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FEELING OF BELONGING IN THE CONSTITUTION OF THE BOND IN A SUPPLEMENTARY HEALTH SELF-MANAGEMENT[1]

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ABSTRACT
The scientific production in health has followed the movement of valorization of the integral approach and the subjectivity. Considering that the bonding favors the identification of subjective aspects of care, the objective was to address one of its constituent elements, the Feeling of Belonging, in a Supplementary Health scenario guided by the Comprehensive Care Model and with services organized from the Family Health Strategy. There were 17 participants interviewed from Belo Horizonte and Juiz de Fora, aged between 19 and 97 years old, men and women. The Data Grounded Theory (TFD) and Symbolic Interactionism were the methodological and theoretical references used. The data analysis of the data extracted from the interviews was from the coding process proposed by the TFD, that is, Open, Axial and Theoretical Coding. It was evidenced that the Feeling of Belonging is one of the constituent elements of the bond, reinforcing the thesis that the bond in the health services is built in a relational process occurring in a multifactorial way, passing by social and subjective aspects, among others. Some elements related to the conjuncture of the studied reality are highlighted, different from the public sector, which may give rise to new hypotheses that complement or reinforce the presented plot.

Keywords: Bond. Feelings. Family Health. Supplementary Health. Data Grounded Theory.

INTRODUTION

The health services organization in Brazil happened at a time with greater dependence on the State, or at a distance from the ideas and public policies. The first private initiatives in the constitution of experiences like health insurances marked the 1960s. In the following decade, there was a weakening of relationships between the public and private sectors, forcing the private initiative to be structured, especially in the decade of 1980. This decade was characterized by the expansion of the offer of private health services in the Supplementary Health System of Brazil. Advances in the regulation of the private sector took place by determination of Law 9,656, of 1998, and they were deepened with the creation of the National Agency for Supplementary Health. Since then, although there are important challenges to be faced, much has been improved from the perspective of sector regulation[1].

In the Brazilian context, it is important to emphasize the characteristics inherent to the Supplementary Health System, regarding the constitution of healthcare insurance operators. The sector is composed of the self-management segments, the group medicine, the insurance and the cooperatives. Particularly for this study, the self-management segment stands out, where its insurances are sponsored or not sponsored by the employers, being the non-commercial sub-segment of the health insurance market[2].

In this same context, it is relevant to consider the relationship between the public and private health sector, regarding the care model, especially in the self-management segment. The health care of patients in the private sector sometimes implies mechanisms of accountability by the operators and the producers of services and the performance of specific care in integral action, seeking the continuity and the longitudinally of the care, being the reference for the organization, mainly of public health services[3].

The participation of the National Supplementary Health Agency (ANS) is highlighted as an inducer of the changes identified in the sector, considering the change in the exclusively care approach of the health insurance operators to the care model that uses integral care as the driving axis of health actions[3-5].

Particularly in this study having a case of self-management that opted for the organization of Primary Care as a scenario through the Family

[1]Extracted from the doctorate thesis "Theory of the Construction of the Health Link in a Brazilian supplementary health self-management, in progress at the Nursing School of the Federal University of Minas Gerais (UFMG).

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Health Strategy (ESF), the bond constitution assumes a prominent position.

The bond can be understood as the relationship of trust and responsibility established over time, between health professionals and service patients. In the daily life of health care, its constitution allows the exchange of experiences and knowledge, contributing to the perception of subtleties that could go unnoticed in therapeutic acts, but enabling the effectiveness of health practices. Based on the identified needs, the adherence to care proposals is considered to be fundamental for achieving the improvement of the health status of a given population[4,6,7].

Based on the conceptions of bonds in the daily life of participants, considering the subjective aspects of care, in a scenario that falls within the scope of Brazilian supplementary health, it is intended to approach the Feeling of Belonging as one of the constituent elements of the bond. Unveiling this element led to reflections on how the membership is experienced in public health services, among others, which may contribute to the expansion of questions and studies about the subject, in these scenarios.

METHODOLOGY

It is a qualitative research of a social nature with a Data Grounded Theory approach (TFD), allowing the conceptualization, with the consequent construction of theory, about a certain reality, based on the systematic interaction of the researcher with the data collected. Symbolic Interactionism was used as a theoretical reference, starting with the understanding that the relational process between patients and health professionals is full of meanings, both technical and social and cultural, and in the contact between professional and people, these meanings are modified to build new conceptions[8-10].

The scenario of this study was a self-management company with 72 years of activity and with the largest portfolio of clients in this segment, linked to the national banking institution. The study covered the primary care services of this self-management, located within the geographic limits of the State of Minas Gerais.

Participants who used these services participated in this study and were registered with the Family Health teams since it is this strategy that guides the operation of the services. In the offices of these services, there are Family Doctors, Nurses, and other Primary Care professionals. The participants were divided into groups according to their place of residence, the time of enrollment in the ESF, the situation in the banking institution (retired, employed or family member), and age and gender, to ensure the necessary for the construction of the theory used.

The data used in this article, collected in 2015 and 2016, contemplate this diversity. The sample consisted of 17 participants, living in Belo Horizonte and Juiz de Fora, two men and three women aged between 19 and 39 years old, two men and two women between 40 and 59 years old, two men and two women between 60 and 79 years old and two men and two women aged 80 years old and over. From the definition of the age groups, the participants identified by the teams as bonded to the ESF were classified according to the frequency in the use of the services., the participants were referred to in this study as "Ca" and "Co" (where C identifies the self-management company and "an" and "o" indicate the female and male gender, respectively), followed by the number of the order in which they were interviewed to ensure confidentiality. Whenever the banking institution and self-management in health were nominally mentioned in the interviews, their names were replaced by “Bank” and “Self-management” (capital letters indicate the words are substituting the proper names). Participants chose the interview site (home or self-management health service) and were interviewed using a free script based on questions that led to data collection in the coding process proposed by the Open, Axial, and Theoretical Coding (TFD). The interviews lasted from 20 to 40 minutes, and the questions, for example, addressed aspects related to the experiences of contact with the service and the reasons that led participants to return. The data were transcribed and submitted to the analysis with systematized reading, to build the categories and the production of the codes and the relational process between them.

Both the research project and the Free and Informed Consent Term were approved by the Research Ethics Committee of the Federal University of Minas Gerais, CAAE - 25632113.5.0000.5149, provided by Resolution Nº

466 of the National Health Council. It is also worth mentioning the authorization of the company to conduct the study and the dissemination of research data.

RESULTS AND DISCUSSION

The Feeling of Belonging discussed in this article are about the existence of a bond that was established, a priori, in terms of belonging, of being part, directly or indirectly, of the context in which, in this case, the context of a self-management of the supplementary health sector, bonded to a banking institution.

The positive perception of aspects related to the context, from experiences and/or sharing experiences (histories), sometimes precedes the experience of care, favoring the relation of the participants with the health services. There is a predisposition for the care relationship to take place to potentiate the bond, even before the caregiving action occurs.

The establishment of the bond from the feeling of inclusion in the institutions is reported by studies on the organization and functioning of communities, and it is based on daily contact, considering time and space.

The belonging, outlined in Figure 1 by symbols representing the home banking institution of the participants and the self-management company, come from their experiences and/or shared experiences by family members, historically.

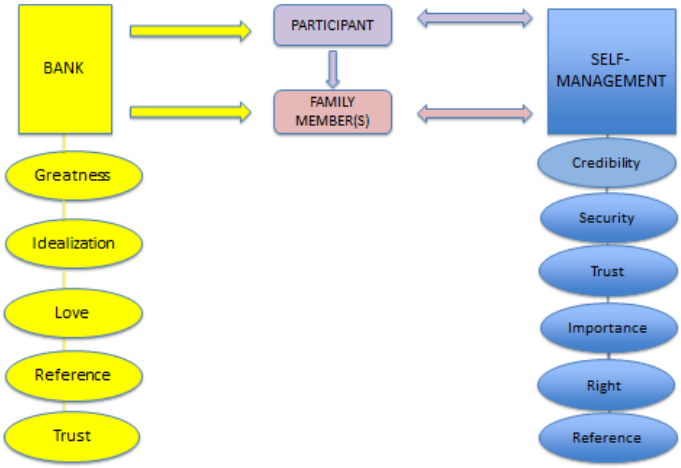

Figure 1: Belonging
Source: Research Data, collected in 2015 and 2016.

The relationship with the self-management company and its health services is necessarily based on a relationship between the participant and the banking institution, or between the participant´s family member(s) and the self-management health service of the participant. It is perceived the dimension of the belonging from the "community" of origin, which is fed back, to strengthen the bond.

> Self-management began to be a part of my life because B., my husband, was from the Bank. So, I am already part of it, right? Of the self-management (C-a 3).

> From the moment I joined the Bank. Then, automatically, you go to the Bank, and you have the bond to the self-management (C-a 14).

The perception of the participants regarding the banking institution influences their view regarding self-management in health. The image is bonded directly to the image of the bank. Thus, the bank´s tradition and long-term sustainability, as well as the references about the quality of the health insurance offered to employees, contribute to the image of the self-management.

> So, it was always the reference we had. It is a very good insurance, so from what people say, every Bank employee has many benefits. Sometimes the people of other banks speak "in the Bank that it is this silly and such." So, we trust because it is bonded to the Bank, right? (C-a 6).

> I believe in Self-management. I am a great admirer,

> and I give credit to Self-management and believe in it. I think it was raised for us, everything it does is for us (C-o 15).

Self-management is identified as a dream "object," seen as an institution that can be used from a legal relationship, legitimized by the fact of belonging or relating to the banking institution, bringing the necessary security, once it is available if necessary, within reach of the participants.

> So, I remember that we went there... I like it a lot. Self-management for me is a dream (C-o 1.)
>
> Self-management is this port that you feel if you need something, you have Self-management, a point of reference, you can be there. So, Self-management is a safety port (C-a 2).
>
> I trust the Bank regarding health (...) (C-o 15).

Trademarks from the relationship with the banking institution enhance the relationship with self-management, added to those resulting from the participants´ relationship with self-management. The perception about self-management comes from their view in the context of the health market and the stories shared or experienced, especially those that bring some familiarity to the relationship.

> (...) I think, it still has this image that Self-management was the best health insurance of all. The best hospitals have an agreement with Self-management, always excellent doctors and such (C-o 4).
>
> Self-management is a piece of the Bank, a piece of us (C-a 5).
>
> The bank was a school for us. I think everything was done there because of the employees. I do not believe that Self-management was created to go against our longings and our needs (C-o 15).

The relationship of the participants with the banking institution and with the self-management contribute to establishing the bond of the participants with the available health services. The credibility of the service ends up being favored, resulting in spontaneity for the experience of care. From then on, the belonging is gradually enhanced through successive experiences in our services, favoring the bond.

The Feeling of belonging, as one of the constituent elements of the bond, is conceptualized as the one identifying the participant as a legitimate part of a given context and group, making it simultaneously the object of care and co-responsible for care and care institution. It is related to the bond to be predisposed, initially, and to favor, over time, the establishment of relations, exchanges, and ties of care.

In this perspective, there are certain meanings of belonging related to being a part, being inserted, being included, being a member, participating. There are common interests, feelings, behaviors, and goals due to the feeling of belonging, which would justify, for example, the sense of responsibility for the sustainability of self-management expressed by some participants (12).

The interviewees´ sense of belonging to the self-management company has roots before the experimentation of health services. The contact and trust created by the bank, including as a prerequisite for accessing the health insurance, already potentiate the construction of this property.

From an initial opening to the relations to be established in the care, there is a feedback, coming from the concrete experiences of care, and added to the a priori perceptions, reinforce the established bonds. Over time, in the daily care, the relationship is reinforced and narrowed, contributing to the establishment of the bond.

> However, that I have a history with Self-management already 35 years old (C-a 3).
>
> It is because my mother had some health problems, (...) then, they suggested to take the family doctor, and we all get attended there. So regularly, when there is something, we go there (C-a 6). Especially after retirement, then, I am much more connected to Self-management. Self-management, from now on, more and more I am going to need it, so that is why I trust (C-o 15).
>
> I trust in the Self-Management. I calculate that in January of 1956 I was already in Self-Management. So, it spends all these years (C-o 16).

There is a network of relationships among the people, whether in the work environment in the banking institution or in the relationship of self-management health care, which strengthens the feeling of belonging and, consequently, the bond.

> I introduced myself to the Bank, I made a very big friendship with my manager, and I liked many... of all my colleagues (C-o 1).
>
> Everything I needed in Self-Management I seek R. And there was another one there, that I forgot her name, but it was also very nice to me, you know?

> So, I got connected to Self-Management, you know? (C-o 1).

> (...) I even miss talking to them on the phone. Just yesterday I was saying that I was missing the call, answering either R. or C., or I do not know who. That is the way it is; it is a family for me (C-a 3).

> I believe that those who come here are those who think like me, who believe in Self-management, who want to have that identity, stronger relationship, more solid relationship (C-o 15).

The bond suggests the idea of interdependence and exchange relationships that are fundamental for adherence and continuity of treatment, going beyond the insertion of the participant in the health services. It is a relationship based on affectivity, acceptance, and trust. The construction of affective and trustful relationships enables the process of co-responsibility for health and enhancing care[12-14].

It is worth highlighting the collective activities, mostly in an operative group, which are cited by participants also as a meeting place for socialization, increasing the perception of belonging, among others since they provide contacts with other participants bonded to the banking institution and self-management.

> You would meet a group of people and change subjects and everything, and I liked it. That we are very isolated, very far from everything, even to forget (C-a 2).

> Moreover, look, I am going to tell you one thing, there are several who participate in that meeting there in Self-management, lectures, even I went. That one from the carnival, which was the last one I went. Then, several ask: G. When are we going to have? You have to go; you have to go (C-a 3).

It is important to point out that both the banking institution and self-management are institutions with a long history, which can favor the perception of solidity that generates a sense of security and credibility. There is confidence from successful coping stories. The story of the participants, in some way, is part of the history of the institution. In the case of self-management, it should be noted that it is founded by the bank´s employees. Thus, the perception of "being a part" is amplified, and there is even a relationship of responsibility.

> If you are exercising with me and you are not getting any feedback, you come here to sit around; I do not think it is fair because Self-Management is paying for it. I do not think it is right for Self-management to pay for something that does not bring results (C-a 3).

> Because we have a troubled life, and we get lost, forget about us, take care, right? Moreover, I find this care important for me as well as for Self-management. I take care of myself I will not get sick, she will not spend with me, right? (...). I am worried about the future of Self-management. So, this is very worrying, you know, this future (...). We contribute in the same way that we founded Self-management (C-a 5).

> We did the Bank, and I think the Bank should look at Self-Management C-o 16).

The condition presented, typical of a self-management company, differentiates this from other experiences such as the use of the Unified Health System (SUS) by patients who do not have a health insurance. In the public system, the figure of the bank would be occupied by the State, which could contribute to foster the desire to belong to the SUS, considering, among others, the social participation dimension in health, which does not happen, according to adherence studies to public health services[15].

It is worth reflecting on some evidenced elements, since they are strongly bonded to the conjuncture aspect of the reality studied, differing from the public sector. It is emphasized the understanding that the health services of self-management result from the benefit offered by working in each reality or by the existence of relatives related to this occupational context. In the public sector, at the same level of care represented by primary care, this concept of benefit, caring for the institution, which leads to belonging, does not seem to be experienced. The service rendered in the public sector is understood as an acquired right and as an obligation of the State. In this sense, an affective relationship equivalent to that identified in the study is not built. It is difficult to build comparative basis between public and private in this perspective, and, for this reason, this study evidences the necessity of research on belonging to the health services offered by the public sector, understanding that it is one of the basic elements of the constitution of the bond, discussed in public health.

The specificity of the scenario studied also refers to the need for other studies of this nature to be developed in the private sector. The results point to new questions and new reflections that can

lead to the construction of other hypotheses of study and to the search of data that will complement or reinforce the plot of the theory, according to the methodological proposal.

Together to the contact with the bank, another factor that strengthens the patients´ belonging to the health services of self-management is the experience of health care, contextualized and with clear objectives for the patient, translated by actions based on the care model and strategy. This aspect produces the empowerment of the patient in the proposal of care and the meaning of his life. It is possible to present another difference in the public service, in which there is little incentive to the patients´ empowerment in the services rendered as a way of guaranteeing the bond. The reciprocal respect and support perceived by the members of the group towards the institutions favor the Feeling of Belonging. The sense of community and trust creates bonds of belonging and identity that re-signify spaces and relationships that produce the senses in the daily life of care[5,16].

A condition to be highlighted is the positive experience in the care provided, ensuring the feeling of security in the service. Feeling secure about one's care or one's family members produces a propensity to trust and experience service again[17,18].

It is worth noting the role that success stories of other patients play in strengthening Feeling of Belonging and, consequently, the bond with the health service. These stories encourage and create a desire to use the service. Advertising of "word of mouth" services is a way of attesting the quality of care[19].

The diverse and plural of lived experiences are the reason for identity, built historically and culturally, and from the relationship with organizational spaces. In the perspective of the health bond, the recognition that is belonging is a subjective sphere translated and reconstituted, daily, in the experiences of care. From the relational process, meanings are rebuilt and strengthened[10-12].

It is important to consider that the phenomena experienced within an organization can be analyzed within different fields of knowledge and theoretical domains, raising the need for more complex analyses, based on the articulation of concepts from different areas[19].

Considering that it is necessary to analyze several contents that may be related to this theme, it is important to deepen the knowledge about how much the bond with the banking institution the participants are related, influences the Feeling of Belonging verified. Thus, increasing the collection of data among people who have less time in the institution or who are bonded to the service of self-management for reasons other than professional history.

The symbolic dimension is highlighted, since it was based on the participants´ considerations based on their experience, with and in the institutions, and on the effect of the representations for the establishment of the bond in health, in the sharing of meanings that create an identity, also shared. The bond in health services is built on a relational process that occurs in a multifactorial way, passing by social and subjective aspects, among others.

FINAL CONSIDERATIONS

Regarding the perceived sense of belonging, it is necessary to point to the social and political dimensions that can be considered for the understanding of this constituent element of the bond, considering that this is the identification of a certain social group. However, such analysis would require a theoretical approximation of sociological studies that expose the degree of complexity of the analysis from the perspective of the social aspects, not proposed in this study.

It should be emphasized that, when implemented and consolidated in a supplementary health self-management, besides to permanently extinguishing any understanding that it is a strategy aimed at at-risk populations, it inaugurates a space of diversity of ways of doing, based on health needs different from those experienced in public health. More than a care strategy assumed by self-management, the Family Health is strongly bonded to the component studied (the Belonging), and having the strength to evidence or confirm other nuances and potentialities of care, such as those that emerge from processes, technologies, and bonds producing actions.

SENTIMENTO DE PERTENCIMENTO NA CONSTITUIÇÃO DO VÍNCULO EM UMA AUTOGESTÃO DE SAÚDE SUPLEMENTAR

RESUMO
A produção científica em saúde tem acompanhado o movimento de valorização da abordagem integral e da subjetividade. Considerando que o vínculo favorece a identificação de aspectos subjetivos do cuidado, objetivou-se abordar um dos seus elementos constituintes, o Sentimento de Pertencimento, em um cenário do âmbito da Saúde Suplementar, orientado pelo Modelo de Atenção Integral e com serviços organizados a partir da Estratégia de Saúde da Família. Foram entrevistados 17 participantes de Belo Horizonte e Juiz de Fora, com idade entre 19 e 97 anos, homens e mulheres. A Teoria Fundamentada nos Dados (TFD) e o Interacionismo Simbólico foram os referenciais metodológico e teórico utilizados. A análise dos dados extraídos das entrevistas ocorreu a partir do processo de codificação proposto pela TFD, qual seja, Codificação Aberta, Axial e Teórica. Evidenciou-se que o Sentimento de Pertencimento é um dos elementos constituintes do vínculo, reforçando a tese de que o vínculo nos serviços de saúde se constrói em um processo relacional que se dá de forma multifatorial, passando, entre outros, por aspectos sociais e subjetivos. Ressaltam-se elementos ligados à conjuntura da realidade estudada, diferente daquela do setor público, o que pode suscitar novas hipóteses que complementem ou reforcem o enredo apresentado.

Palavras-chave: Vínculo. Sentimentos. Saúde da Família. Saúde Suplementar. Teoria Fundamentada nos Dados.

SENTIMIENTO DE PERTENENCIA EN LA CONSTITUCIÓN DEL VÍNCULO EN UNA AUTOGESTIÓN DE SALUD SUPLEMENTARIA

RESUMEN
La producción científica en salud ha acompañado el movimiento de valorización del abordaje integral y de la subjetividad. Considerando que el vínculo favorece la identificación de aspectos subjetivos del cuidado, el objetivo fue tratar sobre uno de sus elementos constituyentes, el Sentimiento de Pertenencia, en un escenario del ámbito de la Salud Suplementaria, orientado por el Modelo de Atención Integral y con servicios organizados a partir de la Estrategia de Salud de la Familia. Fueron entrevistados 17 participantes de Belo Horizonte y Juiz de Fora, Brasil, con edad entre 19 y 97 años, hombres y mujeres. La Teoría Fundamentada en los Datos (TFD) y el Interaccionismo Simbólico fueron los referenciales metodológico y teórico utilizados. El análisis de los datos extraídos de las entrevistas ocurrió a partir del proceso de codificación propuesto por la TFD, siendo, Codificación Abierta, Axial y Teórica. Se evidenció que el Sentimiento de Pertenencia es uno de los elementos constituyentes del vínculo, reforzando la tesis de que el vínculo en los servicios de salud se construye en un proceso relacional que se hace de forma multifactorial, pasando, entre otros, por aspectos sociales y subjetivos. Se resaltan elementos relacionados a la coyuntura de la realidad estudiada, diferente de aquella del sector público, lo que puede suscitar nuevas hipótesis que complementen o refuercen el tema presentado.

Palabras clave: Vínculo. Sentimientos. Salud de la Familia. Salud Suplementaria. Teoría Fundamentada en los Datos.

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