

Original Research Article

Perception of Health Workers Facing the Multiprofessional Residence

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Abstract

The objective of this research was to analyze the perception of health workers, regarding the attributions of the residents of the Multiprofessional Residence in Family and Community Health in the city of Lages-SC, in two Basic Health Units. The research subjects were the health professionals inserted in the Family Health Team (ESF) and/or in the Family Health Support Center (NASF). In the present study, the activities performed by the residents are relevant, in the view of the ESF and NASF team. It is suggested to implement to improve interpersonal relationships with the team.

Keywords: Basic Health Unit, Family Health Strategy, Multiprofessional Residence, Multiprofessional Work, Residents

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INTRODUCTION

Since 2000, partnerships have been created between the Ministry of Health, Municipal Health Secretariats and Education Institutions, with financial resources transferred by the Ministry of Health to universities, for the implementation of lato sensu postgraduate programs in the modalities of specialization in Multidisciplinary Residency in Family Health (Gil, 2005).

In 2002, 19 multidisciplinary residences in family health were created, with different formats, but within the perspective of working in an integrated manner with all health professions. In Brazil, through the Interministerial

Ordinance No. 1077, of November 12, 2009, the creation of a common area for the professions was created, where the specialties of each area involved were preserved. This ordinance established values such as health promotion, comprehensive care and welcoming, which proposes the integration between different professions, providing space for interdisciplinary action in different health scenarios (Brasil. Política Nacional de Atenção Básica, 2006).

Bringing the Multiprofessional Residency closer to the ESF (Family Health Strategy) brings benefits both to the

team, which works more closely, and to the community, which now has expanded access, with more actions in health promotion and problem-solving capacity. of the cases (Freitas et al., 2007).

Residents work in general skills activities related to public health, professional practice, organization and management of work, teaching, research for the SUS and also specific care in each area. As the work is mainly focused on health promotion, the Residence is very close to the population (Garcia et al., 2006).

In this sense, the multidisciplinary residency in family and community health aims to make changes in the profile of care, seek changes in assistance to the population and provide support for the health team.

Qualitative research seeks very specific and detailed questions, being concerned with a level of reality that cannot be measured, quantified, nor can numerical variables be reduced (Minayo, 2001). It is a method of scientific investigation that focuses on the subjective character of the analyzed object, studying its particularities and individual experiences. With qualitative research, respondents are more free to point out their views on certain issues that are related to the object of study. The answers are not objective, and the purpose is not to count quantities as a result, but rather to understand the behavior of a particular target group.

The objective of this research was to qualitatively analyze the perception of health workers in relation to the work process of the residents of the Multiprofessional Residency in Family and Community Health.

METHODOLOGY

The research was carried out by the descriptive qualitative method [5]. To carry out the research, Resolution No. 466/12 of the National Health Council was followed. The study project was approved by the Research Ethics Committee (CEP) of the Universidade do Planal to Catarinense, with the Certificate of Presentation for Ethical Appreciation (CAAE). 56007316.3.0000.5368; Voucher Number: 042228/2016.

The study was carried out in the city of Lages-SC, in the Basic Health Units (UBS) of Pró-morar and São Carlos. These units were chosen due to the fact that the UBS of São Carlos received the Multiprofessional Residents 8 (eight) years ago and in 2016 the activities at the site were closed. UBS Pró-morar never had the Multiprofessional Residency and as of March 2016, it started to rely on this process.

The research subjects were health professionals inserted in the Family Health Team and/or NASF (Family Health Support Center) and who were in both moments during their work activities (in contact with residents and also without the Multiprofessional Residence present), in the Health Units of Pró-Morar and São Carlos.

Professionals should be working for a minimum period of six months from the date of data collection, be in full exercise of their professional activities at the time of collection, that is, professionals on vacation, away from work for health reasons and professionals who do not accept to participate. Administrative assistants and general services were also excluded from this research, as they are not health professionals, medical residents and physicians who work for productivity. A total of 20 respondents, 14 in Pró-morar and 6 in São Carlos.

The action strategy and data collection were through interviews with a semi-structured questionnaire, where the research focus was on open questions regarding the strengths and weaknesses of the Multiprofessional Residency.

RESULTS AND DISCUSSION

During the interview, in the two Basic Health Units (UBS), respondents bring phrases such as: "the Residence came to add to the team", "increased integration of the team", "help the team in the care" "residents are helpful to the team", which characterizes the most cited point of the research that agrees with the authors (McCaffrey et al., 2011; Monjane et al., 2013; Goudreau et al., 2011). The authors cite the importance of teamwork, bringing that multidisciplinary practice is characterized by differences in professions, using this criterion to add knowledge from each area and, thus, residency contributes both to the integration of knowledge and to the learning teamwork. This situation allows the health professional to analyze the patient in a broad and comprehensive way, going beyond the specifics of their professional practice, where everyone seeks to achieve joint goals and there is an understanding of the importance of the role of the other to achieve them. Due to the high demand of patients in Health Units, a good relationship between professionals is essential to better develop their work. The Multiprofessional Residency aims to create this bond, helping in the daily activities of the UBS, supporting professionals, avoiding their overload.

The second most reported potential was that the Multiprofessional Residency "improves services to the community", the contribution of residents to clinical care resulting in the "reduction of the UBS flow", generating "more services to the population", "scheduled appointments with speed and quality". These points are raised by authors and include the objectives and attributions of the RMSFC (Faculdade de Medicina de Marília, 2005).

These attributions indicate that the proposal of the multidisciplinary residency in family health is located in a transdisciplinary perspective and where the general objective of the program is to promote the development of professional attributes that enable professional

practice with excellence in the areas of comprehensive health care for people and communities and, in the management and organization of work, the resident professional seeks to improve health and quality of life by performing qualified listening to the needs of users in all actions, providing humanized care and bonding.

From the municipal demands for this adaptation, experiences begin to multiply, aiming to modify the training of health professionals, one of these actions being the discussion on the creation and/or reinvention of the RMS. The authors bring the need to refer to other services, highlighting the insufficiency of the provision of care and the difficulty that family health teams, structured from the perspective of the minimum ESF team, often have to meet the health needs of the users (Peduzzi et al., 2012; Da Ros et al., 2006). The performance of professionals from various areas, in the form of teamwork to achieve the construction of knowledge and practices that address the various dimensions of health, is a necessary condition for achieving comprehensive care.

Among the attributions performed by the residents, there is the work in actions, groups, vaccination campaigns according to local priorities. According to the research report, "the groups are more effective when the Residency is present", "in local actions, the UBS that have the Residency have a differential, both in the organization of the UBS and in the services offered to patients" where it brings what should -to carry out comprehensive care actions according to the health needs of the local population, as well as those provided for in the priorities and protocols of local management. It was considered that multiprofessional teamwork consists of a modality of collective work that is configured in the reciprocal relationship between the multiple technical interventions and the interaction of agents from different professional areas. Through communication, that is, the symbolic mediation of language, the articulation of multidisciplinary actions and cooperation takes place (Peduzzi, 1998; Bunniss and Kelly, 2008).

The welcoming work performed by the Multiprofessional Residency for patients who arrive at the Health Unit is valued with notes such as "the work of the residents helps to reduce the queue at the reception", "helps to relieve the demand", "more professionals to help in the UBS flow", "faster service", "good reception of patients at reception". This is the case of multiprofessional health residencies, which come through the training of professionals in the principles of the SUS, problematizing the "[...] work process and its ability to welcome and care for the various dimensions and health needs of people, of collectives and populations" (Ceccim and Feuerwerker, 2004).

The purpose of the RMSFC is to prepare professionals from different areas of health to work in a multidisciplinary team in the Family Health Strategy

(Gil, 2005; Nunes, 2005). As seen in the research, this diversity of professions is valued by health professionals, who report that "Multiprofessional team, generates more care for the community"; "Psychosocial Team listens and, if necessary, makes referrals", "Ease of access to NASF", "Improves work resources for the team", based on SUS principles and guidelines. Its main objective is to direct the work of higher education professionals towards clinical-assistance activities applied to the direct care of individuals and families in their family and social environment, viewing the objective and subjective dimensions of the subjects of care.

The author brings that the challenge of a generalist education is the urgency to integrate the various disciplines, knowledge and practices, focusing on care centered on the individual, the family and the community, aiming to improve health indicators and quality of life of people (Furtado, 2007). The authors characterize the reciprocal relationship between the technical behaviors and interactions of professionals from different categories, mediated by communication, for the articulation of multidisciplinary actions and cooperation. Teamwork is also understood as the set of relationships between workers in daily work, involving relationships between people, relationships of power, knowledge, affection and desire (Peduzzi et al., 2012; Furtado, 2007; Fortuna, 1999).

It is noteworthy that, as residents experienced everyday problems, they approached the so-called meaningful learning (Carvalho et al., 2006).

Other authors bring that health education is often considered one of the central issues related to the transformation of professional practices, in order to favor interventions capable of approaching the needs of the population and the health reality in which the professional is inserted (Biscarde et al., 2014; Witt, 2005). For the consolidation of the SUS, it is essential to allow for new training spaces that link educational institutions, health services and the community, so that the simple and insufficient transmission of knowledge gives rise to problematization and the transformation of reality, integrating students, users, managers, workers and health professionals in the daily services and health reality.

The main point raised was the difficulty in the relationship between health professionals and residents. Reports bring lines such as: "in the beginning there was no interaction between professionals and residents", "in the beginning the residents did not give importance to the work of the ACS, especially in the Home Visits (HV). They (residents) performed the HV and did not report the patient's evolution to the CHA, "team resistance to residents", "little rapport between the team and residents. Little union". One author warns that, generally, residents are a lot of work, are not very easy to deal with, do not cling to stability and, therefore, are not well regarded by

those who accompany them in the training process and do not join the logic of invention (Kastrup, 2005).

CONCLUSION

In the present study, it was noticed that the RMSFC: Through the Multiprofessional Family and Community Health Residency, the activities carried out by the residents are relevant from the perspective of the Family Health Strategy team (ESF) and the Family Health Support Center (NASF). It identifies the creation of a work bond between residents and health workers, who are recognized as members of the ESF and/or NASF team. The team understands the role of residents in the work process of the Family Health Unit (USF). Strategies to improve interpersonal relationships with the team are suggested.

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