91 - USERS VISION OF A FAMILY HEALTH UNIT ABOUT NATIONAL HEALTH SYSTEM

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INTRODUCTION

Health was established in the legislation as a right of all Brazilians, to be assured by the executive branch, and their principles have being governed by the creation of Act No. 8080, otherwise known as the Organic Health Law, what through agencies and federal, state and local public institutions, should secure it to the population. With the implementation of the SUS, has been given a new design to the contours of health care in the country, redefining the responsibilities and powers of each level of government and giving the municipalities, the central role in managing the local health system (BRAZIL, 2005).

Health care is a right and duty of the state, being guaranteed through social and economic policies aimed at reducing the risk of disease and other health problems; universal and equal access to programs and services that seek their promotion, protection and recovery (BAHIA, 2005).

This system consists of a set of actions and health services under public management. Organized in regionalized and hierarchical systems and working throughout the country, with a single management in each sphere of government. The same, however, is a structure that acts alone in promoting the basic rights of citizenship, as it is in the context of public policies on social security that covers beyond the health, welfare and social assistance. It is considered as the greatest social inclusion policy implemented in Brazil. His advances are significant; however, problems remain to be tackled to consolidate it as a universal and equitable public system (BRAZIL, 2011).

Its creation opens perspectives to support actions that may refer to social issues, predicting people's participation in governance, the prevailing the will of the people and their rights respected, individual or collective. However, for this to happen, it is necessary the existence of spaces that enable liberation of citizens in order to enlarge social inclusion (Martins, et al 2008...).

In this context, public participation is an important strategy to ensure that principles such as decentralization and municipalization of health (BRAZIL, 2005). Based on the pre-existing situation in many population centers, some questions arise: the population is made aware about the SUS and what is their role? The relationship between users and ESF's professionals provides hosting and bond? Professionals are performing their duties, and users are getting their rights?

Their prerogatives may help strengthen studies on the SUS in the perspective of users, aiming to clarify the lived experiences and perceptions of those who are served by the system. It also hopethat this research when presented, can contribute to the work of many professionals, managers and researchers who deal with SUS in everyday life in the city Sousa-Paraiba. This study aimed to meet the vision of users of a Family Health Unit on Health System, identifying users' knowledge about the respect for their rights; checking for user participation in decision-making processes of the SUS locally.

METHODOLOGY

This was an exploratory study with a qualitative approach in the municipality of Sousa - PB, located in the backlands of Paraiba, headquartered in northeast Brazil in the semi-arid region in the state of Paraiba, 450 km from the capital of state. Has fertile soil and its economic development remains farming, being regarded as one of the largest producers of coconut in the country.

This study was conducted specifically in ESF San Jose XVIII, in the neighborhood San José. This Basic Health Unit has 06 rooms (room nurse, the vaccination room, sterilization room, the medical room, the dentist room, and pantry), has 800 registered families, and has human resource 16 professionals to meet the needs of the population. It is divided into 07 micro areas, with 07 health workers, respectively, and holds at least 20 calls per day.

The population used were 800 registered families, and the sample was composed of 260 members which correspond to the inclusion criteria: being SUS's user and are registered in the area covered by the ESF; aged between 20-60 years; seeking the unity under study for medical care, nursing, dentistry within the programs offered by the Ministry of Health in the unit.

Upon completion of the data collection took place with the approval of the project in Brazil Platform, whose identification number was 240 817, and following a request made to the City Health Department approval for development of the research, being conducted in the month of May 2013, by applying a semi-structured questionnaire.

Regarding the data listed in the objectives of the survey were analyzed qualitatively and about the theme suggested in studies, but also in the related literature, through the technique of discourse analysis of the collective subject LeFevre and LeFevre (2002), which resulted very naturally, vivacity and spontaneity to thought.

RESULTS AND DISCUSSION

In Table 01 will be demonstrated data concerning the responsiveness of the proposed objectives, which will be represented and analyzed below.

Table 01- Collective Subject Discourse 1 users of a f amily health unit in response to the question: "What does the Health System for you?"

Central Idea 1	Collective Subject Discourse 1
The SUS and its benefits	[...] It is a large public system that serves the entire population [...] In a very large benefit [...] Whenever I need I'm well attended [...] It helps the government gives to the people [...] it is essential in the life of a person like me without financial conditions [...] it is a system that assists us in full [...] it is a right that I have a nd also the entire community, I have needed many time the SUS [...] When there were no SUS health was precarious.

Central Idea 2	Collective Subject Discourse 2
deficient system	[...] A denial, a poor system, outdated [...] terrible treatment offers by the doctor [...] it needs to be better monitored and more resources to better serve [...] it should be a government priority, [...] it leaves much to be desired [...] it is a system in process of construction, so many failures, it will take a lot [...] the do ctor looks at people badly[...]

SOURCE: Research data / 2013

The Central Idea 1 and the Collective Subject Discourse 1 show that the SUS provides a good service, and that all respondents recognize the importance and rationale the system has in their lives, recognizing their rights, stating that the state has a duty to ensure quality healthcare to all Brazilians. Before the speech is striking the degree of satisfaction, gratitude and enthusiasm of the users, they always seek to compare the past and the present and report how much they have benefited from the implementation of SUS and how their lives changed for better.

According to Brazil (2011) SUS aims to promote universal access to health services; integrality or assistance; equity of care; information to assisted people about their health; disclosure of information regarding the potential of health services and the use by the user; participation of the population about their health; disclosure of information to the community; political and administrative decentralization; control of disease occurrence; quality control of drugs, tests, foods, health and fitness facilities that serve the public.

According the central idea 2, we highlight the performance of SUS' activities as a deficient practice, and it is justified by the fact that it too shallowly perform what is expected of adequate care, realizing that there is a large distance between medical team and users, what can be explained by the overhead of some professionals, and non-participation by others. According to Silva; Crus; Melo (2007) despite the pretensions of reorganization and some advances, it can be considered that the SUS is a process still under construction with discrete advances and needs improvements regarding the extent of coverage of public actions, reallocation of human resources and improvement infrastructure that becomes something far, especially in relation to reducing inequalities in access to and quality of care.

Table 2 - Discourse of the Collective Subject of users of a Family Heal th Unit in response to the question: "Do you often look for services of your unit?"

Central idea	Collective Subject Discourse
Continuoustreatment	[...] Always [...] I'll always because of my little daughter to weigh and vaccinate [...] I'm sick, I am always there for consulting or checking my blood pressure [...] i'll always because i'm doing my prenatal there [...] I never let to go there when it is not for myself I go to assist my mother, my husband, my daughter [...] I went to my prevention there [...] I was and got a referral to a cardiologist for my father, and so we had discovered the illness and sent him to do the surgery and he is nice now [...] I look for whenever I need it, there is the refuge of the poor, great professionals.

SOURCE: Research data / 2013

The Collective Subject, manifested before these speeches that the SUS satisfies the needs of each user, from a simple query to a major surgery, each user reports that public health services receive them, and the most important is the resolution of their problems. The users are satisfied, believe in the capacity and performance of the professionals working there, and strive for the population to have a good quality of life, and always when they need they seek the SUS' unit.

According to Ramos; Lima (2003) the use of health services is the center of their operation. The concept of using includes all direct contact (physician visits, hospitalizations) and indirect (preventive examinations and diagnoses). The process of using the service is the result of the interaction of user behavior seeking care, and the professional who leads within the system. The conduct of the individual is usually responsible for the first contact with the health services and professionals are in turn responsible for subsequent contacts, being that they largely define the type and intensity of consumed resources for solving problems.

Table 03 - Discourse of the Collective Subject of users of a Family Health Unit in response to the question: "You ever needed some home car e health professionals of your unit?"

Central Idea	Discourse of the Collective Subject
Home care	[...] Yes [...] I did, and thankfully they came to do my bandage at home, because I am elderly and live alone [...] I needed when I had to remove the stitches when I got my baby [...] When I had an accident the nurse came all the time to my dressing [...] For me I never needed it, but I took care of my mom and she needed it a lot [...] the nurse came to meet me at my house, I felt so special [...] I did not need to go until the place when i needed i gave the message to the health agent and he brought the nurse up to my house.

SOURCE: Research data / 2013

It is understood that the interaction reported by subjects is possible to plan actions in health education aimed at

focusing the customer as the center of activities of services, both in unit treatments as home visits, to promote the health of the community from their capabilities and features. It is understood as a field approaching the sum of efforts to improve health conditions in household size, understanding the issues that affect them and the communion of efforts they undertake to diagnose and fix them. It is then an educational activity to the extent that communication channels are established in an open and systematic way in order to break with candied ways of thinking and doing health.

According to Teixeira (2004) the home visit should be made by all team members, the more professional service limited to cases of illness in the household, the more difficult becomes the task and the reversal of the model based on disease, and most distant of the philosophical purposes of the program. It is better to go to promote health than to treat the disease. The family should be the guiding principle of health who wish to go beyond the healing dimension, reaching areas of preventive health promotion.

It is important that a home visit be also considered in the context of health education, as it will help to change behavior patterns, promoting quality of life through disease prevention and health promotion (Oliveira et al., 2008).

Table 4 - Discourse of the Collective Subject of members of a family health unit in response to the question: "When your consult is unsuccessful, do you seek the unit again to solve your health problem?"

Central Idea	Discourse of the Collective Subject
Search for another service	[...] No, I try to call the hospital because he has all the time [...] The hospital because there is better care [...] when they can't resolve my problem at t he health care unit i look for a particular hospital [...] If I ever went there and they did not solve my problem I seek other ways.

SOURCE: Research data / 2013

Given the above it is observed that although each health facility have an area delimited in the municipality, users emphasized the need to pursue more complex care and quality, far from his residence which causes a pilgrimage to various hospitals untill achieve a desired service, that causes discomfort, displacement and expenses.

According to Ramos; Lima (2003), the regular use of a service may be determined or measured on the ease or difficulty in accessing health services. The demand for health care services is related to better access to health services.

Table 5 - Discourse of the Collective Su bject of users of a Family Health Unit in response to the question: "Have you participated or participates in meetings of the Municipal Council of Health?"

Central idea	Discourse of the Collective Subject
Lake of information	[...] No [...] I did not know the existence of these meetings [...] they never called me to participate [...] Where are these meetings? [...] I never participate, i do nothave time.

SOURCE: Research data / 2013

Considering the above, we understand that there is a problem; we have to intensify actions and correct the flaws. Thus, we must lead them to understand the importance of their participation for effective and humane practice of community health as a way to collaborate in the dissemination of the health care services. This concept is essential to the purposes of the Family Health Program and the Program for Community Health, provided they perceive user participation as an essential part of this process.

For a system without restrictions is important to encourage the participation of all concerned citizens, through open communication channels, stated in the simplest form of active listening in everyday relations between health and community, until the conquest of performance spaces, exerting social control in health services.

According to Cortes (2002), users could more influence in deciding the fate of public resources in the health sector, information transparency order of service, monitoring the quality of care, to influence the development of policies that favor the partners sectors they represent, and participate more effectively in the construction of health actions.

According to Silva; Crus; Melo (2007) nowadays the practice of health councils at municipal level, deserves a more critical evaluation and capable of priming the challenges and contradictions in relation to public control and popular participation in the SUS, with focus on the issue of media. The Municipal Health Council, the highest body of deliberation the SUS, has guided in recent years discussions on the thematic information and health communication.

FINAL THOUGHTS

The SUS is progress and achievements in the health of all Brazilians, and managed to face many obstacles, which resulted, especially the right of the population to rely on a service of health care. Being a system that is under construction undergoes numerous changes to realization of their ideals, and assumptions as the promotion, protection and recovery of health.

The construction of the new healthcare model has been a challenge for the Ministry of Health, which has prioritized the Family Health Strategy as a way to expand and qualify the basic care, surpassing the old design focused on the importance of acquiring the disease expansion propagation and the inclusion of increasingly larger portions of the population who has had access to health care.

It is a model of fundamental arrangement of health services to ensure socio-political conditions, material and human resources, which makes possible a quality job for anyone who wants to play their work (professional) and who receive assistance (user). It is essential that the difficulties be discussed to contribute to quality improvement in health. It is at this point that this work contributes to the improvement of the practices of professionals as well as lead the discussion to health professionals who work in the Family Health Program.

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USERS VISION OF A FAMILY HEALTH UNIT ABOUT NATIONAL HEALTH SYSTEM

ABSTRACT

The Brazilian National Health System (SUS - Brazilian acronym of SistemaÚnico de Saúde) was created in 1988 by the Constitution and regulated by law No. 8080/90 and No. 8,142 / 90 , the organic laws of health , in order to change the situation of inequality in health care making mandatory the public service to any citizen . Through SUS, all citizens are guided to consultations, tests, hospitalizations and treatments in hospitals linked to local, state or federal level, whether public or private, contracted by the public health manager. Based on these assumptions, this study has the overall objective to know the vision of users of a Family Health Unit of the SUS, including the comprehension of the users about the principles and guidelines of the SUS; identifying users' knowledge about the respect for their rights; and their participation in decision-making processes at the local level. An exploratory, descriptive and empirical research with a qualitative approach was performed using as a method of script a semi-structured questionnaire with objective and subjective questions, and the data were analyzed using the technique of discourse analysis of the collective subject of Lefevre. Given this reality, it was possible making strengthen studies about SUS in the perspective of users, aiming to clarify the lived experiences and perceptions of those who are served by the system, contributing to the work of many professionals, managers and researchers who deal with SUS every day.

KEYWORDS: Knowledge, Users, Family Health.

VISION D'UN UTILISATEUR D'UNE UNITÉ DE SANTÉ DU SYSTÈME DE SANTÉ UNIFIÉ.

RÉSUMÉ

Le système de santéunifié (SUS, sigleenportugais) a étécréée en 1988 par laConstitution et réglementée par leslois n ° 8080/90 et n ° 8142 / 90, loisorganiques de lasanté, ayant pourobjectif changer lasituation d'inégalitéausein de la population enmatière d'assistance sanitaire, permettant obligatoirementl' accèsauservice public de santé à tout citoyen. Grâceau SUS, touslescito yensontdroit à desconsultations, destests, des hospitalisation setdestraitements dansleséta blissements de santéliésauniveau local, étatique ou fédéral, qu'ilssoientpublics ou privés, sous contratave cleministère de lasanté publique. Surla base de ceshypothèses, cetteétude a pourob jectifgénéral de connaîtrela vision desutilisateurs d'une unitédu SUS, tout enessayant de comprendrela conceptionceux-cisurlesprincipes et lignesdirectricesdu SUS; eni dentifiantle sconnaissances desu sagersdusystèmesur lerespect de leursdroits; et savoirleur participation auxprocessus de prise de décisionauniveau local. Une recherche exploratoir edescriptive de terrainavec une approchequalitative a étéréalisée à l'aide d'un script entant que méthode de question nairesemi-structuréavecdes question sobjectives et subjectives, et lesdonné esontété analysées enutilis antlatechnique de l'analysedudiscoursdusujetcollectif de Lefèvre. Face acetteréalité, il a étépossible d'aider à construir edesétudessurle SUS tenanten compte la perspective desutilisateurs, danslebut de clarifierl esperceptions et les expériencesvécues de ceuxquisont servis par lesystème, ayant contribuer autravail de nombreux professionnels, lesgestionnaires et les chercheursquit ravaillent quotidienne mentau SUS .

Connaissance, Usager, Santé de laFamille

VISIÓN DE USUARIOS DE UNA UNIDAD DE SALUD DE LA FAMILIA SOBRE EL SISTEMA ÚNICO DE SALUD

RESUMO

El Sistema Único de Salud (SUS) fue criado por laConstituición Federal en 1988 y arreglado por lasleyes n°8080/90 y n°8.142/90, leyesorgánicas de lasalud,conel propósito de cambiar lasituación de ladesigualdad, enlaasistencia a lasalud de lapopulación, haciendoobligatorio, elatendimiento público a cualquierciudadano. A través del SUS todos losciudadanostienenderecho a consultas, exámenes, hospitalizaciones, y tratamientosen unidades de saludsujetadas al círculo municipal, estadual o federal, siendo públicas o privadas, contratadas por el gerente público de salud. Basadosenestossupuestos, este estudiotiene como objetivo general conocerlavisión de usuarios de una Unidad de Salud de laFamilia sobre el SUS, entendiendolaconcepción de losusuarios sobre losprincipios y directricesdel SUS, identificando elconocimiento de losusuarios sobre el que se refiere a sus derechos; y se haysuparticipaciónenlosprocesos de decisiones a nivel local. Fue realizado una pesquisa exploratória,descriptible, de campo conabordajencualiativa, utilizando como guíauncuestionáriosemi-estructuradocon preguntas objetivas y subjetivas siendolosdatosanalizados a través de la técnica de análisisdel discurso delsujetocolectivo de Lefrevé. Delante de esarealidadfueposible auxiliar lafortificación de losestudios sobre el SUS enla perspectiva de losusuarios, aclarando las percepciones vivenciadas y experiencias de aquellos que son atendidos por el sistema, contribuyendo para eltrabajo de diversos profisionales, gerentes y pesquisadores que lidianconel cotidiano del SUS

PALABRAS CLAVE: Conocimiento, Usuarios, Salud de laFamilia.

VISÃO DE USUÁRIOS DE UMA UNIDADE DE SAÚDE DA FAMÍLIA SOBRE O SISTEMA ÚNICO DE SAÚDE

RESUMO

O Sistema Único de Saúde (SUS) foi criado pela Constituição Federal 1988 e regulamentado pelas leis n°8080/90 e n°8.142/90, leis orgânicas da saúde, com a finalidade de alterar a situação da desigualdade na assistência á saúde da população, tornando obrigatório, o atendimento público a qualquer cidadão. Através do SUS todos os cidadãos têm direito a consultas, exames, hospitalizações e tratamentos nas unidades de saúde vinculadas à esfera municipal, estadual ou federal, sejam públicos ou privadas, contratadas pelo gestor público de saúde. Baseado nesses pressupostos, este estudo tem como objetivo geral conhecer a visão de usuários de uma Unidade de Saúde da Família sobre o SUS, compreendendo a concepção dos usuários sobre os princípios e diretrizes do SUS; identificando o conhecimento dos usuários sobre o que se refere aos seus direitos; e se há a sua participação nos processos decisórios a nível local. Foi realizado uma pesquisa exploratória, descritiva, de campo, com abordagem qualitativa, utilizando como método de roteiro um questionário semi estruturado com perguntas objetivas e subjetivas, sendo os dados analisados através da técnica de análise do discurso do sujeito coletivo de Lefrevé. Diante dessa realidade foi possível auxiliar o fortalecimento de estudos sobre o SUS na perspectiva dos usuários, com vistas a explicitar as percepções vivenciadas e experiências daqueles que são atendidos pelo sistema, contribuindo para o trabalho de diversos profissionais, gestores e pesquisadores que lidam com cotidiano do SUS.

PALAVRAS-CHAVE: conhecimento, usuário, saúde da família.