become a path to physical and psychological imbalance. The main factors considered as stress generators in the work environment involve aspects of organization, administration, work processes, and the quality of human relations. There is an atmosphere of great emotional stress, physical and mental drain that can be a contributing factor to trigger stress. As we can see in the speeches below:¹³

[...] one of the biggest difficulties is the emotional and physical wear [...] (Interview 6).

Another difficulty I encounter at work here is the daily stress I suffer. (Interview 5).

People prone to react more intensely to workplace stressors should receive special attention through systematic programs of education on the hazards, especially about the risks to which they are exposed in the light of their activities, and as a result of the development of programs for the detection of stressors.³

• Category IV: Difficulties in interpersonal relationships

Human coexistence is difficult and challenging. Individuals live and work with other individuals, that is, they interact and

relate with others: communicate, sympathize, feel attraction, dislike, come close and move away, come into conflict, compete, collaborate, and develop affection. These voluntary or involuntary interferences are part of the process of human interaction. Interpersonal relationships are developed through the process of interaction. Thus, the issue of interpersonal relationship becomes a key issue to organizational success.

Difficult to relate to some people. (Interview 4)

The interpersonal relationship between collaborators can make the working environment harmonious and pleasurable, allowing collaborative work as a team, with interaction of efforts, combination of efforts, share of knowledge and experiences towards a greater product that is the sum of its parts, i.e., the so dreamed synergy.¹⁵

Difficulties in interpersonal relationship among team leaders (nurses) that end up influencing the entire subordinate staff (technicians and nursing assistants). (Interview 9).

The communication is present in all forms of human interaction and consists of a key resource for the leader, who is to deliver messages in ways that promote correct understanding within subordinates which leads into satisfaction and better development of the work. The effective exchange of messages occurs when the words used have the same meaning to all involved. Therefore, the repertoire to be used must be known.¹⁵

We believe that this conception about teamwork, in particular for nursing teams, should deserve more attention because this tool is a basic instrument in the process of care.

In nursing, the term team is frequently used to designate the group formed by the nurse, technician, and assistant nursing. However, the functionality of these professionals as a team is questionable in view of what is expected of the functioning teams in the context of work in the field of health care.^{16,17}

The history of the organization of health care professions shows the process of institutionalization of medicine as the legal retainer of the knowledge in health and the central element of the assisting activity; despite the relative perspective that has been applied to the rules of professional practice in recent years, doctors are still the holders of the legal power in any branch of health care assistance. As we note in the accounts below:

Conflict between nurse and doctor. (Interview 10).

The greatest difficult lies in the relationship between doctors and nurses in the work process. (Interview 11).

[...] conflict occurs with doctors who deny receiving medical records. (Interview 3).

The multi-professional work refers to the recovery of different work processes which must consequently create more flexibility in the division of the work; preserve the technical differences among specialized workers: extinguish ideas of unequal values for distinct activities as well as in the decision-making processes; and transform the interdependence of specialized activities into the needs of each professional to improve the quality of the health care intervention.¹⁵⁻¹⁷

The interaction that occurs in the process of work between subjects, on the one hand the bearer of the demand and on the other, the intervention agent or the object of the technical action, the worker, is considered a substantive element in health care actions, composing the quality and impact of the service.¹⁶

It must be also considered that a team is composed of people who bring specific features together such as: gender, social inclusion, time at work and job relation to work, professional and life experiences, training and capabilities, worldview, wage differences and, finally, their own interests. These differences influence on the work process as they are present in the activity of each professional, however they do not render the exercise of the team.

The changes in working relations will not happen quickly; the professionals who make up the teams come from a practice in which graduate education predominates over high school level education, from the medical level over other professional categories. In this context, the hierarchical power of the relations established among professionals configures elements that strengthen the status of some professions over others, ensuring leadership positions in the team.

Hence, it is necessary to redefine the responsibilities and competencies of the health care team members in the daily routine of work, at the health care units, without ignoring the overlapping areas between disciplines. The work process in health care is grounded in a strong personal interrelationship where conflicts are also present in the day to day work of the team.

The nursing activity function is interdependent with all healthcare professionals and ends up as accomplice (hence the importance of documenting everything) in this institutional order; the

nursing team in fact, strategically organizes and plan interventions, the doctor is actually the subject of the hospital order, however the rest of the health care team provides the care service for the intervention.^{16,17}

► Ways of confronting the experienced difficulties

There are two strategies to confront difficult situations (coping): those which are focused on the problem and those which are focused on emotions. When the confrontation is focused on the problem, the individual tries to deal directly with the situation and test ways to solve it. Some authors speak about actions of direct confrontation and indirect confrontation when addressing these ways.¹⁴

Some of the actions that can be used in direct confrontation are: to talk about what happened, seek information about the situation, ask for guidance or seek a specialist, and negotiate possible alternative solutions. The following constitute indirect confrontation actions: practice sports or philanthropic activities and utilize rationalizations to provide explanations about what happened. When the confrontation is focused on emotions, the individual uses emotional or cognitive strategies that change the perception of the stressful situation moving away from the problem and trying to avoid it.

• Category V: Teamwork

Teamwork is the best way to optimize care and maintain a harmonious work environment. The ideal teamwork has everyone involved with common objectives, displays an interdisciplinary vision, and shares decisions and mutual goals to be achieved, as we see in the account below:

Together, we the nurses built a new flow chart to try to solve the problems. (Interview 1).

It is necessary that the work of nurses, when managing care, result in more than simply organizing the service according to efficient standards, but above all, build social subjects in the unique territory of practice¹⁸, because those subjects contribute to the achievement of goals and set the characteristics of the care service:

In the team meetings, I try to work on the motivation, which brings facilitating factors for interpersonal relationships and leadership. (Interview 5).

I work well with all of the nursing team and this helps to overcome the difficulties at work. (Interview 2).

I have faced difficulties in a peaceful way and in the team meetings we try to find

solutions together, which helps a lot, because we have the psychological pressure from the population and future claims of the ombudsman. (Interview 12).

[...] the nurses help each other [...] (Interview 7).

Teamwork is an efficient way of structuring, organizing, and leveraging human skills. It allows a more global and collective vision of the work, strengthens the sharing of tasks, and the need for cooperation to achieve common goals.

Teamwork can be understood as one of the fundamental conditions for changes in health practices in the perspective of integrality of care. However, this does not happen spontaneously, nor is an easy task. It must be remembered that the professionals who are part of a "team" are, above all, people with principles, values, interests, and different life stories that sometimes are conflicting.¹⁹

If there is no interaction among the professionals in Health teams, there is a risk of repeating fragmented and inhuman practices centered on the individual biological approach with differentiated social values about the various tasks.

• Category VI: Communication with the population

Communication is a process by which ideas and feelings are transmitted from individual to individual, making it possible for social interaction.²⁰ Hence, establishing a link with the patient using communication through attitudes and behaviors that demonstrate respect is important.

In the course of educational practices, the complexity of everything that involves the decoding of the scientific to the popular language can be felt; from the inherent contents to the knowledge of the human body, and from health practices to the strong influence of the cultural and social environment. These factors, intrinsically related, must be duly known, considered and worked, because they are essential to the communication and efficient exchange of ideas between the parties involved in a health educational process.²¹

The professionals who develop health education activities need to be attentive to the communication because many terms commonly used in the work daily life, considered easy to understand by the professional, can be very difficult from the point of view of other people not accustomed to reading and reflection. The excerpts below illustrate this idea:

One of the greatest difficulties is to give guidance in an integral form to the user [...] I try to deal with this difficulty providing service as complete as possible, with as much information given to the users; I always check whether he understood everything I said, and if they have any questions, I always use appropriate language until all is understood. (Interview 6).

[...] the difficulty is in relation to the population, who does not understand the functioning of the system. It is necessary to use plain language with the population, educate them in order to understand the guidance, it is a constant work. (Interview 11).

[...] each day I learn new ways of communication and interaction with the population, this is very gratifying. (Interview 9).

The difficulties at the closing of the activities are with the guidance to the population, I always check to see whether they understood everything that I said [...] (Interview 8).

[...] the difficulties are overcome with the guidance to customers. (Interview 3).

It is known that most of the messages are issued through non-verbal communication, which highlights the importance of the nursing service to enhance communicability. It is necessary to grasp and understand all of the messages transmitted by the patient. It is imperative that the nurse wins the trust and respect from the patients for a significant improvement in the communication process. The trust and respect occurs in response to attitudes of consideration, respect, and preservation of privacy displayed by the nurses.²²⁻³

CONCLUSION

This study showed that the goals of the Ambulatory Medical Assistance unit at the studied site are not met in its entirety because, in most cases, the client remains in the unit, waiting to be serviced, for hours. This is against the principle of efficiency established by the SUS and is due to the intense demand well above the capacity of the unit. It is possible to note that the origin of this problem is largely based on the failure of the clientele to comply with preventive assistance and promotion of health programs, which are the responsibility of the UBS in the region, and thus, results in overcrowding the emergency room.

Within the context of the work of the nurse, the great demand for consultations, difficulty in interpersonal relationships, lack of proper communication among the members

of the health care team (doctors, nurses, and nursing technicians) and users of the SUS cause conflicts directly affecting the quality of assistance and promotes physical and emotional stress in the professionals.

The AMA's work process, including its structure and organization, suggests that the work of nurses is complex as it requires a constant and intense interpersonal contact; one of the ways to tackle these difficulties is highlighted by the work through the team, facing the problems with the participation of all is of fundamental importance to assist the client in an integral form.

It is of great importance to take into consideration the socio-cultural environment when dealing with confrontation related to communication with the population. The language must be clear and easy to understand for the success of the assistance. Nurses believe that answering the questions clearly, objectively, and in popular language can reduce problems and unnecessary returns to the unit.

The study reveals that the practice of nurses working in the context of an AMA, located in the Southern zone of the municipality of São Paulo, has a lot to improve with regard to knowledge of professionals about instruments for better interaction between the health care staff and the structuring of the service itself; the need of 24 hours service was evidenced.

The survey of the difficulties and their consequences were of fundamental importance for understanding the real functioning of the AMA and the role of nurses, at work and applying their knowledge. The collection of this set of information can contribute to the optimization of the service provided to users at the SUS.

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