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RESEARCH

Núcleo de apoio a saúde da família: atuação da equipe junto à estratégia saúde da família

Center for family health support: team performance at the family health strategy

Centro de apoyo a la salud de la familia: acción del equipo junto a la estrategia de salud familiar

Jancelice dos Santos Santana¹, Thiana Lícia Azevedo², Altamira Pereira da Silva Reichert³, Ana Lúcia Medeiros⁴, Maria Júlia Guimarães de Oliveira Soares⁵

ABSTRACT

Objective: analyzing the performance of NASF teams with the Family Health Teams and identifying potential for improving the NASF work process within the municipality of Cabedelo, Paraíba, Brazil. **Method:** this was an exploratory, descriptive study with a qualitative approach. Results: data were collected from a questionnaire administered to 19 nurses working in the FHS. **Conclusion:** highlighted the need to strengthen the NASF work process with the Family Health Strategy building an interaction between workers and users in order to overcoming the challenges of teamwork process and seeking to achieve best collective health assistance. **Descriptors:** Family health strategy, Primary health care, Health services administration.

RESUMO

Objetivo: analisar a atuação das equipes do NASF junto as Equipes de Saúde da Família e identificar potencialidades para melhoria do processo de trabalho do NASF dentro do município de Cabedelo, Paraíba, Brasil. **Método:** realizou-se estudo exploratório, descritivo com abordagem qualitativa. **Resultados:** os dados foram coletados a partir de um questionário aplicado a 19 enfermeiros que atuam na ESF. **Conclusão:** destacou-se a necessidade de fortalecer o processo de trabalho do NASF junto a Estratégia de Saúde da Família, construindo uma ação de interação entre trabalhadores e os usuários, a fim de superar os desafios no processo de trabalho em equipe e buscar alcançar uma melhor assistência coletiva em saúde. **Descritores:** Estratégia saúde da família, Atenção básica, Gestão dos serviços de saúde.

RESUMEN

Objetivo: analizar el rendimiento de los equipos de NASF junto a los equipos de salud familiar e identificar las posibilidades de mejora del proceso de trabajo de NASF dentro del municipio de Cabedelo, Paraíba, Brasil. **Método:** se realizó un estudio exploratorio, descriptivo, con enfoque cualitativo. **Resultados:** se recogieron datos de un cuestionario aplicado a 19 enfermeras que trabajan en la ESF. **Conclusión:** se destaca la necesidad de fortalecer el proceso de trabajo de NASF en conjunto con la Estrategia de Salud de la Familia construyendo una interacción entre los trabajadores y los usuarios a fin de superar los retos del proceso de trabajo en equipo y tratar de alcanzar una mejor asistencia sanitaria colectiva. **Descriptor:** Estrategia de salud de la familia, Atención primaria, Gestión de los servicios de salud.

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INTRODUCTION

In Brazil, the Unified Health System (SUS) had its strengthening from 1994, when the basic attention was restructured and reorganized with the implementation of the Family Health Program (PSF), later named Family Health Strategy (FHS). From that model, the family came to be considered an intervention unit and established the premise of reorientation of professional practices from the basic attention in the development of promotion, prevention and recovery of health, fully and continues.¹ Currently the number of births assisted by family health teams is 101 million, about 52,3% of the population.²

With the purpose to rethink practices in health experienced so far by the FHS, the Ministry of Health expanded its presence through the deployment of core support to family health (NASF) by Ordinance GM nº 154, of January 24th, 2008.³

NASF represented an important step in the consolidation of FHS and especially for the development and improvement of a new model of process of multidisciplinary teamwork. It emerged in the effort to supporting the insertion of the FHS on the network of services and expand the scope, the territorialization and regionalization, as well as the expansion of primary health care (PHC) in Brazil.³

NASF differentiates from the FHS by not constituting itself as a gateway service to users; moreover, to providing support to family health teams, acting shared, aiming at building networks of attention and care, and collaborating to reach full physical and mental care integrity for users of SUS.

The Constitution of the NASF teams must be set by municipal managers and family health teams (FHTs) from the demands identified in conjunction and varies according to the needs of the territory. Each NASF binds a variable number of family health teams, between 8 and 20, and it can be composed of up to 19 professionals, among them are: psychiatrists, nutritionists, speech therapists, physiotherapists, occupational therapists, psychologists, social workers, physical educators, among others.³

It is noted, however, that the social and health policies, among them the NASF, has contributed little to ameliorate the conditions of access and vulnerability in the municipality of Cabedelo, even though as the family care unit in its environment and in anticipation of actions that bring the possibility to detect the support needs, giving support to the family health strategy and thus, extending the social support networks.

On the basis of this evidence and in an attempt to broaden discussions about the subject, it asks: What is the significance of NASF teams' activities for professionals in the FHS in the municipality of Cabedelo?

Recognizing that the health care process comes through a series of inflections, requiring the incorporation of professionals' knowledge about the work in health and appropriating a new conceptual field, expressed public policy guidelines of SUS and how

health professionals of the municipality of Cabedelo since 2004, arose the need to perform a study that showed the performance of NASF at the family health teams in that municipality.

With the purpose of contributing to the adoption of a more qualified assistance and enabling the identification of possibilities for the improvement of the activities, the present study aims to: analyzing the NASF teams' performance along with family health teams and identifying potential for improvement in the work process of the NASF within the municipality of Cabedelo, Paraiba, Brazil.

METHOD

This is an exploratory, descriptive study with a qualitative approach. The exploratory character is configured in this research, since it addresses a topic little studied in the literature. The descriptive character, in turn, "has as its objective the primary description of the characteristics of a particular population or phenomenon or object."^{4,6}

The study was conducted in 19 Family Health Units of the municipality of Cabedelo-PB, located in the metropolitan area of João Pessoa. The study included nurses working in the FHS of said municipality. Sampling was accessibility, free-form, with the nurses who were in FHUs at the time of data collection and who agreed to participate and signed the consent form. The study was approved by the Ethics Committee in Research of the Center for Health Sciences quoted CAAE Registration: 16906513500005288/13. During the research, aspects contained in Resolution n° 196/96 of the National Health Council, which deals with research on humans were observed.⁵

To participate in the research there were established the following criteria: the nurses who worked in Family Health Units (FHUs) and they have shown interest in participating in the sample. The deletion was made for those nurses who do not work in the FHUs and those who were on vacation and or license.

Data collection was carried out through a questionnaire containing questions related to characterization of the subjects and issues of free expression that asked: What is the methodology of work used by teams of NASF? What are the results of this methodology at FHUs? What do you suggest for improving the performance of NASF team inside the FHU?

The collected data were analyzed qualitatively, through the technique of the collective subject discourse (DSC), proposed by Lefèvre and Lefèvre,⁶ consisting of a set of procedure that highlights the key expressions of the lines of the participants of the study, what makes the thought in the form of synthesis and allows for interpretation of results substantiation. This technique consists of select, for each individual response to a question, the key expressions, which are most significant stretches of these responses. These key

expressions match central ideas that are synthesis of discursive content expressed in the key expressions. With the material of the key expressions of ideas built Central speeches-synthesis, in the first person plural, which are the DSCs, where the thought of a group or collectivity appears as if it were an individual speech.

RESULTS AND DISCUSSION

Regarding the characterization of the sample, most of the nurses Cabedelo FHUs, 47,4% (9) are aged 31-40 years old; 31,6% (6) aged 41-50. Regarding gender, 94,7% (18) were female. As regards the years of professional experience as a nurse, 26,3% (5) had 11-15 years of experience; 21% (4) reported having between 6-10 years; about the experience in FHS, 36,8% (7) 11-15 years of experience and 21% (4) reported that they had between 16-20 years of experience in FHS. Regarding the level of education in nursing, 84,2% (16) of nurses are experts, and of this total 68,4% have a specialty in Family Health, and the remaining 15,8%, Community Health, 10,5% (2) possess graduate and only 5,3% (1) Masters. Given these data, we can infer that most nurses have expertise in the particular area of expertise. This reflects the commitment by trained professionals to work in the community, strengthening, thus, the public health policies.

As for the relationship of professionals of the NASF with family health teams in the municipality of Cabedelo, results showed that 47,3% reported a very good relationship within the family health teams, 42,1% reported good relationships, 5,3% reported being wonderful and 5% satisfactory.

To have the interdisciplinary relationship, there are needed attitudes among professionals, highlighting: the recognition of the importance of every profession, every professional respect, tolerance, acceptance of suggestions, and can be seen as a practice of the exercise of tolerance, respect for the limitations of each profession, commitment to the system, changing attitude, humility, respect for differences, ethics, leadership and empathy.⁷

Regarding the existence of discussions of the activities that are developed by the teams of the NASF in FHS, 58% said they exist; 31% reported that some argue, 5% reported that rarely occurs and 5% did not argue.

Regarding what is discussed, most discussions, 79% involve the home visits, health program at school, educational activities with groups of adolescents, the elderly, prenatal care, and mental health; 15,8% involve individual calls when prompted; and only 5,2% the educational lectures, commemorative days and campaigns.

It is good to remember, that the proposed work of the NASF is targeting for the bailout provisions, integrated care management, through shared services and therapeutic

projects involving users and are able to consider the uniqueness of patients through support, Expanded clinic Matrix, Unique Therapeutic Project (PTS), the Health project in the territory (PST) and the Agreement of support.⁸

The matrix support is a technological tool that offers assistance background and technical-pedagogical support to reference teams, and promotes sharing of knowledge, increasing the resolution of the problems.⁹ The matrix support aims to change the logic of referrals for a indiscriminate bailout provisions, territorial logic seeking greater resolution to ensure interactive and dynamic, specialized teams rear.¹⁰

The importance of teamwork in the FHS is emphasized, mainly, from the looks of the entirety of healthcare. Considered one of the doctrinal principles of SUS, completeness has, over the 90's, and especially in this beginning of century, a unique strategic importance for the consolidation of a new model for health care in Brazil that besides contributing in this organization, seeks a larger seizure of the health needs of the population served, be they express or not, not limited only to the role of each professional.¹¹

This means thinking about new way to health, in which professionals work sharing and leveraging the knowledge and actions, with exchanges and organizing the careful decentralization of power, i.e., in cooperation, articulation, and network connection, which includes the possibility of confrontation intra and interinstitutional or divergence of views on how care work and team structuring as a whole.¹²

As for the performance of the activities of teams of NASF, 47,3% of nurses criticized the work of NASF teams, reporting that they need to be more integrated with the FHS; 52,7% had nothing to criticize.

Among the numerous responsibilities assigned to NASF professionals, there are the integration of various social policies, humanized attention, identification, in conjunction with the FHS and the community, activities, actions, priority public and practices to be adopted in each of the areas covered, in addition to the elaboration of individual therapeutic projects, through periodic discussions enabling collective ownership by the FHS and the NASFs monitoring of users, multiprofessional and interdisciplinary actions performing developing shared responsibility.³

From the new dynamics of health services organization and the links between FHS and NASF, you have to rethink the action of all those involved in the issue: the community, health professionals and managers, aiming at a political agreement between the parties and the effective production of adscrita population health, beyond the clinical curative demand.¹³

It should be noted that the teamwork consists in doing daily, and must always be analyzing the activities developed by the team, always working in unity and with complicity, where everyone can share ideas and that they can help in the actions offered to the population satisfactorily and effectively, that above the needs of all involved.¹⁴

Understanding the discourses

From the analysis of the collective subject discourse regarding questions made for nurses about the methodology of work used by the teams of NASF and the results of that

work, as presented in table 1, it was possible to perceive that NASF teams work in an integrated manner with the team at FHS, although they need to extend this integration, the working methodology adopted by the teams of the NASF provides positive results for the community, contributing to achieve the full physical and mental care integrity users, supporting teams of FHS on completion of the network of services and expanding the breadth and scope of basic care, as well as its resolution.

Table 01 - Distribution of the central idea, key expressions and the collective subject discourse about the methodology of work used by the team of NASF and the results of this work. (Cabedelo-PB, 2012)

CENTRAL IDEA	KEY EXPRESSIONS	THE COLLECTIVE SUBJECT DISCOURSE
<p>Actions aimed at the decrease of users in chronic use of psychotropic substances.</p> <p>Formation of specific groups: mental health, older people with hypertension, and other.</p> <p>Development of bodily practices and physical activity.</p> <p>Provision of educational and health promotion directed at specific groups.</p> <p>Diagnosis and treatment of dementias.</p>	<p><i>[...]avoid in some cases still use of psychotropics in some patients.</i></p> <p><i>[...]here in my unit we discussed a lot about how we should proceed with patients who use medication controlled, in partnership with the psychologist and social worker we created the Mental Health Group.</i></p> <p><i>[...]the physical education specialties and social worker, on individual activities or with the rest of the team is having a very positive acceptance in particular with the reading group.</i></p> <p><i>[...]the partnership we have with the physical educator this bringing considerable results, especially in the elderly group they are overstimulated and willing to do physical activity.</i></p> <p><i>[...]in terms of educational activity.</i></p> <p><i>[...]some alcoholic patients who, with the help of psychologist and social worker, joined the treatments and therapies.</i></p> <p><i>[...]in conjunction with the team in the home visits some interventions in patients burnouts of stroke.</i></p> <p><i>[...]our physical educator is to be congratulated, as well as participate in the educational activities of the unit, makes monitoring the Group of elderly and makes a day of swimming activity with the same group bringing an attendance of 3 files.</i></p>	<p>The methodology of work of the team of the NASF along family health teams, bringing positive results with the participation and integration of all existing groups of cases forwarded by efficaciousness teams, encouraging the patient adherence to treatment, as well as the participation in the actions of prevention, promotion, protection and recovery of health.</p>

The central responsibility of NASF and FHS teams has in addition to completeness, other principles and guidelines that refoçam the attention to health, such as: a) Territory,

which is a set of natural and artificial systems that include individual and institutions. Regardless of his power and the teams that develop their activities, they need to recognize their reality in its many dimensions, identifying their weaknesses and possibilities; b) popular education in health and a participatory mode of health and uses the individual as a subject of its own worker process; c) interdisciplinary, encompassing conduct, values and beliefs as well as dynamic interaction relations of knowledge; d) social participation, which is related to the strengthening of social and community spaces in order to strengthen civil society.⁸

With regard to suggestions from nurses to improve the performance of teams of NASF, the table 2 reveals some suggestions as: greater integration of some professionals of NASF to with the family health team, its own headquarters to the NASF, presence of a NASF team for each FHU, discussion of clinical cases with the team of NASF and the FHS in order to construct a new mode of health work, user-centered, with quality, resolution and fairness.

Table 2 - Distribution of the central idea, key expressions and the collective subject discourse regarding suggestions that nurses could point to improve the performance of the NASF team inside the FHU. (Cabedelo-PB, 2012).

CENTRAL IDEA	KEY EXPRESSIONS	THE COLLECTIVE SUBJECT DISCOURSE
Greater involvement and integration with the FHS.	<i>[...]could have more involvement with the team and the community to work to have better results.</i>	The NASF team continue working with the same commitment and dedication, getting involved more in the meetings of the FHU for appropriateness of some jobs and schedules, including in their activities clinical case studies for better targeting of actions to be taken, generating experience for both professionals and increasingly satisfactory results in the areas.
Discussion of clinical cases.	<i>[...]greater integration NASF-USF.</i>	
Headquarters to the NASF.	<i>[...]the team of the NASF works in a single FHU, and not in several.</i>	
	<i>[...]shared clinical actions for intervention with emphasis on interdisciplinary studies, discussion of clinical cases and situations in partnership with FHU.</i>	
	<i>[...]there was a thirst for NASF to us of the FHP route patients to pair groups and attendances.</i>	

According to the lines, it appears that the teams of NASF is partially integrated family health teams, these differences of opinions, due to the fact that the Municipality has two teams of NASF acting in different Family health teams and these professionals work in more than one FHU.

As regards the business professional-specific inserted in NASF, the team should develop joint and integrated manner, preventive actions and promotion of quality of life in the community, in addition to assistance for recovery and rehabilitation of health, both in the health unit as in other community spaces, external to this by associating the clinical performance and health practices technique in the collective.³

Meetings held in team are not recognized by the participants of the study as a space where people can exchange experiences, expectations and efforts, as well as improve the coexistence and the provision of services to the community, a situation of extreme importance to the NASF teams have regular meetings to share knowledge, discuss specific themes and texts relating to the practices in the FHS.

The group draws attention to the need to rethink the organisation of work, schedules of professionals, both with regard to individualized assistance as to the construction of the interdisciplinary work that impacts directly on the quality of care.

One of the recognized difficulties in the process of work of the NASF is the training of professionals, which is not compatible with the needs of the SUS. Pedagogical proposals are built far apart and services do not include key points such as teamwork, bonding, and host, indispensable to the NASF.¹⁵

CONCLUSION

The fhs is responsible for the care of approximately 101 million people. Since its inception in 1994, deals with the limitations of a health care system that often provides answers short of health needs of the population. The NASF was created to support the actions of the family health teams and contribute to enlarge the efficaciousness of primary health care, seeking the completeness of the care, having as main locus of development, shares of primary health care and family health teams.

According to the results showed how much the performance of teams of NASF along the FHS in the municipality of Cabedelo, there are potentials and fragilities, requiring adjustments to the provision of service to be more effective and efficient and bring positive results for the FHS, working in an integrated manner in the search for a health care that focuses on the individual with biopsychosocial needs.

Given the results, it was observed that the objectives of the study were achieved. However, we know that the transformation of practices is a challenge to be overcome in several instances, because it implies in changes of paradigms already structured services, educational institutions and interpersonal relations. With the search results it was possible to analyze the performance of teams of NASF, as well as all of your worker process with the FHS. It is important to stress the need to strengthen the process of work of the Center for family health support along the FHS with interdisciplinary direction, as this is essential for the development of health care quality, since the fragmentation of professional practices is an obstacle to the performance of actions that aim for completeness.

It is noteworthy that, although the municipality of Cabedelo be developing the NASF according to what is established by Ordinance 154, it needs to improve its ties with the FHS which are linked, making each professional activities complement each other, building an

action of interaction between these and users, in order to overcome the challenges of the teamwork process, and seek to achieve collective assistance in health with quality.

On the innovative character of the challenges laid down by the reality of health in the country and expectations related to NASF, becomes essential to conducting research that address this topic and contribute to broaden discussions about the same.

REFERENCES

1. Oliveira, AKP, Borges, DF. Programa de Saúde da Família: uma avaliação de efetividade com base na percepção de usuários. *Rev de Adm Pública* 2008; 42 (2):369-389.
2. Ministério da Saúde. Atenção básica e saúde da família. <http://189.28.128.99/dab/abnumeros.php#mapas.pdf> (acessado em 20/Abr/2012).
3. Ministério da Saúde. Portaria nº. 154, de 24 de janeiro de 2008. Cria os Núcleos de Apoio à Saúde da Família NASF. *Diário Oficial da República Federativa do Brasil* 2008; 25 jan.
4. Gil, AC. Métodos e técnicas de pesquisa social. 5.ed. São Paulo: Atlas, 2007.
5. Brasil. Ministério da Saúde. Comissão Nacional de ética em Pesquisa. Diretrizes e normas reguladoras de pesquisas envolvendo seres humanos. Resolução n.196 de 10 de outubro de 1996. Diretrizes e normas regulamentadoras. 2. Ed. Ampl. Brasília: DF; 2003.
6. Lefrèvre F, Lefrèvre AMC, Teixeira JJV. O discurso do sujeito coletivo: uma nova abordagem metodológica em pesquisa qualitativa. Caxias do Sul: Edusc, 2005.
7. Veras, MMS. Sistema de informação dos núcleos de atenção integral na saúde da família - SINAI. *Sau soc* 2007; 16(1): 165-171.
8. BRASIL, Ministério da Saúde. Ações e Programas. Portaria nº 2. 843/GM, de 20 de setembro de 2010. Disponível em < <http://dtr2004.saude.gov.br/dab/nasf.php> > Acesso em: 21 jan. 2011.
9. Cunha GT, Campos GWS. Apoio matricial e atenção primária em saúde. *Saúde Soc* 2011; 20: 961-70.
10. . Departamento de Atenção Básica, Secretaria de Atenção à Saúde, Ministério da Saúde. Diretrizes do NASF: Núcleo de Apoio à Saúde da Família. http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/abcad27.pdf (acessado em 10/Out/2012).
11. Cecílio, LCO. As necessidades de saúde como conceito estruturante na luta pela integralidade e equidade na atenção em saúde. In: Pinheiro R, Mattos RA, organizadores. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: IMS-UERJ/Abrasco; 2001.
12. Florindo AA. Núcleos de Apoio à Saúde da Família e a promoção das atividades físicas no Brasil: de onde viemos, onde estamos e para onde vamos. *Rev Bras Ativ Fís Saúde*. 2009; 14(2):5-6

13. Rivera, F; Artamn, E. Planejamento e Gestão em Saúde: histórico e Tendências com base comunicativa Visão n'uma. *Ciênc saúde coletiva* 2010; 15(5): 2265-2274.
14. Fortuna, CM, et.al. O Trabalho em Equipe no Programa de Saúde da Família: Reflexões a partir de conceitos do processo grupal e de grupos operativos. Ribeirão Preto (SP): Escola de Enfermagem de Ribeirão Preto/USP, 2005.
15. Nascimento DDG, Oliveira MAC. Reflexões sobre as competências profissionais para o processo de trabalho nos Núcleos de Apoio à Saúde da Família. *Mundo Saúde (Impr.)* 2010; 34:92-6.



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