ISSN: 1981-8963 DOI: 10.5205/reuol.5963-51246-1-RV.0807201442

Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

THE FAMILY HEALTH STRATEGY AND HEALTH TECHNOLOGIES: A REFLECTIVE ANALYSIS

A ESTRATÉGIA SAÚDE DA FAMÍLIA E AS TECNOLOGIAS EM SAÚDE: ANÁLISE REFLEXIVA

LA ESTRATEGIA SALUD DE LA FAMILIA Y LAS TECNOLOGÍAS EN SALUD: ANÁLISIS REFLEXIVO

Maria Eliete Batista Moura[1], José Nazareno Pearce de Oliveira Brito[2], Cristina Maria Miranda de Sousa[3], Carmen Viana Ramos[4]

ABSTRACT

Objective: to provide a reflection on the concepts and constructs of health technologies, highlighting the contribution of this knowledge to professionals, especially when associated with the practice developed in the Family Health Strategy. ***Method*:** reflective analysis. This is a descriptive study, based on theoretical frameworks about the Family Health Strategy and health technologies. ***Results*:** the human work in health interacts with instruments, rules and machines all the time, thus creating a work process in which various types of technologies interrelate. Such technologies are classified into three groups: soft technologies, soft-hard technologies, and hard technologies. Nursing practice more properly and competently uses soft and soft-hard technologies. ***Final remarks***: we consider the teaching of Health Technologies to be a necessity for the development of work in the area of healthcare. It helps healthcare professionals broaden their view about human multidimensionality, the way of caring and their relationship with others. ***Descriptors***: Family Healh; Technology in Health; Nursing.

RESUMO

Objetivo: promover a reflexão sobre conceitos e constructos de tecnologias em saúde, ressaltando a contribuição desse conhecimento para os profissionais, em especial quando articulados com a prática desenvolvida na Estratégia Saúde da Família. ***Método*:** estudo descritivo, tipo análise reflexiva, apoiado em referenciais teóricos sobre a Estratégia Saúde da Família e as tecnologias em saúde. ***Resultados*:** o trabalho humano em saúde interage todo o tempo com instrumentos, normas, máquinas, formando um processo de trabalho no qual diversos tipos de tecnologias inter-relacionam-se. Tais tecnologias são classificadas como: tecnologias leves, tecnologias leves-duras e tecnologias duras. A Enfermagem, no seu saber-fazer, utiliza com mais propriedade e competência as tecnologias leves e leves-duras. ***Considerações finais*:** o ensino de tecnologias em saúde se configura como necessidade para o desenvolvimento do trabalho em saúde e possibilita ampliar o olhar dos profissionais sobre a multidimensionalidade humana, a forma de cuidado e a relação com o outro. ***Descritores*:** Saúde da Família; Tecnologia em Saúde; Enfermagem.

RESUMEN

Objetivo: proporcionar la reflexión sobre los conceptos y constructos de tecnologías en salud, poniendo de relieve la contribución de ese conocimiento a los profesionales, especialmente cuando asociados a la práctica desarrollada en la Estrategia Salud de la Familia. ***Método***: análisis reflexivo. Estudio descriptivo fundamentado en referenciales teóricos sobre la Estrategia Salud de la Familia y las tecnologías en salud. ***Resultados***: el trabajo humano en salud interactúa a todo momento con instrumentos, normas, máquinas, creando un proceso de trabajo en lo cual los distintos tipos de tecnologías se interrelacionan. Estas tecnologías se clasifican en: tecnologías blandas, tecnologías blandas-duras y tecnologías duras. En el trabajo de Enfermería se usan con mayor propiedad y competencia las tecnologías blandas y blandas-duras. ***Consideraciones finales***: la enseñanza de las tecnologías en salud se ha configurado como una necesidad para el desarrollo del trabajo en salud y ayuda a ampliar la mirada de los profesionales sobre la multidimensionalidad humana, la forma del cuidar y la relación con el otro. ***Descriptores***: Salud de la Familia; Tecnología en Salud; Enfermería.

[1]Nurse, Postdoctor Professor, Undergraduate/Postgraduate Program in Nursing, Federal University of Piauí / Professional Masters Program in Family Health, University Center UNINOVAFAPI. Teresina (PI), Brazil. E-mail: mestradosaudedafamilia@uninovafapi.edu.br; [2]Physician, PhD Professor in Medical Sciences, Professional Masters Program in Family Health, University Center UNINOVAFAPI. Teresina (PI), Brazil. E-mail: jbrito@uninovafapi.edu.br; [3]Lawyer, PhD Professor in Health Sciences, Professional Masters Program in Family Health, University Center UNINOVAFAPI. Teresina (PI), Brazil. E-mail: cristinamiranda@uninovafapi.edu.br; [4]Nutritionist, PhD Professor in Children´s and Women´s Health, Professional Masters Program in Family Health, University Center UNINOVAFAPI. Teresina (PI), Brazil. E-mail: cvramos@uninovafapi.edu.br

INTRODUCTION

In the advancement of science, technology emerges as a terminology that is present in different areas of knowledge. In the health area, it is still understood as devices and machines that help diagnose and care for patients. However, its meaning goes far beyong that. It is mediated by a technological knowledge and modus operandi, which constitute the reasoning whether the use of a device make or not sense.[1] The concept of technology encompasses "the set of knowledge and tools that, in the process of services production, expresses the network of social relations in which its agents mutually articulate their practices into a social totality". [2]

Health technologies are classified into three groups: soft, which imply bonding, user embracement, sensitive listening, among others; soft-hard, which is the set of knowledge that operates in the work process in health, such as clinical medicine and epidemiology; and hard, which are the devices, standards and organizational structures.[3]

The use of health technologies is paramount in situations that lead users to seek help at health units. The appropriate use of technology needs to be considered, in order for the relationship between professional and user not to be centered only on procedures, standards and prescriptions. Technologies should serve as a device which allows the performance of a service that takes into account the singularities of the subjects involved in the process.[3] Health professionals and trainers of human resources for health should be sensitized to discuss issues pertaining to technologies used in the Family Health Strategy. They should be provided with means for reflection on the work process organization, aiming to improve the quality of care produced by them.

In the health field, it is therefore urgent that technology is understood as a tool and as work actions that enable a transformative action of human care.[2] This understanding and this new way of seeing work in healthcare can only be achieved through the teaching and training of professionals. Thus, this study aims:

- to provide a reflection on the concepts and constructs of health technologies, highlighting the contribution of this knowledge to professionals, especially when associated with the practice developed in the Family Health Strategy (FHS).

METHOD

This study was developed from a paper presented at the III Forum on Integration of Professional Masters in Nursing, held on November 27-29th, 2013 at the Nursing School of Ribeirão Preto - SP.

Reflective analysis. This is a descriptive study, based on theoretical frameworks about the Family Health Strategy and health technologies. We conducted a search of the literature on the concepts and constructs of health technologies. Subsequently, we discussed the association of these concepts with the practice developed in the Family Health Strategy. Publications were gathered according to content affinity and critically read, interpreted and analyzed.

RESULTS AND DISCUSSION

At very the moment it is performed, the human work in health determines the production of care. This “living work” interacts with instruments, standards, and machines all the time, thus forming a work process in which various types of technologies interact with each other. The historical process of human work has always been linked to technological advancements. In this context, in the health area, and especially in the FHS, professionals need to be aware of these advancements and of how they can be incorporated into their practices so that they can act with competence and effectiveness. When we think of health care, some aspects should be considered, such as: our relationship with others; the use of logical reasoning (which is our body of knowledge grounded in science); and the use we make of devices for healthcare.

In the process of work in health various types of technologies interrelate all the time. Such technologies are classified into three groups: soft technologies, soft-hard technologies, and hard technologies, also known as low-, medium- and high-complexity technologies. Soft technologies include relationships, user embracement, access and creation of bonding interactions. In the context of primary care, we highlight user embracement as a topic that has already been well theorized in the literature but is still little performed in the daily practice of health care.[1]

User embracement is materialized in a humanized and welcoming relationship that workers should establish with service users. This is a common point of dissatisfaction among users. At the same time, health policies are concerned with improving the way

people seeking health services are welcomed and treated, so that they feel well cared for. [3]

Soft-hard technologies refer to all well-structured knowledge that is applied to perform human care. Thus, we may cite consultations, procedures, education in health, home visits, among other actions that associate “knowing” with “doing”.

Hard technologies relate to devices, rules, routines and organizational structures. In health care, professionals need to understand that these technologies are interrelated and their aim is to meet the needs of science, health institutions and people.

The predominance of soft technologies such as user embracement in the work process, strengthens the bond between professionals and users. It enables the provision of a care which identifies and values the subjectivities of patients, overcoming the relational “gap” often caused by the predominance of hard and soft-hard technologies. [4-5]

These technologies are necessary for the development of health production processes and there is not a hierarchy of value among them, given the individual importance of each one of them. However, one should not forget that soft technologies need to be used in all situations. [6]

Nursing practice more properly and competently uses soft and soft-hard technologies. In the context of actions developed in the Family Health Strategy, we observe that, lately, some share of attention is being paid to all of these technologies, given the health humanization policy, which considers it essential that human care makes use of all advances to bring prevention as well as health promotion and rehabilitation programs to people and communities. The provision of care enables healing and health, which are indeed the goals that wish to be achieved.[4] Therefore, when we reflect on these concepts and how they should be incorporated into the practice of care, we bring people to the realization that the understanding and applicability of these technologies by health professionals direct the provision of care .

Changes in the work process are necessary and they should be guided by the use of soft technologies and their interrelations with other technologies. In this sense, we believe that the changes will be greatly enhanced if we incorporate soft technologies into the work process, in the relationship between workers, and between workers and users.[6]

In order to carry out the reorganization of health care practice according to new bases and criteria, the Family Health Strategy has been designed to replace the traditional care model, which was more oriented to curing diseases and providing hospital care. [7] The Family Health Strategy intends to reverse the current way of providing health care. It is also a proposal for the reorganization of primary care as the “reorientation axis” of the care model, responding to a new conception of health. Thus, the aim is to promote quality of life and intervene on factors that put it at risk, through the incorporation of program activities in a more comprehensive manner and the development of intersectoral actions.[8]

By focusing on the family as the unit of care, we expand the notion of integral health care, in which actions are disseminated from one patient to the whole group, and collective prevention and health promotion practices are organized.[9] More specifically, in the Family Health Strategy, which incorporated new elements to reorient the health care process, we highlight health technologies such as user embracemment, creation of bonding interactions, autonomization and shared management of work processes as guiding practices in health services, in order to implement the new proposals.

Through the use of technologies, health has been conceived as a process involving actions which must contemplate the subject and his/her singularities in their social space. It should incorporate new ways of acting, regarding everyday life and its relationships as relevant factors in health care. In this sense, health technologies emerge as a possibility of meeting the demands of users through the actions developed in the Family Health Strategy. Such technologies emerge "as a set of interretaled therapeutic proposals that value biomedical aspects, the creation of bonds, and the participation of different actors and sectors of the community, working together in a partnership for the construction of integral care".[10] In health services, however, there are many professionals who were not trained to act according to the Family Health Strategy. This causes a shortage of professionals whose profile is adequate to work according to the new institutionalized field of knowledge.[11]

These workers had to adapt to paradigmatic changes in order to perform their activities. In this sense, continuing education is an essential tool for addressing the existing needs in the reality in which they work. The development of permanent education actions contributes to overcoming problems that arise in daily professional practice.[5]

Continuing education will enable professionals´participation in taking responsibility for quality care. Aim is that the available technology is at the service of users, "whether in a primary or specialized care service or in a hospital setting, excelling in the humanization of care, and restoring dignity both to workers and users".[12] In this sense, in order for an effective use of health technologies in the Family Health Strategy, it is necessary that continuing education guide the work process, including the learning needs of the multiprofessional staff according to the values and needs of the community in which they perform their activities.

FINAL REMARKS

We consider the teaching of Technologies in Health to be a necessity for the development of work in the area of healthcare. It helps healthcare professionals broaden their view about human multidimensionality, the way of caring and their relationship with others.

With this reflection, we aim to bring about attitudinal changes on the part of health professionals who carry out their activities in the Family Health Strategy. We would like to achieve a new way of understanding the work process in health, the relationships established between services, providers and users. Finally, the goal is to create the understanding that living work generates products and, in health, these products are called healing, health, and quality of life.

REFERENCES

1. Merhy EE. O ato de cuidar: a alma dos serviços de saúde? In: Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e Educação na Saúde. Departamento de Gestão da Educação na Saúde. Rev-SUS Brasil: caderno de textos [Internet]. 2004 [cited 2013 Apr 17]. p.108-137. Available from: http://www.uff.br/saudecoletiva/professores/merhy/artigos-05.pdf.

2. Gonçalves RB. Tecnologia e Organização das Práticas de Saúde: características tecnológicas do processo de trabalho na rede estadual de Centros de Saúde de São Paulo. São Paulo: Hucitec-Abrasco; 1994

3. Koerich MS, Backes DS, Scortegagna HM, Loewen Wall M, Veronese AM, Zeferino MT et al. Tecnologias de cuidado em saúde e enfermagem e suas perspectivas filosóficas.Texto Contexto Enferm [Internet]. 2006 [cited 2013 Apr 17];15(spe):178-85. Available from: http://www.scielo.br/pdf/tce/v15nspe/v15nspea22.

4. Merhy EE. Saúde: a cartografia do trabalho vivo. São Paulo: Hucitec; 2002

5. Santos FPA, Nery AA, Matumoto S. A produção do cuidado a usuários com hipertensão arterial e as tecnologias em saúde. Rev Esc Enferm USP [Internet]. 2003 [cited 2013 Apr 17];47(1):107-14. Available from: http://www.uesb.br/ppgenfsaude/downloads/A-producao-do-cuidado-a-usuarios-com-hipertensao-arterial.pdf

6. Ferri SMN, Pereira MJB, Mishima SM, Caccia-Bava MCG, Almeida MCP. As tecnologias leves como geradoras de satisfação em usuários de uma unidade de saúde da família. Interface - Comunic, Saúde, Educ [Internet]. 2007 Sept/Dec [cited 2013 Apr 17];1(23):515-29. Available from: http://www.scielo.br/scielo.php?pid=S1414-32832007000300009&script=sci_arttext

7. Roncalli AG. O desenvolvimento das políticas públicas de saúde no Brasil e a construção do Sistema Único de Saúde. In: Pereira CA. Odontologia em saúde coletiva: planejando ações e promovendo saúde. Porto Alegre: ArtMed; 2003. p. 28-49.

8. Ditterich RG. As ferramentas de trabalho com famílias utilizadas pelas equipes de saúde da família de Curitiba, PR. Saúde Soc [Internet]. 2009 [cited 2013 Apr 17];18(3): 515-24. Available from: http://www.revistas.usp.br/sausoc/article/download/29620/31488.

9. Pupulin ART, Araújo SM, Gomes ML, Silva SV da, Carrashi IA. Acompanhamento domiciliar de pacientes chagásticos tratados etiologicamente. Rev Bras de Análise Clínica [Internet]. 2003 [cited 2013 Apr 17];35(3):159-61. Available from: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=LILACS&lang=p&nextAction=lnk&exprSearch=394116&indexSearch=ID

10. Mielke FB, Olschowsky A. Ações de saúde mental na estratégia saúde da família e as tecnologias em saúde. Esc Anna Nery (Impr.). 2011; 15(4): 762-68.

11. Pessanha Rv. Cunha Fts. A aprendizagem-trabalho e as tecnologias de saúde na estratégia saúde da família. Texto Contexto Enferm [Internet]. 2009 Apr/June [cited 2013 Apr 17]; 18(2): 233-40. Available from: http://www.scielo.br/pdf/tce/v18n2/05.pdf

12. Marques GQ, Lima MADS. As tecnologias leves como orientadoras dos processos de trabalho em serviços de saúde. Rev Gaúch Enferm [Internet]. 2004 Apr [cited 2013 Apr 17];25(1):17-25. Available from:

http://www.lume.ufrgs.br/bitstream/handle/10183/23537/000439821.pdf?sequenc

Submission: 2014/04/01
Accepted: 2014/05/14
Publishing: 2014/07/01

Corresponding Address

Maria Eliete Batista Moura
Condomínio Acauã
Rua Orquídea, 430 / Ap. 700
Bairro Jockey
CEP 64049-150 — Teresina (PI), Brazil