30 - WELCOMING IN THE PRIMARY HEALTHCARE OF THE HEALTH UNIQUE SYSTEM: A THEORETICAL AND EPISTEMOLOGICAL PERSPECTIVE

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INTRODUCTION

At this gloomy conjuncture where Brazilian social rights are formalized by the called Proposed Constitutional Amendment PEC 241/2016 as expenditures to be limited for economic recovery purposes; within this scenario of uncertainty about who is going to work tomorrow, it is a timely moment to elaborate a proposal of a workshop about welcoming.

This article presents a theoretical and epistemological perspective about the conduction of welcoming in the healthcare network of the Health Unique System (SUS), with emphasis in the Primary Healthcare (AB) and in the Family Health Support Center (NASF). It is the fruit of an invitation received to carry out a workshop about the theme with workers from the healthcare network in a municipality from the south of Brazil.

The Primary Healthcare is a policy of the Brazilian State (PNAB). Approved by Ordinance 648/GM/2006, and updated by Ordinance 2.488/GM/2011, this care mode was devised to take over the planning of health actions and services in Brazilian municipalities aiming at the SUS consolidation. By granting to the Family Health Strategy (ESF) the condition of main strategy for the operationalization of primary health actions, the philosophy of the primary healthcare presupposes, among others, the displacement of the working process focused on procedures onto a process focused on the user, where the care of this user is the ethical and political imperative that guides (or must guide) the actions (BRASIL, 2011). Welcoming is one of the care categories.

With the insertion of Family Health Support Centers (NASF) in the realm of Primary Care in 2008, the possibility of impulsion towards the primary clinic through the matrix development and the creation of peculiar therapeutic projects has broadened the meaning of welcoming in the process of care to the user, by considering that knowledge from other health fields has been added up to the primary care expertise (physician, nurse, nursing technician, dentist, buccal health assistant, dental hygiene technician and community agents) and of the community as well, by gathering tools that trigger the full production of care. In accordance with Ordinance no. 154 dated January 24, 2008, that creates the Family Health Support Centers, the physical education professional joins the staff of NASF workers both in NASF 1 mode (minimum of five professionals of high education level) as well as in NASF 2 mode ((minimum of five professionals of high education level) (BRASIL, 2008).

The first movements, aiming to outline this essay, collided with the need of displacing oneself from the Brazilian current circumstances. For a very simple instrumental reason: welcoming in AB and NASF actions corresponds to a means to reach, especially, a double target composed by the qualification of the care to the user and by the qualification of the management. Though, how to propose a workshop about welcoming with such targets by doing it without a reflexive and critical discussion about welcoming of the worker as a social being who suffers and gets anguish, who becomes afraid of losing the job and who faces stress and conflicts daily, generated by his/her own limits in the job and by those from the user society and from the management?

In this sense, the theoretical and epistemological perspective for the workshop was designed to anchor discussions about welcoming, within the scope of the worker, of the user and of the management. AB and NASF workers are representatives of the Sate. As such, they are responsible to guarantee the right to health at the primary care. Nevertheless, the effects generated by the conjuncture about the management (for example, the reduction of municipal resources that results in the intensification of duties) have narrowed the operation of many programs and as consequence, the workers see themselves in difficulties to develop the agent role to materialize the SUS principles and guidelines, among which, welcoming in the care. If in democratic winds, the consolidation of the System principles and guidelines constitutes a constant fighting process, in gloomy winds a discussion and collective production about welcoming requires reflexivity and criticality.

These historical and conjuncture facts have generated the following question: which theoretical and epistemological perspective provides the anchor needed for the discussion about welcoming within the AB and the NASF in contemporary times? Aiming to answer the question, we have initially visited the theoretical review about welcoming, carried out to substantiate a Master degree research titled Social Impact of the More Medical Doctors for Brazil Program: a case study. This research corresponded to one unfolding of a state research underway developed by the University of Vale do Itajaí/UNIVALI, financed by the Scientific and Technological Research Support Foundation of the State of Santa Catarina/FAPESC and provided with direct support from the Health State Secretariat/SES/SC. Next, this review got closer to approaches by authors related to the social thought about health with the objective of designing a theoretical and epistemological perspective on the third stage.

DEVELOPMENT

Welcoming as theoretical frame of reference of the research Social Impact of the Program More Medical Doctors for Brazil

In official documents from the Health Ministry (MS), welcoming is referred as a guideline, with double meaning: welcoming as reception (comprising qualified listening, solidary care, accountability) and welcoming as articulation of the user´s flow (BRASIL, 2010).

The integrative review evidenced that welcoming comprises typically two modes: a) as a “device able to reorganize healthcare and posture before the user”; and, b) as a “management tool in defense of the Health Unique System in connection to the integrality and universality principles” (GARUZI et al., 2014, p. 144-45). Nevertheless, another integrative review evidenced that the difficulties presented by workers and users regarding welcoming derive from the fact that “the welcoming process is not yet fully systematized within the healthcare models” (COUTINHO et al., 2015, p. 514). The conclusion drawn from the second review seems to point to the need of the welcoming process to be guided by a protocol, by a systematization.

The term welcoming is conceptualized in different ways by several scholars; however, the emphasis lies on the humanization of the relations established between professionals and users, bond and commitment that guide the proposals of intervention and health promotion.

Welcoming in health is also interpreted or understood as a technological tool of intervention in listening, in bond

construction, in access guarantee and in the resolution of the services. The term welcoming is also recognized as the way to operate the working processes in health in a way to attend everybody who looks for health services, by listening to them and by adopting, during the service, an attitude capable of welcoming, listening and giving more adequate answers to the users. It implies attending with availability and accountability and, when needed, guiding the user and the family as to other health services for the care continuity by establishing articulations with such services to guarantee the quality of the referrals (BRASIL, 2010).

In the process to qualify the care model, an historical challenge for AB and NASF, welcoming has been configured as one of the main operational guidelines to affirm and to materialize the SUS principles, particularly those of healthcare integrality, access universalization and equality. It is important to stress that the welcoming proposal is articulated with other change proposals in the working process and management of health services, aiming at their humanization. Such changes have been aligning to the design of a new profile of workers who are more sensitive to perceive the actual needs of the population by producing a care able to generate social satisfaction and technical excellence with resolution for the people and society as well (PIANCASTELLI et al., 2000).

Welcoming as an ethical and political guideline of the National Humanization Policy

Welcoming corresponds to one of the guidelines from the National Humanization Policy (PNH) - HumanizaSUS addressed to the quality of the care process within AB and NASF. It is an ethical and political guideline, developed by the Health Ministry (MS) in 2004 (BRASIL, 2010) that calls workers, managers and users to humanize the different SUS bodies (CARMAGNANI, 2005).

Humanization is understood as the appreciation of different subjects implied in the health production process: workers, managers and users. Among the values that guide the HumanizaSUS, it is worth mentioning the co-responsibility in the care, the establishment of solidary bonds and the collective participation in the management process. Humanization, as an axis of the SUS transversal policy that crosses different actions and managerial bodies, implies the construction of solidary and committed exchanges with the double task of producing health and subjects; offering an articulator axis of health practices, by highlighting the subjective aspect that is present therein; and, influencing and becoming influenced by humanizing attitudes and actions that include managers, health workers and users (BRASIL, 2010).

Theoretical and methodological perspective for the foundation of welcoming practices

Based on the above described review, a theoretical and epistemological perspective has been conceived to substantiate the discussion on a workshop about welcoming with workers. This perspective is configured in three dimensions: ethical and political dimension, strategic dimension, procedural dimension.

Ethical and political dimension

Whatever the grammatical class used to refer the meaning of humanization – verb (to humanize), noun (humanization) or adjective (humanizing action) – the HumanizSUS policy regards an ethical and political SUS guideline generated in the image-objective of social change. In the scope of this proposal, ethics is taken as a synonym for the reflection of realities that involve third parties as a private qualification instrument of relations concerning the daily living process while the political sense is taken as an action upon the reality (BERLINGUER, 2000).

Aiming to elect the way how the user will be hosted in the services and how the management will recommend the welcoming to the workers besides how the user will require his/her right to welcoming in the services, it is important to consider that the contextual realities will guide the respective deliberations. It is in the day-to-day reality that ethics applies to life, where the subjects make their deliberative choices, without ties in the exercise of freedom and accountability. How? What does it mean?

Upon facing a certain day-to-day reality that involves third parties, the human being (subject of action) has the opportunity of experiencing the ethical exercise, that is, he/she has the possibility of reflecting about the system of values and of choosing the most rational, reasonable and cautious ones for that reality. Once made the selection, he/she recognizes that is was needed to make concessions, to give up other values because every time you choose a path you give up others. At this stage of the reality analysis, he/she also experiences his/her condition of historical subject, of a subject that makes choices, i.e., who constructs his/her history from the choices he/she has made. He/she becomes free of guilt, of naturalistic idealism, of what is right or wrong, of what can be or not, of what must be or not, since if finally, he/she understands that the elected values for a certain reality have not been the fair ones, he/she may give another meaning to his/her choice. Nevertheless, he/she will be anchored in the science of having chosen, reflected and chosen, with the available means, aware that he/she is a human being and as such he/she will not always have the conditions to make the best choice for everybody. It is important to recognize that he/she materialized values and that he/she reflected about the reality from the choice of values.

The second step, after reflecting with use of values, corresponds to a critical position about the reality: when he/she elects values to perform in a certain reality, the subject of the action finds favorable conditions to take a stance about contradictions, incoherence, inconsistencies of the processes that constitute life in society. In this position, he/she constructs the argumentation about his/her choice and, next, takes over the responsibility on it. From then on, the subject will make deliberations and decisions. Therefore, the ethical and political exercise about a reality comprises: reflection about the choice of values, critical positioning, argumentation, accountability and deliberation.

In this sense, the ethical and political exercise has potential to qualify the welcoming practice and to free the subject from guilty actions. Workers shall be committed with responsible private choices. The managing staff will be performing the welcoming of workers from the recognition that their labor process is anchored on responsible choices. Users will be improving citizenship in the production of ethical and political argumentation from their popular theoretical and empiric contribution.

In another approach, the use of the ethical and political dimension upon welcoming becomes a tool to produce citizenship for historical awareness, that is, the production of awareness generated by recognizing the subjects not as “spontaneous nature” products, but as dialectic and “labor historical” products (MANACORDA 5, 2012, p. 25-28). Once these subjects recognize themselves as historical players, they become able to execute the praised praxis by starting from the reflection (ethics) about the reality followed by critical positioning for the comprehension and deliberation (policy)

Strategic dimension as a long-term resource

The strategic dimension that composes this perspective corresponds to the one which conforms reflecting and long-term strategic acting (TESTA, 1995, p. 15): it can also be understood as image-objective, a long-term social construction.

The strategic thought introduced by Mario Testa features a way to manage situations where one needs to overcome obstacles to conquer a goal. For this health planning researcher, every human action facing confrontation situations requires

thinking strategically, yet in an implicit mode.

The word strategy has military origin. To summarize, it means a long-term action planning.

"Strategy is not a way of reaching the goal [I am going to create a strategy, a protocol to reach the welcoming goal], but a way to place oneself in a situation where you can get near to reach the goal: to gain space, to gain time, to establish conditions favorable to our own performance" […] (TESTA, 1995, p. 15).

Procedural dimension as short-term resource

This dimension bets in the comprehension of welcoming as a process, the status of becoming in the contextual reality where setting a welcoming process in motion means establishing "short-terms", that is, starting points and not arrival points". The above considerations intend to say that the procedural dimension dialogues with both the ethical and political dimension and the strategic dimension so as the establishment of "starts" (TESTA, 1995, p. 23) may correspond to the first movement of the ethical and political exercise (of analysis of what is actual, the reflexive movement where one chooses and materialize values) and may constitute an instrument of thinking strategically and of walking onto the meeting with the image-objective duo.

FINAL CONSIDERATIONS

The introduced theoretical and epistemological perspective contemplates three dimensions in order to address a welcoming of quality in the healthcare network of the Health Unique System (SUS) with emphasis in the Primary Healthcare (AB) and in the Family Health Support Center (NASF): the ethical and political, strategic and procedural dimensions.

Keywords: welcoming, epistemology, health unique system.

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WELCOMING IN THE PRIMARY HEALTHCARE OF THE HEALTH UNIQUE SYSTEM: A THEORETICAL AND EPISTEMOLOGICAL PERSPECTIVE

Abstract: This article presents a theoretical and epistemological perspective about welcoming as an ethical and political guideline of the National Humanization Policy from the Health Unique System (SUS). Its writing derived from an invitation to carry out a workshop about the theme with workers from the SUS healthcare network with emphasis on Primary Healthcare and Family Health Support Centers in a municipality from the south of Brazil this year. It consisted of a careful visit to the theoretical frame of reference produced by a Master degree research titled Social Impact of the More Medical Doctors for Brazil Program: a case study. This research corresponded to one unfolding of a state research underway titled Social Impact of the More Medical Doctors in Santa Catarina, developed by the University of Vale do Itajaí, financed by the Scientific and Technological Research Support Foundation of Santa Catarina and with direct support of the State Health Secretariat, Santa Catarina, Brazil. After reading this theoretical frame of reference, the next step was to revisit the authors related to the style of social thought about health. From the interlocution among these contents, it has been conceived a theoretical and epistemological perspective configured in three dimensions: ethical and political dimension, strategic dimension and procedural dimension. The path has revealed that the dialogue among such dimensions can favor the responsible management of confrontation situations in spaces of primary care actions and family health support centers for welcoming purposes.

Keywords: welcoming, epistemology, health unique system.

ACCUEIL DANS L´ATTENTION DE BASE DU SYSTÈME UNIQUE DE SANTÉ: UNE PERSPECTIVE THÉORIQUE ET ÉPISTÉMOLOGIQUE

Résumé: Cet article présente une perspective théorique et épistémologique sur l´accueil, en tant que directive etique et politique de la Politique Nationale de Humanisation du Système Unique de Santé (SUS). Sa écriture est née d´une invitation pour conduire une atelier sur le thème avec des travailleurs du réseau d´attention du SUS, en mettant l´accent sur l´ Attention de Base et les Cellules d´Appui a la Santé de la Famille dans une commune au sud du Brésil au cours de cette année. Il a consisté d´une visite attentive aux fondements théoriques produits par une recherche de maîtrise intitulée Impact Social du Projet Plus de Médicins pour le Brésil: une étude de cas. Cette recherche a correspondu a un dédoublement d´une recherche de l´État en marche intitulée Impact Social du Projet Plus de Médicins dans Santa Catarina, devélopée para l´Université du Vale do Itajaí avec le financement de la Fondation de Soutien a la Recherche Scientifique et Technologique de l´État de Santa Catarina et le soutien direct du Secrétariat d´État à la Santé, Santa Catarina, Brésil. Après la lecture de ce fondement théorique, on a fait une

revisite aux auteurs connexes du style de la pensée sociale en santé. Dans le dialogue de ces contenus, on a conçu une perspective théorique et épistémologique, configurée dans trois dimensions: dimension étique et politique, dimension stratègique et dimension procedural. Le parcours a révélé que l´interlocution de telles dimensions peut favoriser la gestion responsable de situations de lutte dans les espaces d´actions de la Attention de Base et de Cellules d´Appui a la Santé de la Famille dans le but de promouvoir l´accueil.

Mots clês: accueil, épistémologie, système unique de santé

ACOGIDA EN EL CUIDADO BÁSICO DEL SISTEMA ÚNICO DE SALUD: UNA PERSPECTIVA TEÓRICA Y EPISTEMOLÓGICA

Resumen: Este artículo presenta una perspectiva teórica y epistemológica sobre la acogida como directriz ética y política de la Política Nacional de Humanización del Sistema Único de Salud (SUS). Su tesitura se ha originado de una invitación para conducir un taller acerca del tema con trabajadores de la red de cuidado de SUS, con énfasis en el Cuidado Básico y en los Núcleos de Apoyo a la Salud de la Familia, en una municipalidad del sur de Brasil en este año. Él consistió de una atenta visita al referencial teórico producido por una investigación de maestría titulada Impacto Social del Proyecto Más Médicos para Brasil: un estudio de caso. Esta investigación correspondió a un desdoblamiento de una investigación estatal en marcha, titulada Impacto Social del Programa Más Médicos en Santa Catarina, desarrollada por la Universidad del Vale do Itajaí, con financiamiento de la Fundación de Apoyo a la Pesquisa Científica y Tecnológica del Estado de Santa Catarina y apoyo directo de la Secretaría de Estado de la Salud, Santa Catarina, Brasil. Tras la lectura del referencial teórico, se realizó la revisita de autores afines del estilo de pensamiento social en salud. En la interlocución de esos contenidos, se concibió una perspectiva teórica y epistemológica, configurada en tres dimensiones: la ética y la política, la estratégica y la procesal. El recorrido reveló que el diálogo entre dichas dimensiones puede favorecer el manejo responsable de situaciones de enfrentamiento en los espacios de acciones de cuidado básico y de los núcleos de apoyo a la salud de la familia para fines de acogida.

Palabras-clave: acogida, epistemología, sistema único de salud.

ACOLHIMENTO NA ATENÇÃO DE BASE DO SISTEMA ÚNICO DE SAÚDE: UMA PERSPECTIVA TEÓRICO-EPISTEMOLÓGICA

Resumo: Este artigo apresenta uma perspectiva teórico-epistemológica sobre o acolhimento, enquanto diretriz ético-política da Política Nacional de Humanização do Sistema Único de Saúde (SUS). Sua tessitura originou-se de um convite para conduzir uma oficina sobre o tema, com trabalhadores da rede de atenção do SUS, com ênfase na Atenção Básica e Núcleos de Apoio à Saúde da Família, em um município do sul do Brasil, no presente ano. Consistiu de atenta visita ao referencial teórico produzido por uma pesquisa de mestrado intitulada Impacto Social do Projeto Mais Médicos para o Brasil: um estudo de caso. Esta pesquisa correspondeu a um desdobramento de uma pesquisa estadual em andamento, intitulada Impacto Social do Programa Mais Médicos em Santa Catarina, desenvolvida pela Universidade do Vale do Itajaí, com financiamento da Fundação de Apoio à Pesquisa Científica e Tecnológica do Estado de Santa Catarina, e apoio direto da Secretaria de Estado da Saúde, Santa Catarina, Brasil. Após a leitura deste referencial teórico, procedeu-se à revisita de autores afins do estilo de pensamento social em saúde. Na interlocução desses conteúdos, concebeu-se uma perspectiva teórico-epistemológica, configurada em três dimensões: dimensão ético-política, dimensão estratégica, dimensão processual. O percurso revelou que a interlocução de tais dimensões pode favorecer o manejo responsável de situações de enfrentamento nos espaços de ações de atenção básica e de núcleos de apoio à saúde da família para fins de acolhimento.

Descritores: acolhimento, epistemologia, sistema único de saúde.