

PROFESSIONAL-PATIENT BOND IN A TEAM OF THE FAMILY HEALTH STRATEGY

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ABSTRACT

This study aimed to identify what is needed to get the professional-patient bond in the perspective of professionals and patients of a team from the Family Health Strategy. This is an exploratory and descriptive study of qualitative approach carried out in the Western region of the municipality of Santa Maria/RS, between the months of March and September 2010. The research was conducted by semi-structured interviews with 17 patients and three members of a family health strategy unit with a nurse and two community health Agents. The data analyzed gave rise to the categories: Recognizing the reality of the patient; It has established meaningful dialogue. The results showed that the professional-patient bond could be considered as a strategy of care, able to promote the completeness and uniqueness in health care. It is concluded that the professional-patient bond can expand significantly the possibilities of healthful living of individuals, families and community for the recognition of reality and potentiation of the resources and competencies of each individual in a singular and contextualized way.

Keywords: Family Health. Unified Health System. Bond.

INTRODUCTION

Since many years, policies related to Brazilian public health are discussed, in order to overcome the curativist and assistential dimension, still heavily striking on the national scene. Only in the 80, more specifically from the VIII National Health Conference, in 1986, the debates were expanded in order to rethink the model of health that subsequently took on new approaches.

The creation of the Unified Health System (SUS- *Sistema Único de Saúde*), national and unique is supported by an expanded concept of health, under the Brazilian Constitution of 1988, is the result of a long process of collective struggles. It began in the late of 70s with the Health Reform action, which endorsed the unification of health practices in force until then and that represented an organizational dichotomy with serious consequences for healthcare. In addition to be unique, covering the

entire national territory, extended to the entire population and decentralized, incorporated the three levels of government. Thereby, the SUS constitutes a large and complex system, that is one of the country's largest coverage systems^(1,2).

The SUS, therefore, is the product of Brazilian Health Reform, that is, of a political process that mobilized society to propose new policies and new models of organization of services and health care practices. The SUS ranges from the simple to the highly complex ambulatory attendance in health, ensuring full, universal and equitable access to the Brazilian population⁽³⁾.

In order to strengthen the principles and guidelines of the SUS being universality, integrality and equity as well as the decentralization, regionalization, hierarchizing and community participation, the Family Health Program (FHP) was created in 1994. Currently it is named as the Family Health Strategy (FHS), which aims to strengthen the primary health care and ensure universal access to health more

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specifically from the family context. Thus, the FHS seeks to promote and protect the health of the family, considering the individual and collective aspects⁽⁴⁾.

The FHS aims to enable professional-patient bond, more specifically, through the Community Health Agent (CHA), which is the intermediary between the families and the health team. The insertion of the CHA in the family context is seen as a way to link training or "bond" in the relationship and community service, allowing a mediation next and articulated with the actual needs⁽⁵⁾. In this process, the CHA uses the sympathetic listener, the host and the bond which, in a widened perspective of health, enable the relations and professional-patient interactions⁽⁶⁾.

The bond concept is multifaceted. It is presented to the articulated concepts of humanization, accountability and integrity. The bond connects, approach and allows mutual involvement between subjects⁽⁷⁾. The strengthening of the bond between the family health team and the patient is of extreme importance, because it favors the production of care upon a relationship of trust and sharing commitments. Besides, the bond has a close relationship with the healthcare practice, since both promote harmony, exchange of affections and potentially reconstructive coexistence of autonomies⁽⁸⁾.

In this way, the bond can be thought of as an event because it invents new forms of the subject's relationship with the field of health⁽⁹⁾. It is important, therefore, to extend the debates about the bond and other light technologies able to promote healthful living of individuals, family and community. To do so, it is asked: what is needed to promote the professional-patient bond from the perspective of patients and professionals and a team of FHS? Thus, the study aimed to identify what is needed to promote the professional-patient bond in the patients' perspective and a team of professionals of the Family Health Strategy (FHS).

METHODOLOGY

This is a descriptive study, exploratory, qualitative approach, carried out in a vulnerable community from the social, economic,

environmental and geographic, located on the region macro-west of the municipality of Santa Maria/Rio Grande do Sul (RS). The community has a team of professionals who works in the Family Health Strategy consisting of two nurses, two nursing technicians, two doctors and six CHA where they have the function of establishing the bond team-family through home visits scheduled.

The study was conducted with 17 health patients as a nurse and two community health agents, from a formal invitation and by signing the informed consent (TFCC). The choice of the patients of health occurred randomly, based on the following inclusion criteria: to be health patient and belong to the area of the FHS's health team.

For the health professionals the inclusion criterion was to be health professionals active in FHS under study. Initially, 12 professionals who were part of the team of the FHS were selected, however, from these only three accepted the invitation. For the patients of health, it was used as a criterion the saturation of data. The professionals were interviewed on the FHS unit and patients at their home, with prior schedule of days and times.

The data were collected between the months of March and September 2010, through the interview technique, with an average duration of one hour conducted from the following guiding questions: what do you mean by bond? How is the professional-patient bond in your team of FHS? The data were analyzed and interpreted by the technique of content analysis of Bardin, understood as a set of techniques of analysis of communications that constitutes three steps being: pre-analysis, material exploration and interpretation of the data obtained⁽¹⁰⁾.

The interviews were transcribed and read in full, where each relevant element was sufficiently explored by researchers, starting the data-encoding step. The categorization occurred in an orderly manner; first the researchers coded the data and as a result more interviews were conducted in order to compare data, making possible the withdrawal of important aspects.

The ethical and legal principles involving research with human beings were considered, as Resolution 196/96 of the Ministry of Health⁽¹¹⁾. The anonymity of the subjects were maintained,

identifying them by the letter “P”, relating to the participant, followed by a digit, as the interview order (P1, P2 ... P20). In compliance with the requirements of the Resolution, the research project has been approved by the Research Ethics Committee of the Franciscano University Center UNIFRA – under number 333/2009.

RESULTS AND DISCUSSION

The organized and coded data resulted in three categories: Recognizing the reality of the patient; Care for each other; and Establishing meaningful dialogues, which will be described below.

Recognizing the reality of the patient

In order to form the professional-patient bond, it is necessary, according to patients and professionals, to meet the particular reality of each individual and family. They understood that the health team needs to undress their speeches ready and verticalized businesses, prejudices and traditional knowledge. They are required to be inserted in the community, to know and recognize the reality of the patient of health services. It is important that the professional has a human attitude to recognize the limits of each family, as reflect the following lines:

[...] the people sometimes can't afford, right, sometimes there's stuff missing, and it seems that there are people who don't understand, we have to give strength the way we can, we have to know the limits of the family to know how to help [...] (P2)

[...] to create the bond, we, health professionals, we need to know the reality of every family and working on the reality and conditions that they possess. (P4)

Patients, for the most part, reported that, to establish the professional-patient bond, it is important that the professional recognizes the unique and subjective reality of each individual and family, taking into account that patients live different stories, they present different difficulties and problems, have many hopes and dreams, among other points that should be considered in the development of health strategies. Moreover, they stressed that each patient must be understood, accepted and served,

taking into account its uniqueness and context of life.

[...] I think that each case is different, some people think they are healthy and that knows how to live right, and there are others that don't even bother with it. I don't think there's one way to help ... there are several, we have to adapt and understand each case. (P3)

Recognizing the reality of each patient and family implies from the point of view of the respondents, to have the courage to enter the reality of every family, dialogue with the differences and understand the human singularities, without prejudices or absolute truth. The professional-patient bond must be fitted with a number of interrelated factors, triggered from dialogical relations in which every human being is the protagonist of his story, his health⁽¹²⁾.

For this to occur, the professionals must win the trust of the population, which is allied to the professional recognition as an individual acting on behalf of his health, becoming a reference and strengthening the relationship of bond⁽¹²⁾. The bond can be considered a tool that performs the exchange of knowledge between the coach and the popular, the scientific and empirical, the objective and the subjective, converting them to the achievement of therapeutic acts, by considering the singularities of each individual as well as those of his family⁽¹³⁾.

In this way, the bond with health service patients becomes effective tool in health actions, and assists in participation and self-organization of the patient, on demand continuity of health services, thus helping in the formation of the autonomy of the patients and professionals, providing effective education for health⁽¹⁴⁾.

Health promotion, in this perspective, constitutes a proactive strategy, based on the understanding of social determinants, such as unemployment, hunger, access to education, housing and others, that influence in the process of health and illness⁽⁵⁾. Soon, health promotion supports the articulation of different knowledge, as well as the development of the individual as the protagonist of his story.

Care for each other

Participants reported in the course of their interviews that demonstrating interest in another

is essential for the formation of the bond between professional-patient. They understood that the formation of the bond is consolidated from dialogical relations from person to person, the ability to undertake with the actual conditions of the family, the possibility of establishing effective and affective exchanges, as well as inserting in the reality of families.

In this sense, there is no formation of bond if the patient is not recognized as a subject that speaks, realizes and participates. Therefore, it is extremely important the knowledge of reality and the uniqueness of every being, to which the bond is established as a tool for health care, and dialogic interactive participation of everyone involved in the process. The professional must demonstrate knowledge of social, economic and political factors and engage effectively with the community, in which they work, i.e. have a relationship with the patient, and family health team⁽¹⁵⁾. For this to occur, according to psychosocial assumptions, there must be involvement and satisfaction with the work and the commitment to the organization⁽¹⁶⁾.

When they were questioned, the professionals stressed that patients feel comforted and welcomed, to realize that the professional does not approach for personal and/or political interests, but to the extent that effectively aims to contribute to the improvement of health conditions, such as exposed one of the participants:

At the time that you ask a person how is he, with sincerity, the person automatically feel protected [...] The person pays any attention to you, you give openness, affection, exchange of information, in exchange for security. Then it generates an affective bond also [...] People immediately recognize when you care about them, when you go there, not for political interests or other personal interests (P19).

It was evident, in the speech, that health users, more specifically, in vulnerable communities, are often exploited and manipulated from political or electoral interests. So when some professional approaches without this interest, but rather the intention to assist in the improvement of health, the patients feel welcomed, cared for and protected. Such feelings favor the creation of professional-patient bond. In the same way that professionals, the patients of health also recognize the free care

of personal interests. The following sentence is a report:

[...] I like it, because they come here to just take care of us, to talk, to walk me, they want to know how I'm doing, if I have any questions. They take care of us! (P7)

Only by the participation of the patients of health, emancipatory practices were established focusing on the autonomy and professional dialogue and patient. Creating the professional bond, from the above, involves putting themselves in the other person's level, letting them to be themselves, namely, stimulating closed and solidarity interactions, in punctual, linear and mechanistic health care giving rise to dialogic, creative and transformer care⁽¹⁷⁾.

In this context, the professional-patient bond can be understood as a "light technology" of relations and professional interactions. It is assumed that the professionals become responsible for population bounded on theirs panning territory, but also blaming the patients for their health through health education activities. In this way, it occurs naturally the creation of linkages, "ties", between professionals and patients of the health service. Therefore, the bond required for effective and resolute performance of the SUS principles and guidelines, as well as the FHS⁽⁶⁾.

Establishing meaningful dialogues

One of the ways to establish the bond, according to patients and professionals, are the conversations with meaning, i.e., that represent interest for them. It shows that the discourse of health professionals in many moments, they are "empty" conversations motivated by repetition and/or reproduction of hegemonic and traditional practices, as reflected in the following lines:

The conversation I think is the best way to get to know the person, a conversation can take a lot of work, and also helps to meet the person who wants to help. But also it cannot be an empty talk, you have to have content and meaning, you have to demonstrate interest in the good of the person. Then someone comes and says: "you can't eat salt, can't eat sugar, you can't do anything". These conversations let us tired; they are empty conversations [...] (P9).

[...] We have to speak clearly and trying to make patients understand the importance. It is not good to go in and talk about a lot of things that often

they already know, but you can't afford or don't want to do, there has to be a lot of dialogue [...] (P12).

Respondents also believe that training for the professional-patient bond occurs to the extent that the patient is recognized as subject of action, subject of speech, to the extent it realizes and participates in the process of healthful living and not as someone passive and/or seized as an "empty reservoir" of knowledge and possibility of exchanges. Such understanding (re)affirms the bet to be the community health agent the main promoter of the bond between the FHS and the community team, considering he lives in the same locality as his family and by integrating the network of relations with attributes of solidarity and empathy⁽¹⁴⁾.

For the interviewees, conversations with content are characterized by conversations that involve exchanges between dialogical social actors, as the following lines:

In a conversation with content, it can be explained, if you examine and you can understand what the other is telling you, so you can take advantage of to you, understanding and dialoguing (P10).

Many empty conversations. It is what I'm talking about thinking that the other is just an object, which you're listening, but goes into one ear and go out from the other (P14).

Respondents generally emphasized the importance of posture and professional attitude that need to overcome the vertical subject-object relations, verticalized practices and knowledge breeding. They agreed that the patient of health needs to be considered as a unique human being, active subject and the first responsible for its process of healthful living.

The transformation of health practices passes necessarily through the development of new knowledge, including the knowledge for a dialogical attitude popular among professional-patient, by a conceptual and scientific openness in relation to the biomedical model in force and

a greater political and ideological responsibility of managers. These transformations are potential bond builders, approaching who offers care, nursing care in this case, who receives, from solidarity attitudes that imply putting themselves in the other person's level and let the other person be himself⁽¹⁴⁾.

FINAL CONSIDERATIONS

The results allow to consider that it is possible to construct the professional-patient bond through conversations with meaning, with host and, above all, by understanding of singularities, with active and interested insertion of professionals, mainly from the community health agent, in the reality of families, emancipating them as protagonists of their process of healthful living. Thus, health professionals are challenged to include the patients in addition to their disease, recognizing their real needs, to promote health care of integral and inclusive manner.

The professional-patient bond is established from the moment in which the professional is interested in the patient, recognizing their singularity and the reality of life in which it is inserted, and so establishing conversations with content. In this direction, health professionals are challenged to understand the patient as well as his illness, to recognize their real needs and be able to promote the integral form and integrative health. The construction of the professional-patient bond arises, in short, as a technique where entrepreneurial professional and the patient can act together in favor of healthful living.

Forming the professional-patient bond as requirement for performance in the family health strategy means to narrow dialogical relationships with each other, but it is also a process of educating on sensitivity and solidarity to experience the events in a larger perspective.

VÍNCULO PROFISSIONAL-USUÁRIO EM UMA EQUIPE DA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

Este estudo objetivou identificar o que é necessário para obter o vínculo profissional-usuário na perspectiva dos usuários e profissionais de uma equipe da Estratégia Saúde da Família. Trata-se de um estudo exploratório e descritivo, de abordagem qualitativa, realizado na região Oeste do Município de Santa Maria/RS, entre os meses

de março e setembro de 2010. A pesquisa foi realizada por meio de entrevista semiestruturada, com 17 usuários e três integrantes de uma unidade da Estratégia Saúde da Família, dos quais, uma enfermeira e dois Agentes Comunitários de Saúde. Dos dados analisados emergiram as categorias: Reconhecendo a realidade do usuário; Estabeleceu-se o diálogo significativo para a feita. Os resultados evidenciaram que o vínculo profissional-usuário pode ser considerado como uma estratégia de cuidado, capaz de promover a integralidade e a singularidade do cuidado em saúde. Conclui-se que o vínculo profissional-usuário pode ampliar significativamente as possibilidades do viver saudável dos indivíduos, famílias e comunidade, pelo reconhecimento da realidade e potencialização dos recursos e competências de cada indivíduo, de forma singular e contextualizada.

Palavras-chave: Saúde da Família. Sistema Único de Saúde. Vínculo.

VÍNCULO PROFESIONAL-USUARIO EN UN EQUIPO DE LA ESTRATEGIA SALUD DE LA FAMILIA

RESUMEN

Este estudio tuvo como objetivo identificar lo que es necesario para obtener el vínculo profesional-usuario en la perspectiva de los usuarios y profesionales de un equipo de la Estrategia Salud de la Familia. Se trata de un estudio exploratorio y descriptivo, de enfoque cualitativo, realizado en la región Oeste del Municipio de Santa Maria/RS, entre los meses de marzo y septiembre de 2010. La investigación fue realizada por medio de entrevista semi-estructurada, con 17 usuarios y tres integrantes de una unidad de la Estrategia Salud de la Familia, de los cual eshabían una enfermera y dos Agentes Comunitarios de Salud. De los datos analizados surgieron las categorías: Reconociendo la realidad del usuario; Se estableció el diálogo significativo. Los resultados mostraron que el vínculo profesional-usuario puede ser considerado como una estrategia de cuidado, capaz de promover la integralidad y la singularidad del cuidado en salud. Se concluye que el vínculo profesional-usuario puede ampliar significativamente las posibilidades del vivir sano de los individuos, familias y comunidad, por el reconocimiento de la realidad y potencialización de los recursos y competencias de cada individuo, de forma singular y contextualizada.

Palabras clave: Salud de la Familia. Sistema Único de Salud. Vínculo.

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