

ITINERARY OF FAMILIES IN SEARCH OF ATTENTION IN CHILDREN SICKEN¹

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ABSTRACT

The aim in this study was to know the itinerary coursed by families looking for health attention of the children under one year old. It is a qualitative survey that was conducted through the dialectical hermeneutics' methodological framework. 16 families were interviewed using a dynamic speaker map in order to representation of paths taken by them. The study was conducted in the home of children treated at the emergency service of a city in southern Brazil, in 2010, the ethical precepts relating to the involvement of human beings were followed. From the data analysis emerged the thematic categories: Search for children's health care happens in services of urgency and emergency; Functional barriers avoiding the children's attention search in services of primary attention; Technological density absence direct families to the services of urgency and emergency. The services of urgency and emergency of the county in studies is the entrance door to the health system according to the access deficit to the services of primary care and by not solving the children's health problem.

Keywords: Health Services Accessibility. Patient Acceptance of Health Care. Child Care. Primary Health Care. Pediatric Nursing.

INTRODUCTION

Primary Health Care (PHC), according to the World Health Organization (WHO), is the first level of contact between the health service and the community. In this context, all population segments are served, in order to solve 80% of all health problems^(1,2).

To achieve such a goal among children, the object of this study, it is essential that health services identify four key-attributes regarding the PHC: access, longitudinality, comprehensiveness and coordination, whose effectiveness depends on their articulation with complementary attributes, family, community and culture⁽¹⁾.

However, to bring about a successful

childcare the attributes of the PHC have to be connected to vital elements in the care process, namely: movement, otherness, interaction, desire, project, plasticity, temporality, non-causality and responsibility⁽³⁾.

In this sense, it is understood that PHC services, their four attributes and elements of comprehensive care should be regarded as a primary resource for families searching for childcare services^(1,2).

The investigated families drew the ways they take to health services when children fall ill, and analyzing these drawings, entitled "itineraries in search of care", is essential to handle and solve problems that distress children and their families. These itineraries evidence the importance of the family's experiences during an illness phase, as well as the singularity or plurality of ways and choices in such phase⁽⁴⁾.

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Knowing the ways families take in search of a solution is an important tool for the qualification of child healthcare⁽⁵⁾.

Thus, it is possible to know how the child's health problem is solved and identify the difficulties faced by families during the itineraries in search of care and the first institutions they search for when children fall ill. This kind of knowledge also contributes to reduce the risks and vulnerabilities to which children are subjected by verifying whether a search satisfactorily meets their health needs.

Based on these assumptions, the purpose of this research is to know the ways taken by families searching for health care for children under one year old, in a city in southern Brazil.

METHODOLOGY

This article is part of a postgraduate study financed by the National Council for Scientific and Technological Development.

Given its purpose, qualitative research was used, based on the methodological framework of the dialectical hermeneutics. Hermeneutics presents itself as a solid attempt of otherness and rather than a mere duplication of the classical way of thinking, because it seeks to broaden perspectives through apprehension, interpretation and signification⁽⁶⁾.

In this sense, it is important to connect networks of health care and support and their users, comprehending technical and practical success in care⁽⁷⁾. In turn, dialectics appears as a suggestion to discuss the ways taken by families searching for child healthcare.

Initially, the research was conducted in the file sector of Emergency Care Units (ECU) in a city in southern Brazil and collected data that could clinically characterize the children. At this stage, it was difficult to find records, due to the restricted physical space where the files were located and lack of digital records.

Subsequently, the research continued at the homes of the families with the purpose of knowing the ways taken in search of child health care. All participating families welcomed the interviewer. Data were collected from March to May 2012.

The subjects of the study were 16 families of children under one year old, served in the ECU of the city in 2010. It is noteworthy that, because this is a qualitative study, the number of interviews presented no relevance to the general context, although it was part of the comprehensive praxis of the study. Thus, when it began to group answers to the first questions, the data collection was considered finished⁽⁸⁾.

Data were collected through three techniques: home inquiry, Speaker Map (SM) and semi-structured interview. The SM dynamics - the axis for the construction of this article - was used as a tool to illustrate the ways taken by families searching for child healthcare, because it is a graphic representation of the search for a solution to the child's health problem. This stage of the research was a relaxing moment and allowed for a greater interaction between subject and interviewer⁽⁹⁾.

Thematic analysis was used to contextualize the results in accordance with the theoretical references of the attributes of the PHC⁽¹⁾ and elements of comprehensive care⁽³⁾. The content for the analysis was obtained through the organization of the interviews, successive and interpretative readings, classification and extensive comprehension of the results. Four thematic categories emerged for the discussion⁽¹⁰⁾, namely: *The searching for childcare takes place in urgency and emergency services; Functional barriers hindering childcare at primary health care; The absence of technological density directs the family to urgency and emergency services.*

The present study is in accordance with the national and international ethics regulations for research involving humans and was approved by the Ethics and Research Committee of the State University of West Paraná, under Legal Opinion 495/2010. All participants signed an informed consent form.

RESULTS AND DISCUSSION

The search for child health care takes place in urgent and emergency services

When children fall ill families are faced with various difficulties, from maternal inexperience in childcare to the solution for the problem itself. Due to their inexperience, caregivers search for support within their own families; however, family counseling sometimes does not direct them to the preferential door to childcare, as can be seen in the following report.

[...] Since she's my first daughter [...] I ended up calling my mom and she told me to go straight to the hospital {ECU} (subject 1).

The suffering of a child triggered by an illness is a hard situation for the family. Thus, when a child falls ill so does a whole family. Therefore, PHC services should be strongly committed to look after this ill family, since the child's illness will change the family's routine^(2,7).

For this purpose, PHC services count with important tools, such as home visits, allied with care to bring about solution, safety and happiness, by means of proximity to and responsibility for the people who need to be cared for^(2,7,11). This dimension of care means focusing on plasticity and movement in this process, while delineating otherness and interaction to support families when children fall ill^(3,11).

In relation to this reality, the way taken by families searching for child health care was directed to urgent and emergency services.

When she {daughter} falls ill, I leave my house and go to the hospital {ECU} (subject 8).

It is more difficult for us to schedule a consultation at the health center, and when she {daughter} falls ill, I usually go to the ECU. [...] it is faster (subject 14).

Once health care is initiated at services whose priority is urgency and emergency rather than health follow-up, such as those cited above, families will hardly be able to access other services provided by the Unified Health System (UHS). In the same way longitudinality will not be established due to the inability to provide children with continuous care in a reliable environment, the care will not be comprehensive due to the fragmentation and lack of accountability for those subjects in need of attention; in addition,

the organization of health services will be compromised by the ineffective communication and lack of continuity⁽¹⁾.

Figures 1 and 2 below, illustrate the ways mentioned above, that is, the direct search for childcare at urgent and emergency services in the city studied, called Continuous Care Unit (CCU).

Starting the way in search for health care at services that are different from the context of the PHC demonstrates how much families are victims of a vulnerable and little resolute health system. Such evidence denotes weaknesses in the movement and plasticity of the childcare, highlighted by the lack of responsibility for the subjects by the members of the healthcare team, including public health managers⁽²⁾.



Figure 1. Speaker Map produced by the subject 7, Cascavel, PR, 2012.



Figure 2. Speaker Map produced by the subject 14, Cascavel, PR, 2012.

In this sense, the anguish of the family caused by the suffering of the child often lead the former to search for help at private health services, although the families of this investigation did not have financial conditions to afford it, causing them to suffer even more in an attempt to solve the health problems of the child.

Such considerations reveal the lack of comprehensiveness due to the absence of a resolute access to health services provided by public health entities^(1,5), essentially demonstrating the deprivation of desire, project

and movement in the construction of the childcare⁽³⁾.

I left my house and went straight to the CCU. The other day there were a lot of people there, and she {granddaughter} had a high fever; we took her to the hospital {private hospital that offers private and supplemental consultations} (subject 10).

When he {son} falls ill, I go straight to the hospital {private} (subject 13).

The search for private services occurred in several realities of this research, being the care carried out directly in a hospital, represented by the tertiary sphere of health care, as shown in Figure 3.



Figure 3. Speaker map produced by the subject 13, Cascavel, PR, 2012.

Although caregivers search for PHC services, before barriers that limit child health care - especially functional barriers -, these services refer children to urgency and emergency services, which suggests the absence of coordination at the PHC unit⁽¹⁾ and, to make matters worse, without using the reference and counter-reference tool that enhances care and facilitates the resolution of health problems^(1,2).

[...] I go to the health center and when they [healthcare teams] run out of forms, or thing or another they refer us to the CCU. Now they are no longer referring, they send us straight to the CCU [...] (subject 2).

If it is during the week, I leave my house and take her to the health center, but then the form has to be found, and if I get there and there's no form, which usually happens [...] I taker her {daughter} to the CCU (subject 15).

The same scenario is shown in figure 4. The subject reported that, although he searches for health care to his son at a Basic Health Unit (BHU), his itinerary in search of attention finished only after searching for an urgency and emergency service represented on the SM by the CCU.

Searching for services that do not characterize the preferential gateway to the health system will result in an increased demand in emergency and urgency services, and will not meet the needs of the families, because such services do not provide them with an adequate attention, since they do not include in their dynamics the continuity of care and responsibility for the subject who needs to be cared for^(1,2,7).

This form of organization of the health system that does not involve a care-based planning⁽³⁾, considering the increased demands and attention to acute problems among children, reproduces the non-resolutive character of the health services⁽²⁾.



Figure 4. Speaker map produced by the subject 15, Cascavel, PR, 2012.

According to the literature, given the difficulties to solve problems, families decide to take their children to urgency and emergency services^(5,12). The search for secondary sphere as a gateway to the health system is due to this difficult and the belief these families have that such services are going to solve their problems immediately⁽¹³⁾.

When this happens, the possibility PHC services have to refer patients to other spheres of attention is limited; the ability to solve health problems at this level and be responsible for the user's care is also hindered.

It has to be stressed that search for secondary or tertiary health care is not only due to the caregiver's choice, but also to factors that undermine the access to health services^(4,14), as observed in the following thematic categories.

FUNCTIONAL BARRIERS HINDERING THE SEARCH FOR CHILD CARE IN PRIMARY CARE SERVICES

Faced with countless functional barriers to access health services in the PHC of the investigated city, this access door to services provided by the UHS proved vulnerable, as families presented ways that went directly to urgency and emergency services.

The main functional barriers are: the organization of medical consultations scheduling; availability of professionals at the services; and the time taken until resolution. As shown in the following reports.

Because there {BCU} you can only schedule {medical consultation}. You have to schedule to see the doctor (subject 9).

[...] if only they had a pediatrician (subject 10).

At the CCU it is faster because it is on the same day, the consultation is on the same day (subject 14).

In other studies⁽¹³⁻¹⁷⁾, the access to health services has been the major obstacle on the itinerary of families searching for child health care.

Also, some caregivers search for urgency and emergency services for a child on days and times when the BCU do not serve the population, which constitute another functional barrier to the attention at PHC units. Because of that, these families took the ways they judged the most appropriate and fastest at that moment.

Because I work, I go to the CCU at night [...] (subject 2).

It was on a Sunday, during the day [...] (subject 4)

The flexibility of days and hours of service at the PHC units would contribute to the care for the families (11), since contemporary families need their members to participate in the labor market to complement the family income.

Thinking about health based on the organization of the service evidences - among the elements involved in care - movement and plasticity, without seeing care exclusively through biological eyes, but also considering a range of needs including social determinants such as housing, education, work, sanitation, leisure, security, among others^(1,3,18).

The presence of a coordinate PHC service that aims to provide people under chronic

conditions with efficient and resolute attention could also reduce the occurrence of instinctive search, especially at urgency and emergency care services.

If people were monitored by a responsible and competent interdisciplinary team, the worsening of health problems would be significantly reduced, since the follow-up of the child's growth and development is essential to prevent a chronic condition and its acute manifestation. In this sense, if the child receives the necessary attention during routine consultations, the demand for curative consultations would proportionally decrease and this scenario of increased spontaneous demand in high-density technology services would be solved⁽²⁾.

ABSENCE OF TECHNOLOGICAL DENSITY DIRECTS THE FAMILY TO URGENCY AND EMERGENCY SERVICES

The amplitude of the way of thinking and carrying out health should consider – besides social determinants and biological factors that required in care, but that are not enough - the presence of technological densities able to subsidize and support the comprehensive care of the child.

According to the literature, the technologies can be divided into soft, soft-hard and hard. Soft technologies refer to the relational capacity between the health team and the family; soft-hard technologies stands for the technical, scientific and specialized knowledge (hard character) and the way how professionals, in several areas, apply it (soft character); hard technologies, in turn, constitute the machines and instruments that support the care process⁽¹⁹⁾.

Some caregivers consider that the health services that can bring about comprehensiveness and resolution when a child falls ill are those services that provide all this technological support in childcare.

[...] If he falls and gets hurt, he will have to go to the CCU for an X-ray, you can't leave it to another day, [...] Going to the health center is useless, people there can't do anything, you really have to go to the CCU (subject 7).

I asked her {pediatrician}: "Doctor. Could this be caused by this little problem here?" She answered: "Maybe, who knows [...]". You stay there until nine o'clock, they {pediatrician} never come. What do you do with a child with fever and pain? [...]. No way, sometimes the service is not good [...]" (subject 12).

It is important to mention that, in order to achieve a comprehensive care, technologies have to walk harmoniously, without distinctions in its various stages. People need basic care and humanization; at the same time, they need technical and scientific practices.

Ways to interaction have to be sought, in all aspects, to establish the connection between people's daily lives and the reconstruction of concepts that involve technical and scientific practices of health and humanization actions^(7,18).

FURTHER CONSIDERATIONS

This research can provide the academic community and health-related professionals with subsidies that allow for the achievement of the practical success of their actions, by demonstrating the family expectations regarding childcare, important to the care process. Because this study has focused on the perception of families with children under one year, this aspect is pointed as a limitation of the study.

The articulation between the caregivers' perception and professionals' perspectives are necessary to the identification of existing gaps

in the demand and supply of child health care at PHC units.

Given the objective proposed, it was found that, for the reality studied, urgency and emergency services are the main itinerary of families in search of health care for ill children. Thus, these services represent for families the preferred gateway to the health system, observing the absence of the four essential attributes at the PHC and the elements of comprehensive care.

This search was due to the difficulty to access PHC services, especially because of the presence of functional barriers generated by the lack of comprehensiveness, which were explained by the deprivation of technological densities as a way to support the care of children within the primary context.

When searching for care at services that do not represent the preferential gateways to the health system, the families' itineraries failed, because no resolution was possible due to the lack of responsibility for and continuity of the child care. Thus, primary care should be strengthened through the compliance with the essential attributes of the PHC in order to shape ways of caring and healing that offer a resolute attention for children.

These actions enable professionals and managers of the PHC to consolidate and think about health practices so that they can invest in professional and organizational enhancement to potentiate an itinerary that effectively and quickly ensures a solution for the child's health problem.

ITINERÁRIO DE FAMÍLIAS EM BUSCA DE ATENÇÃO NO ADOECER DAS CRIANÇAS

RESUMO

Com o objetivo de conhecer o itinerário percorrido pelas famílias em busca de atenção à saúde da criança menor de um ano, realizou-se uma pesquisa qualitativa, baseada no referencial metodológico da hermenêutica-dialética. Foram entrevistadas 16 famílias utilizando a dinâmica de mapa falante para representação dos caminhos percorridos por essas. O estudo foi realizado no domicílio das crianças atendidas em unidades de pronto atendimento de um município do sul do Brasil, em 2010, sendo respeitados os preceitos éticos referentes ao envolvimento de seres humanos. Emergiram as categorias temáticas: Busca por atenção à saúde da criança acontece em serviços de urgência e emergência; Barreiras funcionais impedindo a busca de atenção à criança em serviços de atenção primária; Ausência de densidade tecnológica direciona a família a serviços de urgência e emergência. Os serviços de urgência e emergência do município em estudo constituem-se na porta de entrada ao sistema de saúde devido à deficiência no acesso aos serviços de atenção primária e pela não resolutividade dos problemas de saúde da criança.

Palavras-chave: Acesso aos Serviços de Saúde. Comportamento de Procura de Cuidados de Saúde. Cuidado da Criança. Atenção Primária à Saúde. Enfermagem Pediátrica.

ITINERARIO DE FAMILIAS EN BUSCA DE ATENCIÓN EN EL ENFERMAR DE LOS NIÑOS

RESUMEN

Con el objetivo de conocer el itinerario recorrido por las familias en busca de atención a la salud del niño menor de un año, fue realizada una búsqueda cualitativa, fundamentada en el referencial metodológico de la hermenéutica-dialéctica. Fueron entrevistadas 16 familias utilizando la dinámica del mapa hablante para representación de los caminos recorridos por estas familias. El estudio fue realizado en el hogar de los niños atendidos en unidades de servicios de urgencias de una ciudad en el sur de Brasil, en 2010, siendo respetados los preceptos éticos relativos al involucramiento de seres humanos. Emergieron las categorías temáticas: Búsqueda por atención a la salud del niño sucede en servicios de urgencia y emergencia; Barreras funcionales que impiden la búsqueda de la atención al niño en servicio de atención primaria; Ausencia de la densidad tecnológica dirigen a la familia a servicios de urgencia y emergencia. Los servicios de urgencia y emergencia del municipio en estudio se constituyen la puerta de entrada al sistema de salud debido a la deficiencia en el acceso a los servicios de atención primaria y por la no resolución de los problemas de salud del niño.

Palabras clave: Accesibilidad a los Servicios de Salud. Comportamiento de Busca de Cuidados de Salud. Cuidado al Niño. Atención Primaria a la Salud. Enfermería Pediátrica.

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