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CHAPTER 22

Humanized reception of spontaneous demand in Primary Health Care (PHC) of a Family Health Unit (USF)

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ABSTRACT

Primary Health Care is the first level of the health system and the user's gateway to services. It constitutes a physical and social environment that is closest to the community and requires professionals who work there to have a diverse and complex arsenal of technologies, including the humanization of care. It is noteworthy that welcoming users is essential to ensure the principles of the Unified Health System, enhancing a higher level of quality in care for users. The objective was to report the process of creating guidelines on reception within the UBS reception, with a view to improving the quality of services provided, identifying the potential and difficulties of the reception team's work process. This is a qualitative study of the experience report type in the practice scenario of Centro de Saúde 1304 sul in the city of Palmas/TO. 11 people participated in the experience, including 05 receptionists, 04 community health agents and 02 nursing technicians. The plan for data analysis followed the Hollyday method for systematization. We held 2 workshops, fun activities, conversation circles to discuss each scene created and witnessed. The weaknesses highlighted by the participants were mapped, which served as elements to guide the development of welcoming guidelines at the health unit reception. The meetings allowed reflection on the receptionists' practice and their relationship with users and other team members. This experience showed us that the reflection undertaken here will contribute to the search for answers to the main questions raised, as well as being able to be incorporated into the teams' work process.

Keywords: Reception, Caution, Primary Health Care, Family Health Strategy.

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INTRODUCTION

Access to public health services is a fundamental right of every citizen, guaranteed by the Federal Constitution of 1988[1], through the institutionalization of a universal public health policy through the Unified Health System (SUS) and specific regulations[2]. Over time, the SUS has undergone several modifications, including in the areas of providing basic and essential health care through Primary Health Care (PHC), preferably through the Family Health Strategy (ESF) model, which is capable of of solving most health problems, through prevention, curative, rehabilitation and health promotion actions[3,4].

APS or Primary Health Care (ABS), as it is known in Brazil, is the first level of the SUS and the user's gateway to services. Understood and perceived as a physical and social environment that is closest to the community and requires professionals who work there to have a diverse and complex arsenal of technologies, including the humanization of care[4,5,6].

In the context of PHC/ABS there are some weaknesses that are noticeable, such as, for example, the welcoming towards users, excess demand, lack of training of the actors involved and lack of protocol on reception at the reception of the Basic Health Unit (UBS) and organizational flow of the work process[7]. In view of the above, it is worth highlighting that welcoming users is essential to ensure the principles of the SUS, enhancing a higher level of quality in user care.

The National Humanization Policy (PNH), also known as HumanizaSUS, was implemented in Brazil in 2003, as a strategy to implement the principles of the SUS within the scope of health services, with the aim of qualifying health care in Brazil, having priority is given to solidarity exchanges between managers, workers and users[8,9]. The PNH brings a unique character, in terms of changing the work process of health services, breaking with the technical logic established for a long time and bringing a new proposal capable of breaking the organizational paradigms of health services with a view to care shared between users and healthcare professionals[10,8].

Therefore, it does not presuppose a specific time or professional to do it; It involves sharing knowledge, practices and experiences, taking on the responsibility of “welcoming and embracing”, of perceiving others in their uniqueness, respecting their demands and needs. We cannot confuse it with screening, as it is not a stage in the process, but an action that must occur in all places and moments of the health service[11,9].

The Multidisciplinary Residency in Family and Community Health allows professionals, in addition to learning, an effective integration of the teaching, service and community process, with the objectives of changing paradigms regarding professional practices and the organization of the work process itself, acquiring security professional and awareness of local health priorities, in order to provide better working conditions and raise the quality standard of institutional care, benefiting the community. Furthermore, homes can also value professionals and improve the quality of health

indicators that can help create strategies for actions to improve the quality of Primary Care, both for participating teams and for managers from the three spheres of government.

This contribution, mentioned above from the residency, serves to locate the study in a professional qualification process, and also fulfills the objective of informing what the pedagogical responsibilities of the residency at SUS are. It is also important to remember that reception is not an exclusive act of reception in the health service, even though it is the place of first contact within PHC, the entire team must have the capacity to provide such reception, without the need solely for reception[12].

The observation that in that unit a protocol from the Ministry of Health is reproduced, called the “Welcome Team of the Day”, made up of representatives from various sectors in the unit, including technicians, nurses and doctors. However, reproduction is poor, as it was noted that the person responsible for reception is generally only the nursing technician, with the reception team only being responsible for directing users to triage care, most of the time unnecessary.

The service/reception is the user's entry point into the Unified Health System, this can be an impactful experience for both the user and the health professional, that said, the challenge is to identify how this reception is given at the reception of the patient. Community Health Center 1304 South after finding that it is not very humanized. Thus, questions emerge as problems: what conception of reception has the reception team been guided by when receiving a user? How is reception processed? What difficulties and challenges do the reception team face on a daily basis? What is the perception of other health workers about the reception at reception? What is the perception of C.S.C. workers? L 304 Sul about reception and how it can be improved?

In the absence of confirmations regarding the qualifications of municipal employees who work at the reception of the health unit, it is assumed that they have not undergone a specific training process for the role they perform.

When observing the performance of servers during the reception/reception of users, it is thought that the protocols available in the primary care network for this purpose are not followed or prioritized.

Reception is a guideline of the National Humanization Policy (PNH), which has no specific place or time to take place, nor a specific professional to do it: it is part of all health service meetings. Reception implies listening to the user's complaints, recognizing their role in the health and illness process, and taking responsibility for the resolution, with the activation of knowledge sharing networks. Welcoming is a commitment to responding to the needs of citizens who seek health services.

Bringing the concept of reception closer to health practice, we can understand that it is a tool that makes it possible to guarantee access in a supportive manner to the user of the health service.

It can be used as a device to interrogate everyday practices, allowing noise to be captured in the relationships established between users and workers in order to change them, so that a work process centered on the user's interests can be established. Thus, reception constitutes a technology for the reorganization of services, with a view to guaranteeing universal access, resolvability and humanization of care[13].

Reception proposes to reverse the logic of organization and functioning of the health service, based on the following principles: serving all people who seek health services, ensuring universal accessibility; reorganize the work process, shifting its centrais axis from the doctor to a multidisciplinary team and qualify the worker-user relationship based on humanitarian parameters of solidarity and citizenship.

It is through this device that primary care teams have the possibility of linking themselves, taking responsibility and acting in carrying out collective promotion and prevention actions in the territory, in individual and family care, as well as in the co-management of users' unique therapeutic projects. , which sometimes require paths, trajectories, lines of care that permeate other types of services to fully meet health needs[13].

This entire discussion is the background for the construction of the project that seeks to research the levels of involvement of the reception team at a health unit in Palmas -TO, how this service is provided, the responsibilities involved, the available protocols and the qualification or not from professionals. To reinforce the observation that some health institutions in the SUS have a fragmented work process, that is, there is no structure to organize the flow of patients from their entry into the Health Unit until the final care, which is why the reception server has fundamental role in this process, as they are generally responsible for the user's first contact with the SUS.

The objective of this study is to report the process of creating guidelines on reception within the UBS reception, with a view to improving the quality of services provided, identifying the potential and difficulties of the reception team's work process.

METHODOLOGICAL PATH: “THE PATH IS MADE BY WALKING”

This is a study with a qualitative approach of the experience report type, where the systematization is configured as learning that will contribute to reflection on the different experiences lived and consequently reorganizing the work process of welcoming reception attendants at CSC-1304 south to population of the territory.

Qualitative research answers very particular questions, it is concerned with a level of reality that cannot be quantified. In other words, it works with the universe of meanings, motives, aspirations, perceptions, beliefs, values and attitudes[14].

The study was carried out at the Health Center of 1304 Sul, where the majority of the

population is dependent on this health service, part of the Krahô territory. In this Health Center, the activities of two (2) Family Health Teams are carried out with a registered population of 6,783 inhabitants. These teams are made up of 2 dentais surgeons; 3 nurses, 4 nursing technicians; 7 doctors, 1 of whom is a medical clinic resident; 1 scholarship preceptor, and 5 residents.

Regarding social aspects, most users live in homes with piped water supply and adequate basic sanitation. A large part of this population received public apartments from government housing programs. There is a high family density, with an average of six to eight people per household, considered a very small space for the number of people.

Regarding the epidemiological profile, 23 patients with Leprosy were identified in the system; 03 bedridden; 82 pregnant women; 102 diabetics; 355 hypertensive; 20 with cancer; 155 children under 2 years old; 1,776 women aged 25 to 64; 359 women aged 50 to 69 and 331 elderly people over 60 years old.

In medical residency and in the field of practice, in which the student is inserted in the context of SUS health actions, the student begins to develop skills, clinical reasoning and also their relationships with the population of that local territory. And through practical and theoretical activities, they stimulate and guide the entire care process and the perception of work in Primary Care. The relationships between the entire team are integrated as tools for planning and executing teamwork on a daily basis, enabling us to improve our practice as professionals and intervening in the reality of an entire population.

The study included 05 attendants who work at the reception of this health unit and 06 health professionals from the ESF (04 Community Health Agents 02 Nursing Technicians). The inclusion criterion was workers with at least three months of experience. The exclusion criteria are professionals who were away from work due to vacation or medical leave.

To collect information, we used the Theater of the Oppressed (TO) and within this approach, we worked with the forum theater. The theater of the oppressed is a theatrical method in which the construction of the drama is carried out by people with hierarchical power relationships, conceptually considered obstacles to the fulfillment of desires and the experience of a free, democratic, human life. Drama is real and aesthetic, theatrical and everyday, with its own characteristics that aim to facilitate dialogue with the audience. In the theater of the oppressed, spectators become “spectators”, they are invited to participate by debating and presenting their solutions to the staged limit situations[15].

Forum theater is a widely used and powerful form of theater of the oppressed, which consists of the scenic production of a show based on social issues experienced by a group that shares experiences. The group lets its themes emerge through exercises from the arsenal of awareness-raising and scenic expression techniques of the theater of the oppressed, supported by the facilitator.

In addition to the facilitator, we had a participant-observer, with the role of recording the key ideas that emerged from the performances. To record the information, we used a voice recorder and photographic records, which helped when reporting the experience[15].

The proposal of the Hollyday16 method for systematization, which proposes five times: the starting point, the initial questions, the recovery of the process experienced, the background reflection and the arrival points.

Due to the non-use of participant data either through speech or personal identification, there is no need for approval from the ethics committee. However, we will follow the ethical principles that guide and regulate research in Brazil through Resolution 466 of 2012. The study presented minimal risks of discomfort for some participants when seeing the weaknesses of their work in dramatization. The study will benefit from minimizing problems related to the work process, improving qualified listening, who need some information and outlining better care from the patient's entry to their exit.

EXPERIENCE IN THE FIELD

At the team meeting, we agreed on the days on which the workshops would be held with healthcare members from each category, such as CHWs, nursing technicians, nurses, doctors and, most importantly, reception staff.

The workshop held aimed to raise awareness among the participating group about the importance of welcoming users. According to the PNH, reception, first of all, is an ethical stance, which aims to listen to the user in their complaints, leaving them at the center of care, as a protagonist in the early stages of health and illness. The multidisciplinary team that will assist must be guided by resolution, sharing knowledge. The professional needs to know that, first of all, welcoming is a commitment to respond to the needs of citizens who seek health services, a fundamental element in the sense of reorganizing assistance in health services with a view to directing the modification of the techno-assistance model[11].

The first attempt at this meeting was a little frustrating, as the majority did not show up on the day, as agreed at the meeting. And it was postponed to another day to start the Workshop. As a strategy to ensure participation every day, via WhatsApp from the C.S.C. group, I was responsible for sending a message reminding the workshop day. The receptionists were divided into two days, so that the reception and users were not harmed.

After all this planning and persistence, the big day arrived, the day of the Workshop. There were some Community Health Agents (CHA), Nursing Technicians and receptionists. In this workshop, some everyday scenes that are faced in everyday life were made, they were performed at the Theater of the Oppressed, where the idea was to portray reality at C.S.C. The interesting thing

was to give participants the opportunity to play roles in the Theater, such as doctor, attendant or receptionist, patient and nursing technician, different professions they perform and develop their own profession.

Playful activities and conversation circles were carried out to discuss each scene created and witnessed, where the most diverse experiences were reported, such as the lack of training of receptionists to work in this area as soon as they are hired and that they are “parachuted” into the health service. and who learn on a daily basis without any preparation for it.

Suggestions such as improving reception and the working environment, both in intersectoral communication, in the structure of the environment, and even in the technology used.

It is important that the healthcare team is aware that welcoming the user makes it possible to establish a concrete and trusting relationship between them and the professional or healthcare team, in accordance with the principles of the SUS[9]. This way, it will be possible to meet social demands related to health, establishing relationships with other health services, in a regionalized and hierarchical manner. Welcoming constitutes a valuable resource, intended to support the qualification of the health system, as it allows users to access fair, expanded and comprehensive care, which is so necessary, as it is necessary to recognize that access is a fundamental human right[17,18].

Questions were raised regarding the provision of professional training or continuing education activities for those entering the service and for those already in the service.

The Workshop participants, in an attempt to present their experience of the scenario, also brought to the discussion the “lack of qualified listening”, the lack of attention to patients who spend many hours in the waiting room, where the patient “is forgotten by the team ”, where the reception is not provided by the “Requested Reception”.

The training of these receptionists is mainly questioned, as the majority who occupy these positions are diverted from their role and do not undergo any training to approach patients.

The fact is that training professionals to work in the health system has always been a challenge. It is necessary to always bring to light the field of reality, work and daily practice in the health unit, users and managers, which is fundamental for resolving problems encountered in health care and for qualifying the care provided to subjects[19].

Although there have been numerous achievements in the area, the specialization or lack thereof of health care, in addition to the subject's distance in the care processes and also, the great differences between what users and health workers and managers think, generate tension in the construction of the ideal health model, sometimes even reducing users' access to the system, even excluding them[19].

It was presented to professionals that it is necessary to have qualified listening to patients and that training and continuing education activities are necessary so that they can greatly improve the health service.

It is important that the healthcare team meets to check whether the form of care is being effective and, if not, discuss and discover the best way for the system user who arrives at the healthcare service to be well served. It is necessary to see where this user enters, who receives him, how he is received, that the professional who guides him, who serves him, in short, the health team of the Basic Unit, needs to know all the steps that this user goes through and how this service occurs in each of these stages[20].

From then on, when the team is together and is aware of these steps and how they happen, they can discuss and see what needs to be modified so that the user is better welcomed. With these meetings, it is possible, based on the detection of flaws, to make changes in the reception and in the following steps, so that the professional who welcomes you provides the first information accurately, directing you to the appropriate place[18].

Afterwards, questions were proposed such as what would be an ideal receptionist for the service, the team brought up that the ideal receptionist would be a person who was attentive to the patient and polite, communicative both with the patient and with the other employees of the Care Unit. Health, they talk about “eye to eye” with the patient and being agile.

The profile and performance of the health professionals in this program are key elements for the positive results of the work of the family health teams. This new model requires professionals with a systemic and comprehensive view of the individual/family and the community in which they are located. The professional who deals directly with the user, at the reception of the health service, needs to use creativity and critical sense, with care based on humanized and problem-solving practice, involving health promotion, prevention, recovery and rehabilitation actions. It is also necessary to plan, organize, develop and evaluate actions that respond to the needs of the community served, together with other sectors involved in health promotion. Interacting with the community is essential, mobilizing them and encouraging their participation[21].

Although they admit that they also need qualifications, they need to have quality internet, quality equipment, protection/safety when carrying out work, be valued in the work environment and also, uniforms and identification.

Valuing the worker who serves the user of the healthcare system is essential for the healthcare system to truly function effectively. Professional development implies management that understands the working team and its specificities, understanding that healthcare professionals need good mental health so that they can carry out their activities in the best possible way. Another important point refers to the tools needed to carry out activities, with good equipment and safety in the work

environment so that health actually happens. When you combine valued professionals, aware of the importance of humanizing care, with materials and equipment to support their practice, you move towards the SUS that really works[21].

CONCLUSION

Receptionists, because they are unable to establish qualified communication with the patient, end up suffering unpleasant situations, since they are professionals responsible for listening to complaints, fears and expectations, identifying risks and vulnerabilities, and also accepting the patient's own assessment. user, and taking responsibility for responding to the problem by prioritizing attention rather than first-come, first-served service, carrying out an analysis (evaluation) and ordering of needs, moving away from the traditional concept of triage and its exclusion practices.

In view of the above, it is necessary to intervene in this professional-patient relationship to better manage the needs of the population, guaranteeing the principles of the SUS. Within this perspective of improving service, it will guarantee humanized and dignified service, both for the user and the professional.

This experience brought about reflection that will contribute to the search for answers to the main questions raised, as well as being able to be incorporated into the team work process, strengthening and consequently expanding the resolution and impact on the health conditions of people and communities, based on health needs of the territory.

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