



Nursing assistant performance in the Family Health strategy*

Atuação do auxiliar de enfermagem na Estratégia Saúde da Família

Actuación del auxiliar de enfermería en la estrategia: Salud de la Familia

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ABSTRACT

Objectives: To analyze the compression of nursing assistants on daily activities within Health Teams Family and to identify facilities and difficulties encountered by these professionals in the development of those activities. **Methods:** This is an exploratory, descriptive and qualitative study conducted with 17 nursing assistants in the Family Health Units. It was used the interview technique and the data were subjected to content analysis. **Results:** The activities of these professionals are guided by the procedural logic; for the workers, the link with the customer is a plus and the high demand a difficulty. **Conclusion:** The nurses' way of working confirms the curative care model, pointing out the need to rearrange the practices to provide comprehensive care, pointing out the need to rearrange the practices to provide comprehensive care.

Keywords: Nurses' aides; Family Health Program; Nursing

RESUMO

Objetivos: Analisar a compreensão dos auxiliares de enfermagem sobre suas atividades cotidianas nas Equipes de Saúde da Família e identificar facilidades e dificuldades encontradas por estes profissionais no desenvolvimento dessas atividades. **Métodos:** Trata-se de um estudo exploratório, descritivo de abordagem qualitativa realizado com 17 auxiliares de enfermagem de Unidades de Saúde da Família. Utilizou-se a técnica da entrevista, e os dados foram submetidos à análise de conteúdo. **Resultados:** As atividades desses profissionais estão pautadas na lógica do procedimento, sendo o vínculo com o usuário uma facilidade e a grande demanda uma dificuldade enfrentada pelos trabalhadores. **Conclusão:** A forma de trabalho do auxiliar de enfermagem reforça o modelo assistencial curativo, apontando para a necessidade do reordenamento das práticas direcionadas à integralidade da atenção.

Descritores: Auxiliares de Enfermagem; Programa Saúde da Família; Enfermagem

RESUMEN

Objetivos: Analizar la comprensión de los auxiliares de enfermería sobre sus actividades cotidianas en los Equipos de Salud de la Familia e identificar facilidades y dificultades encontradas por estos profesionales en el desarrollo de esas actividades. **Métodos:** Se trata de un estudio exploratorio, descriptivo de abordaje cualitativo realizado con 17 auxiliares de enfermería de Unidades de Salud de la Familia. Se utilizó la técnica de la entrevista y los datos fueron sometidos al análisis de contenido. **Resultados:** Las actividades de estos profesionales están pautadas por la lógica del procedimiento, siendo el vínculo con el usuario una facilidad e la gran demanda una dificultad enfrentada por los trabajadores. **Conclusión:** La forma de trabajo del auxiliar de enfermería refuerza el modelo asistencial curativo, lo que indica la necesidad de reordenar las prácticas dirigidas a la integralidad de la atención.

Descritores: Auxiliares de Enfermería; Programa de Salud Familiar; Enfermería

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INTRODUCTION

The implementation of the Unique Health System (UHS) in Brazil, whose creation was based on the Federal Constitution of 1988, represented an important change in the organization of the health services in this country.

As of the second half of the 1990's, after years of privilege to the specialized, medical-care and hospital-care models, the public investments and efforts start to concentrate on the basic care, understood by the Ministry of Health as "a set of actions, of collective or individual character, located in the first care level of the health systems, aimed at health promotion, prevention of damages, treatment and rehabilitation"⁽¹⁾.

In 1994, the Family Health Program (FHP) was created, initially as a focused program, targeted at population groups who were relatively excluded from the access to the consumption of services and, as of 1999, the Ministry of Health starts to consider it as a structuring strategy of the city systems aimed at reorienting the health care model and producing a new dynamics in the organization of the health actions and services.

The health team must know the families from its coverage territory, identify the health problems and risk situations existing in the community, elaborate a program of activities to face the determinants of the health/disease process, develop educative and intersectorial activities related to the identified health problems and provide integral care to the families under its responsibility in the basic care scope⁽²⁾.

The Family Health Strategy (FHS) aims to incorporate a new look and a new way of thinking and doing, in which the focus stands on the health, instead of the disease; on the family, instead of the individual; on the team, instead of the doctor; and on the intersectorial model, instead of an isolated sector⁽³⁾.

There are several difficulties for the operationalization of this strategy and, among them, there is the adjustment of the profile of the professionals for a performance from the perspective of the integral health care, through a resolute, competent and humanized practice that involves actions of promotion, prevention, early care, cure and rehabilitation⁽⁴⁻⁷⁾. This fact results from the education predominantly based on a hospital care centered on the disease and on the doctor, which limits the care to curative and punctual practices. In this sense, an essential device for changing in the work process is the preparation of the teams, with more integralizing views and new competences aimed at an adequate profile for the proposed model.

Nursing assistants in the FHS are essentially important professionals in the development of several actions. In quantitative terms and considering their relevance in the work process, they constitute the most expressive

contingent among the nursing team workers and in the entire health care⁽⁸⁾, but in practice, it is seen that their role and participation in the team are still organized in the hegemonic model and too little has been done to motivate and direct the performance of these professionals into the care integrality⁽⁹⁾.

The Ministry of Health defines the attributions of this professional in a superficial way, without pointing out specific activities and performances in the care to the family and the community. The Resolution no. 648/2006⁽¹⁰⁾, in its Appendix I, indicates the following specific attributions of the nursing assistant: participating in the basic care activities performing procedures regulated in the exercise of his profession in the Family Health Unit (FHU), whenever indicated or necessary, at home and/or in other community location (schools, associations, etc.); performing actions of education in health to specific groups and families in risk situations, according to the team planning; and participating in the management of the necessary input for the appropriate functioning of the FHU.

In order to learn in details the practice of the FHS nursing assistant, which is essential to raise the permanent education needs and to strengthen the performance of this professional in the family health team, the objective of this study was to analyze the comprehension of the nursing assistants about their daily activities in the Family Health Teams and to identify the facilitating and complicating points found by these professionals in the development of their activities.

METHODS

This is a descriptive exploratory study of qualitative approach that was carried out in the municipality of São Carlos - SP, in which the health care model has been reoriented by the City Health Department aimed at a progressive transformation, adopting the Family Health Strategy as the structuring axis of the Basic Health Care Network. This study was developed in the FHU existing in the municipality until December of 2008, 11 units in total, and the nursing assistants who worked in these units constituted the study subjects. In a universe of 20 professionals, 17 accepted to participate in this study.

The project was approved by the City Health Department and by the Committee of Ethics in Research with Human Beings from the Federal University of São Carlos, under the Statement no. 353/2007.

The first stage consisted on approaching the study subjects by telephone contact, in which the guidelines of the project were discussed in order to obtain the acceptance for its development.

In the next stage, the interview technique was used and allowed the characterization of the subjects and the apprehension of their speeches regarding the

comprehension about their daily activities in the Family Health Teams. Semi-structured interviews were then performed, combining closed and open questions through a script, oriented by the study objectives with guiding questions.

The obtained data referred to their identification (gender, age, marital status, education level) and professional experience, guiding their speech to the characterization of the work at the Health Unit.

The interviews were performed individually and recorded in the work location of the interviewees on a previously scheduled date and time and, later, completely transcribed. Before starting them, the interviewed subject received instructions about the study objectives and was requested to sign a consent term, so that his data could be analyzed and disclosed, keeping his anonymity. The Terms of Free and Clarified Consent were all signed and filed.

The data generated by the interviews were submitted to content analysis, through the thematic category analysis technique⁽¹¹⁾, which requires the dismemberment of the text into thematic units, based on the study objectives.

A thematic category analysis aims to “*identify the nucleus of meaning that represents a communication whose presence or frequency has relevance for the targeted objective*”⁽¹²⁾. The speeches of the participants were presented, for the analysis effect, through a code composed by the word “subject”, followed by a number from 1 to 17, randomly determined in order to guarantee their anonymity.

RESULTS

The 17 interviewees belonged to the age group between 24 and 54 years old (mean of 37.4 years old) and there was only one male. In total, 10 (58.8%) were married, 5 (29.4%) single and 2 (11.8%) divorced. Regarding the highest level of education, 8 (47.1%) completed the nursing assistant course, 7 (41.2%) had the nursing technician course and 2 (11.8%) were graduated nurses. Regarding the period of time since the conclusion of their nursing course, the interviewees had finished their studies from 4 to 25 years ago (mean of 9.7 years) and had been working in the FHU from 1 month to 4 years (mean of 2 years). Among all interviewees, 11 (54.7%) worked in only one FHU, 5 (29.41%) in two FHU and 1 (5.89%) in three FHU. As for the composition of the work team at the units of the interviewees, seven were complete and four were incomplete (with a reduced number of community agents and nursing assistants), besides, only one team did not have the presence of interns from the Multiprofessional Internship Program in Family and Community Health of the Federal University of São Carlos.

Based on the analysis of the speeches, it was possible to define the four following categories.

Professional activities based on the procedure

At the moment they were questioned about the activities they developed in their work routine, the interviewed nursing assistants highlighted mainly those related to the nursing procedures, which are specific of their profession and user embracement.

“I apply vaccines, dressings, I weigh children, remove stitches, deliver medications, pre and post appointments, almost everything”. (subject 3)

“I believe this is the main thing, user embracement and procedure, user embracement and procedure, user embracement and procedure.” (subject 5)

These professionals consider the user embracement as an activity offered to the population, a type of care given to the user of spontaneous demand in order to evaluate the complaint and decide whether the user must be sent to a medical appointment or to the nurse’s evaluation. In most of the health units, the nursing assistant is the professional in charge of this service, as a stage of the work process.

“...and it is like this: the user embracement is passed to the nurse and the nurse passes it to the doctor or, in case the patient is not well, we pass it directly”. (subject 10)

“... and he does not perform the user embracement because he is a community agent”. (subject 3)

Creation of bond to the patient/family as something pleasant

This category is related to the facilitating points found by the nursing assistants in the development of their work in the FHS. In a hegemonic way, the speeches of the subjects point out to a conception that this strategy provides the professionals with opportunities to establish a greater contact with the patient, the family and their lifestyle, creating bond between the worker and the user, which brings satisfaction to the professional and confidence to the user.

“I like the FHP because I identified myself with it. The proximity to the user, getting to know him better, being part of his life. We eventually get to know the entire neighborhood, we know everyone and they know us” (subject 14).

High demand as the greatest difficulty

Regarding the difficulties found by the nursing assistants in their work routine, the most evident difficulty was the work overload created by the high demand of users assisted at the unit.

“What is difficult is that sometimes you have the feeling that

you could do more, but you end up pushing on and running over things”. (subject 3)

As explanation to this excessive demand, the subjects point out the population's lack of knowledge about the FHS proposal and the high number of families under the team's responsibility.

“We get stuck in this demand because the population did not understand what a family health unit is, they confuse FHU and BHU”. (subject 5)

“This unit assists the population, the Ministry of Health recommends four people in a family, and here they are 20, 25, there are over four thousand people, so there are a lot of people”. (subject 6)

Reduced number of qualifications/trainings

Another obstacle found in the speech of the professionals regarding the development of their activities with quality was the reduced number of qualifications aimed at the nursing assistant. They are offered now and then, and the themes do not often agree with the real needs of the daily work process. Besides, most of the professionals mentioned did not have any specific education for the family health work and, when assigned to this position, they did not receive any specific qualification either. They recognize the need for a better preparation in order to act with the user and the family, which goes beyond the education ruled in the procedure.

“I think it is the administration, but I am not sure they do it. I do not know if I am saying something wrong, but I think they should have some planning based on the assistant as well, to qualify this professional, because he has a limitation. He is an average level professional, and at least when I took the course, I understood I would not be a professional with a lot of knowledge, but a procedure professional. I became a nursing assistant and I thought that I had to perform procedures, that I did not need to know so much, and working in the Family Health today, mainly, demands that we know more”. (subject 5)

DISCUSSION

One of the greatest problems found in the evaluation of the FHS results^(4,5) is the limitation of studies only to the quantity of procedures and appointments, with, therefore, the need to “... add a qualitative approach of the process. This approach must perceive better the way health practices in the program have been conceived, based on the objective to contribute with the promotion of changes and improvements in the basic health care system”⁽⁴⁾.

In the first category, the subjects considered that they

basically performed the activities ruled in the procedures and user embracement, and the latter was also seen as a procedure. If the user embracement is considered as another activity to be executed, it may stop being an attitude of the team and the service, in face of the user and his needs, to be another production procedure, losing its potential as a management device to reorganize the work process committed to the population needs⁽¹³⁾. The user embracement process is recognized as an important tool, and the use of this light technology must be performed in the perspective of the implementation of new humanization and health practices, against the utilization of the user embracement as a technical procedure^(8,14).

In order to avoid the loss of this management potential, some authors^(4,8,14) discuss and propose that the program must emphasize the “Health Promotion”, as a differentiating strategy of the FHS in relation to the traditional model, prioritizing the social intervention through health services and not only through the execution of procedures as reported by the interviewees.

In the adoption of these practices centered in the user, it is necessary to develop the abilities to embrace, give responsibility, resolve and promote the autonomy⁽¹⁴⁾. In this context, the process of user embracement by nursing assistants is extremely important in the ideal paradigm of the FHS.

This position confronts the predominant logic of the production processes of the health actions, whose care models are configured as producers of technical procedure without concerning or assuming commitments of resolvability and integrality to the users and their needs, using mainly light and light-hard techniques⁽¹⁵⁾. Procedures become the last purpose of the work.

The productive processes centered in the procedures are more targeted to the objects than to what would be their purpose, that is, to produce care so that people may live their lives better. The health action centered in the logic of the care production is translated into the work oriented to the problems, needs and life quality of the user. They are actions that, besides producing the procedures inherent to the case, center the care in the human relations, production of bond, user embracement, user autonomy in his own care, using mainly light technologies that produce welfare-relation⁽¹⁶⁾.

Another aspect of tension in the production of health actions, indicated by Merhy⁽¹⁵⁾ is in the health work as a result of a team's actions and the production of more limited actions and fixed to the competences of certain workers. The work based on the medical centered model, in which the work is organized to act over the problems through the medical appointment, reduces the care dimension of the team. In order to work as a care

operator, the health professional must assume his caregiver role and broaden his abilities, incorporating into his resources and instruments of action the light technologies, technologies of relation, promoting the increase of autonomy in the users and commitments to the defense of life⁽¹⁶⁾.

As the main facilitating point in their work routine, the professionals indicate that the FHS provides the construction of bond between the worker and the user. This bond implicates the establishment of relations that are so close and clear that any suffering in the other causes the sensitization of the health professional aimed at the user's welfare⁽¹⁷⁾. This bond broadens the efficacy of the health actions and favors the user participation while the service is provided. This space must be used for the construction of autonomous subjects, both professionals and patients, since no bond is build unless the user is recognized in the condition of a subject who speaks, judges and wishes⁽¹⁸⁾. In the presence of the worker with the user, it is possible to identify the live work in act, which is in process of construction. At the moment they meet, the worker may be creative and autonomous regarding the instruments available within the objective he aims to achieve⁽¹⁹⁾.

Regarding the difficulties found by the nursing assistant in his work routine, the main difficulty indicated is the high demand, a fact that has been observed in other studies as well^(4,6,8,14). The relationship between the nursing assistant and the user produces several advances for the population's health. "Nevertheless, the perception was unanimous that these advances were harmed by the inadequate dimensioning between the team and the population"⁽⁶⁾. The efficient implementation of the Family Health Strategy may be harmed due to problems of access (inadequate relations between the team and the number of families), which complicate the advantages obtained in the other items described by the work overload of the teams.

Frequently, this work situation generates professional dissatisfaction, since in the point of view of the workers it obstructs the execution of activities aimed at the promotion of health, constituting an obstacle to the wish to substitute the curative model, that remains in most part of the team activities, with predominantly preventive and promotional characteristics proposed by the Family Health Strategy.

A solution or improvement indicated for this obstacle caused by the high demand is the need for more investments in the adaptation of the teams and services of the Basic Health Unit in order to share resources and interclinical appointments, investments in the other levels of complexity and not only in the basic care, reorganization and reorientation of the health care model⁽⁶⁻⁷⁾.

Another difficulty indicated is the number of

qualification courses aimed at nursing assistants. According to the speech of the subjects, there is no Policy of Permanent Education in Health (PEH) in the municipality, as adopted by the Ministry of Health, as a strategy to recompose practices of education, care, management, formulation of policies and participation of the society in the health area⁽²⁰⁻²¹⁾.

The FHS is based on the presupposition of the meaningful learning that promotes and produces meaning and proposes that the transformation of the professional practices must be based on the critic reflection about the real practices of real professionals in action at the network of services. The qualification processes for health workers have as reference the people and the population health needs, the needs for sectorial management and social control in health, and their objective is the transformations of the professional practices and the work organization, structured on the problem posing strategy of the work process. The technical-scientific update is only one of the transformation aspects of the practices, not its central focus⁽²⁰⁻²¹⁾. The FHS for family health professionals is vital for the development and efficiency of the work with the population, constituting a privileged space for the development of permanent education, since it must articulate the promotion of health, prevention, treatment, rehabilitation and user embracement, as well as health services of higher complexity, according to the health needs of the population⁽²¹⁾.

An author⁽²²⁾ states that the FHS logic would submit the change processes in the graduation, homes, post graduation and technical education to the broad permeability of the population needs/rights to health and to the universalization and equity of the health actions and services, establishing official and regular intersectorial actions with the education area.

FINAL CONSIDERATIONS

Learning the practice of the nursing assistant in details, from his perspective, in the Family Health Strategy, evidenced the great importance of this professional in the health team, but his potentials are still poorly explored.

By ruling its activities in the production of procedures, the curative and immediate model is reinforced against the mission of the UHS, which is the production of integral care and the promotion of health. In order to change this care model, this professional must have the technologies of relations among his instruments, centering the health actions in the logic of care productions that are translated into the work oriented towards the user's problems, needs and quality of life. The study pointed out that the user embracement

has allowed the construction of bond between the team and the user, which has provided the work satisfaction. The excessive demand, main difficulty, causes centralization in the execution of technical procedures disassociated from the integral care.

Therefore, it is necessary to qualify the user embracement and the bond in the relation with the user inside and outside the unit, in order to generate responsibility and autonomy in the care.

For the development of these aspects, the qualification of the nursing assistant, both in his education and in the service, is extremely important. Regarding their education,

there is the need to build a curricular program visualizing the profile of the new professional for the FHS and the UHS. In their work routine, it is essential to invest in new types of professional qualification and the Permanent Education in Health is indicated as a fundamental strategy. The introduction of the permanent education would transfer the workers from the condition of “resources” into the condition of social actors of the reforms, the work, the struggle for the right to health and the ordainment of embracing and resolute practices of management, consolidating the reorganization of the practices targeted at the health care integrality.

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