USER EMBRACEMENT AND BONDING: PERCEPTIONS FROM A FAMILY HEALTH TEAM

ACOLHIMENTO E VÍNCULO: PERCEPÇÕES A PARTIR DE UMA EQUIPE DE SAÚDE DA FAMÍLIA

ACOGIMIENTO Y VÍNCULO: PERCEPCIONES DESDE UN EQUIPO DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to know the meanings of user embracement for the professionals of a family health team. Method: this is a study with a qualitative approach, developed through a case study, to a family health team from the town of Itaborai, Rio de Janeiro, Brazil. The data, collected through semi-structured interviews carried out on October 2009, underwent Content Analysis. The individuals were duly clarified on the survey, signed the Free and Informed Consent Term, and, also, received a copy of the CAEE 3333.0.000.258-09, concerning the approval by the Ethics Committee of the Medical School of Hospital Universitario Antonio Pedro. To guarantee anonymity of the research subjects, they were named E1, E2, E3, E4, E5, E6, E7, E8, and E9, according to the order in which the interviews took place. Results: three categories were presented: a) Meanings of user embracement; b) Bonding – accountability and affection; and c) User embracement and bonding – possible interfaces. Conclusion: embracement, bonding, and accountability can be reached through qualified listening to users, making it possible for the population to be treated using a broader understanding on their healthcare needs. However, in order to have professionals acting under that perspective, in which the population’s healthcare needs are perceived in an enhanced way, it’s a must to invest more on their training; and, also, more appropriate guidelines from the Unified Health System in all disciplines of the curriculum may foster change in the ways how healthcare is provided, towards an enhanced practice. Descriptors: primary health care; family health; user embracement.

RESUMEN

Objetivo: conocer los significados del acolchamiento para los profesionales de una equipo de salud de la familia. Método: se trata de un estudio de abordaje cualitativo, desarrollado por medio de estudio de caso, de una equipo de salud de la familia del municipio de Itaborai-RJ. Los datos, colectados a través de entrevistas semiestrururizadas realizadas en octubre de 2009, fueron sometidos al Análisis de Contenido. Los individuos fueron devidamente esclarecidos sobre la pesquisa, assinaram el Termo de Consentimento Livre e Esclarecido e, aínda, receberam uma cópia do CAAE n. 3333.0.000.258-09, referente à aprobación del Comitê de Ética de la Facultad de Medicina del Hospital Universitário António Pedro. Para garantir a nomenclatura de los sujetos de la pesquisa, eles fueron designados E1, E2, E3, E4, E5, E6, E7, E8 y E9, de acuerdo con el orden de realización das entrevistas. Resultados: se apresentaram três categorias: a) Significados del acolchamiento; b) Vínculo – responsabilización e afeto; y c) Acolhimento y vínculo – possíveis interfaces. Conclusão: acolchamiento, vínculo e responsabilización pueden ser alcanzados por medio de la escucha calificada de los usuarios, propiciando que a población se atienda a partir de una comprensión ampliada de sus necesidades de salud. No entanto, para que se treche a existência professsionais que atuem nessa perspectiva, em que as necessidades de saúde da população sejam percebidas de maneira ampliada, é indispensável que haja mayor investimento en su proceso de formación; e, también, una mayor apropiación das directrices do Sistema Único de Saúde en todas as disciplinas do currículo pode tornar possível a modificación nos modos de cuidar, em direção a prática ampliada. Descritores: atención primaria a la salud; salud de la familia; acolchamiento.

ABSTRACT

Objective: conocer los significados del acogimiento para los profesionales de un equipo de salud de la familia. Método: esto es un estudio con abordaje cualitativo, desarrollado por medio de estudio de caso, de un equipo de salud de la familia del municipio de Itaborai, Rio de Janeiro, Brasil. Los datos, recogidos a través de entrevistas semi-estructuradas realizadas en octubre de 2009, fueron sometidos al Análisis de Contenido. Los individuos fueron devidamente informados de la investigación, firmaron el Término de Consentimiento Libre y Aclarado, y también recibieron una copia del CAEE 3333.0.000.258-09, relativo à aprovación do Comitê de Ética de la Facultad de Medicina del Hospital Universitário António Pedro. Para garantizar la nomenclatura de los sujetos de la investigación, ellos fueron designados E1, E2, E3, E4, E5, E6, E7, E8 y E9, de acuerdo al orden de realización de las entrevistas. Resultados: fueron presentadas tres categorías: a) Significados del acogimiento; b) Vínculo – responsabilización y afecto; y c) Acolchamiento, vínculo y responsabilización pueden ser alcanzados por medio de la escucha calificada de los usuarios, propiciando que la población sea atendida bajo una comprensión ampliada de sus necesidades de salud. Sin embargo, con el fin de contar con profesionales que trabajen en esta perspectiva, en el que las necesidades de salud de la población sean percibidas de manera extendida, es indispensable que haya una mayor inversión en su proceso de formación; y, también, una mayor apropiación de las directrices del Sistema de Nacional de Salud en todas las disciplinas del currículo puede hacer que sea posible cambiar las maneras de cuidar, en dirección a la práctica extendida. Descritores: atención primaria a la salud; salud de la familia; acogimiento.

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User embracement and bonding: insights from...
INTRODUCTION

The Family Health Strategy (FHS) has established itself as a priority device for the reorganization of primary care, as it reaffirms the basic principles of the Brazilian Unified Health System (SUS): universality, equity, decentralization, comprehensiveness, and community participation through users’ enrollment and bonding. The actions to be developed in the FHS point to the exchange between those making up the health teams and users, so that an expanded grasp on the assisted population’s healthcare needs is reached.¹

For this, it’s a must that professionals working in the FHS adopt in their work processes ‘talking techniques’, as well as other soft technologies involved in the establishment of relations between two subjects.²

In the FHS, actions should seek to connect health practices, in order to obtain user’s satisfaction through a close relationship between the professionals and the population³, and under this perspective the theme of embracement has proved to be a powerful device for the organization and singularization of the health teams’ work, due to the recognition of the healthcare needs of the population within the area covered by the service⁴, to ensure access to healthcare services which are welcoming, problem-solving, good quality, and based on the collective accountability of professionals with regard to users’ healthcare needs.

User embracement has constituted itself as an attitude and practice in the care actions adopted at health units⁵, favoring the construction of a relation based on trust, accountability, and commitment between the users, staffs, and services. One may claim that without embracement there’s no accountability with regard to population’s health needs.⁶

Embracement may be defined as a way of relating to the users; a network of talks, which consists in a constant search for increased recognition of users’ health needs and possible ways to meet them.⁷ Embracement may also be regarded as a component in the process for creating a bond.² Embracement and bonding are guidelines directed towards a change in the care model, and their implementation include professionals’ accountability to the health of users. Hence, one should consider that health actions directly imply the generation of accountability.⁸

Therefore, this study aims to:

- To know the meanings of embracement for the professionals of a family health team;
- To identify the practice of embracement developed by a family health team;
- To characterize the relations between bond and accountability in the work of a family health team.

METHOD

Descriptive study, with a qualitative approach and a case study design. The choice of a qualitative approach corroborates the research objectives.

This design is based on the idea that the analysis on a unit of a given universe enables the understanding of its generality or, at least, the establishment of bases for further research, more systematic and accurate, with the possibility of extending to other realities.

For the case study, we selected a Family Health Unit (FHU) in the town of Itaborai, in the state of Rio de Janeiro, Brazil. The determining factor for choosing this FHU was prior knowledge of one author on the structural organization of the unit, besides perception of the work process and the relations established between professionals and users.

Nine professionals participated in the study, members of a same family health team, namely: 1 nurse, 1 physician, 1 nursing assistant, and 6 community health agents. These individuals were duly informed in the research, signed the Free and Informed Consent Term and also received a copy of CAAE 3333.0.000.258-09, concerning the approval by the Research Ethics Committee of the the Medical School of Hospital Universitario Antonio Pedro.

The data collected through semi-structured interviews, carried out on October 2009, underwent Content Analysis. To guarantee anonymity of research subjects, they were named E1, E2, E3, E4, E5, E6, E7, E8, and E9, according to the order in which the interviews took place.

The results from data collected were grouped into categories, namely: Meanings of user embracement; Bonding – accountability and affection; and User embracement and bonding – possible interfaces.

RESULTS AND DISCUSSION

The FHU where the survey was carried out is located in the state of Rio de Janeiro, at the town of Itaborai. The implementation of the Family Health Strategy took place in 2002 and, currently, the town has 45
User embracement and bonding: insights from... health needs through a sensitive listening.

 [...] it’s knowing how to listen, being sensitive with regard to the other’s problem. (E7)

 [...] we always need to have a holistic vision, in order to be able to provide a good care to this patient. (E2)

 Embracement based on the listening to the other contributes to the construction of talking networks, which should be guided by the search for a greater understanding of user’s needs and ways of meeting them; it should be the result of meetings where the user is recognized according to her/his otherness. 4

 In addition, embracement based on the listening allows the organization of offers existing in the services not according to the order of arrival, but according to users’ health needs.

 [...] the individuals are selected according to their needs. (E9)

 Thus, we believe that embracement as an attitude and practice in the healthcare actions favors building a relationship of trust and commitment between the users and the professionals, contributing to the legitimization of the public health system, since its focus lies on meeting users’ health needs.

 Bonding – accountability and affection

 The establishment of bonds influences on the process of assuming accountability for users’ health, which means taking the demand with all its social reach according to the individual’s need. At this point, once again, the professionals refer to the care according to users’ needs:

 [...] we work according to need, it’s a humanized work. (E1)

 The research subjects believe that bonding can facilitate the process of assuming accountability as it promotes a humanized work, which requires involvement with life and people’s daily living.

 [...] it’s difficult to avoid getting involved [...] you’re going to do for that person something you’d like someone to do for you. (E2)

 [...] you become a part of the person’s everyday life. (E3)

 [...] we develop a very strong bonding and we are sorry for anything which happens to a person enrolled in our unit. (E5)

 Bonding may be understood as the feeling of accountability for the patient’s life and death, within a possibility of intervention which isn’t bureaucratic or impersonal. Bonding leads the user to trust the team and
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have it as a reference with regard to the attention to her/his health.

[…] over the day, people start being confident of what we say, they gain confidence in us. (E6)

[…] he regards us as a reference. (E4)

By placing her/himself as a reference for the user, the provider creates emotional ties, something which leads to a trust relationship between them, expanding and strengthening the maintenance of bonds.

[…] I have a bonding with them, it's like they were members of my own family. (E8)

Embracement | Bonding
---|---
Receive; | Put oneself in someone else's shoes
Talk to; | Atitude of concern
Solve people's problems; | Unity
Hear/listen; | Trust
Provide attention; | Friendship
Availability for the other; | Involvement
Advise, assist. | Professional responsibility;

Figure 1. Main meanings assigned to embracement and bonding.

However, the notion of embracement still is very strongly tied to the idea of reception, screening, as discussed in the first category. The same occurs when one relates embracement to the solution of problems. Problem-solving requires an attention directed towards the professionals' ability to respond to health needs presented by users over time, it may not happen in just one meeting, since sometimes users' health needs go beyond the team's solvability.

[…] You end up taking home with you that problem you're just unable to solve. (E3)

The solution of problems, or solvability, is related to the fact that when an individual seeks care, for whatever reasons, the service concerned and the professionals should be able to face them up to the level of their competence.⁹

[…] try to help her as possible and try to provide a response to this person. (E3)

The attempt to provide a response to the health need identified express the concern and commitment of the professionals to user's life.

Attitudes like trying to solve problems, listening to the other, talking, advising, and assisting permeate the practice of professionals involved in this research, who, through their actions, implement the embracement policy in the daily life of services.

[…] hear what the person wants […] try to solve his problem. (E2)

[…] talk to him, looking eye to eye, paying attention and listening to what he wants to tell me. Because embracing means providing attention. (E1)

Affection was expressed through answers the professionals assign to bonding:

[…] bonding is unity, respect, trust. (E4)

[…] bonding is friendship. (E5)

[…] it's cosiness, embrace, affection, attention. (E5)

[…] it's the connection of the health professional to the user. (E7)

Bonding may be regarded as the movement of affection between people, being a result of someone's willingness to embrace and others' decision to seek support.¹⁰ Regarding the user, bonding only is going to be built when she/he believes that the team will be able to contribute to the defense of her/his health. And, regarding the professionals, the construction of bonding is based on commitment to users' health.

[…] I feel responsible for that person. (E2)

Coming back to the issue of accountability or assuming accountability for care, we noticed that bonding expresses the level of the professional's involvement and accountability with user's life. This fact directly influences on the care provided.

[…] we end up creating a stronger bonding with these most deprived individuals, we end up assuming more accountability and being more careful with them. (E9)

The construction of talking networks by listening contributes to the creation and strengthening of the bonding between the professional and the user and, thereby, to strengthen professional commitment.⁹

[…] from the moment you listen to this person, you hear her complaints in all its fullness, you've created a bonding. You've created an affection bonding, a friendship bonding, a professional accountability

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User embracement and bonding: insights from... care work, and biological, subjective, and social elements of the health-disease process should be considered. Qualified listening strongly contributes to this redefinition. One works according to the subject’s clinical perspective.12

To have professionals working under this perspective, we need more investment on the training process, in which the population’s health needs are perceived in an enhanced manner. Thus, it will allow a change in the ways of caring towards an enhanced practice of the means to produce health.

REFERENCES


CONCLUSION

Professional practice in healthcare with regard to embracement and bonding demands the commitment of professionals to users’ health.

Embracement is connected to practices related to the reception and initial treatment. However, the reality of care provided by professionals reveals the concern that attention is focused on the needs of users; according to them, sensitive listening contributes to the understanding of such needs.

The professionals mostly agree that the existence of bonding influences on accountability processes of the attention provided, requiring involvement with life and people’s daily living.

Embracement, as an attitude and practice, contribute to build a trust relationship and, therefore, to the establishment of longitudinal bonding.11 Hence, embracement constitutes itself as a constituent in the bonding creation process.2

We believe that establishing a relationship of trust between the professional and the user strengthens professional’s accountability, since the user starts regarding her/his as a reference in healthcare. In this case, accountability has something to do with the professional commitment to meet users’ health needs, though often these needs go beyond the professional and service scope.

The establishment of bonding, the creation of commitment bonds and the accountability of health professionals and users can be achieved through qualified listening to users, allowing the population to be assisted according to an enhanced understanding of their health needs.

Enhanced understanding of population’s health needs requires a professional training which enables and encourages a qualified listening from professionals. We believe it’s impossible to provide a good quality care without an enhanced view of the health-disease processes involving individuals.

This expansion of the clinic implies a redefinition of the intervention object, the goal of producing health, and the means of...
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