79 - CATEGORIZING THE MEANINGS OF INTEGRAL HEALTH ASSISTANCE IN LITERATURE OF LATIN AMERICA AND THE CARIBBEAN: A LITERATURE REVIEW

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INTRODUCTION

Since the '80s, in the context of the Unified Health System (SUS), the integrality is being raised as an issue in government policies, intervention programs and in the speech of the health movement. First, it was thought out in terms of the articulation of institutional pillars on service providers, such as the integration between the public and private sectors, in care production for medical assistance or between sub-sectors of public health and medical welfare, within the very public services sector. Then, it was thought of as a problem of management services (BRAZIL, 2003).

According Schraiber (1999) and Pinheiro and Mattos (2001), with SUS, integrality can be seen as an objective image with multiple meanings. These axes can be categorized:

•Integrality as a critique to piecemeal medical approach, a system that focuses on specialization and segmentation, the reductionist medical approach, training in Flexnerian-based medicine, which insists on reducing the patient to the device or the biological system that supposedly produces the suffering. The criticism of this branch of completeness is made from the Integral Medicine referential.

•Integrality as a critique to the practice of health professionals, as a dimension of practice, trying to understand the needs of all the actions and health services that a patient has, in addition to individual curative care, including actions for the promotion and prevention in health care linked with curative and rehabilitation actions, performed from the Preventive Medicine referential.

•Integrality regarding the organization of services and health practices, with the critical separation between the practices of public health and welfare, between the actions of public health and individual attention, with critics to vertical programs. Understanding integrality from the horizontalization of programs.

•Integrality as a way to organize the process of health work in order to improve its epidemiological impact, articulating the spontaneous demand attention with the health care scheduled offer, in the continuing search to expand the possibilities of apprehension and fulfillment of a population group needs, which means, the expansion of efficiency. Integrality taken as an offer from the health care program.

•Integrality as the access to modern diagnostic and treatment techniques required for each case, articulating from the primary healthcare assistance, with expansion of access to the health system and resolution of attention. The integrality from the access to various levels of attention.

•Integrality as the construction of policies specifically designed to respond to a particular health problem or the health problems of a particular population group, articulated to themselves and with others sectors, in and communication with the various spaces to search for solutions on life quality. Integrality understood as expanding the horizon of the problems intervention.

The notions of integrality, as well as the other principles and guidelines of SUS, were forged from a place of opposition, a radical critique of practices, institutions and organization of health systems. Meanwhile, those who support the SUS now, do it from a hybrid form of situation/opposition (MACHADO et al., 2007).

For Campos (2003), it should be thought on three broad sets of senses of the comprehensiveness principle. They focus on different points: the first set refers to the practices attributes of health professionals, values related to what might be considered as a good practice, whether it makes part of SUS. The second set refers to attributes of the services organization. And the third one is applied to government responses to health problems.

It's possible to recognize some traits of similarities, some wires that connect to articulate all these senses. Whether we take integrality as a guiding principle of practice, as a guiding principle of labor organization or of policies organization. Integrality results in a refusal to reductionism, the objectification of subjects and, perhaps, a reassurance of openness to dialogue (MACHADO et al., 2007).

According to Pinheiro and Mattos (2001), integrality is taken as a social action resulting from the permanent interaction of the actors in the supply and demand relationship in different plans for health care (an individual level - where integrality is build upon individual attention and systemic plan - which will ensure the integrity of actions in the services network), in which subjective and objective aspects are considered.

Based on this important context, in which we discussed the meanings of integral assistance to the health of mankind, was built the present study, with the purpose of describing the articles published on the integral health assistance, as addressed to the senses, focus and form of publication, available in the database of Health Sciences Literature of Latin American and Caribbean (LILACS) on Virtual Health Library (VHL), from January 2005 to December 2007.

MATERIAL AND METHODS

Given the proposal of investigation, we chose to develop a literature search, appropriate to analyze and identify publications, among other things, its frequency, regularity, types, topics and employed methods (LEOPARDI, 2001).

The study was conducted in the VHL, specifically in LILACS databases, between January/2005 to December/2007. The data collection was made using a structured formulary, covering issues consistent with the proposal of the research, including: year and form of publication and, based on the text of Mattos (2001), which classifies the three main directions of integrality, based on "Practice of Integral Medicine", "Labor Organization " and "Special Policy".

For the collection, it was used as the search term: "Integral health assistance" ("*Atenção integral à saúde*", *"Atención Integral de Salud"*) according to classification of health sciences (DECS).

There were found 156 scientific productions. During the selection of articles, were considered the following inclusion

criteria: research that focuses, on its context, on an integral health care, written in Portuguese and published in the period from January 2005 to December 2007.

The data were analyzed using descriptive statistics and presented in the form of tables and charts, with the help of Microsoft Excel 2007 software.

RESULTS

Results start showing the findings by year of publication, as in Table 1.

Table 1. Articles published in LILACS, distributed by year of publication (2005-2007). Natal/RN, 2008.

YEAR	ARTICLES	
	N	%
2005	69	44,2
2006	63	40,4
2007	24	15,4
TOTAL	156	100,0

About the year of publication, we found in 2005, the period in which most were published studies that addressed the integral health assistance, 44.2%, followed by the year of 2006, with 40.4% of the articles, and, finally, identified that in 2007, were published only 15.4% studies.

Table 2. Form of publication of scientific articles on integral health assistance, published in the years 2005 to 2007, in LILACS. Natal / RN, 2008.

FORM OF PUBLICATION OF THE ARTICLES	YEAR						TOTAL	
	2005		2006		2007			
	N	%	N	%	N	%	N	%
Abstract	42	26,9	38	24,4	7	4,5	87	55,8
Full-text	27	17,3	25	16,0	17	10,9	69	44,2
TOTAL	69	44,2	63	40,4	24	15,4	156	100,0

Concerning the form of publication, 55.8% were published in the form of abstract and 44.2% were full- text, and in 2005, abstracts were 26.9% and full-text, 17.3%. In 2006, the abstracts accounting was 24.4% and full-text articles were 16.0%. In 2007, the publication of abstracts was 4.5%, while 10.9% of full-text.

Table 3. Categorization of the meanings of integral health assistance, of the scientific articles published in the years from 2005 to 2007, in LILACS. Natal/RN, 2008.

CATEGORIZATION OF THE MEANINGS OF INTEGRAL HEALTH ASSISTANCE	YEAR						TOTAL	
	2005		2006		2007			
	N	%	N	%	N	%	N	%
Integral Medicine	23	14,7	33	21,2	13	8,3	69	44,2
Labor Organization	28	17,9	19	12,2	9	5,8	56	35,9
Special Policies	18	11,5	11	7,1	2	1,3	31	19,9
TOTAL	69	44,2	63	40,4	24	15,4	156	100,0

In relation to the meanings of the full assistance found in selected articles, we identified 44.2% on Integrated Medicine, being 21.2% in 2006, 14.7% in 2005 and 8.3% in 2007. On Labor Organization, 35.9% focused that theme, with 17.9% in 2005, 12.2% in 2006 and 5.8% in 2007. Of the work that deals with the Special Policies (19.9%), 11.5% were in 2005, 7.1% in 2006 and 1.3% in 2007.

These data show a plurality of meanings of integral health assistance, director principle of the health system existing in our country.

CONCLUSIONS

For the year of publication, we found in 2005, the period when most were published studies that addressed the integral health assistance. According to the type of publication, most of the studies were published in the form of abstracts.

In relation to the meanings of integral assistance found in selected articles, most dealt on the integrality under the full Medicine, according categorization proposed by Pinheiro and Mattos (2001).

The principle of integrality, as the guiding axis of actions on health education, should no longer be taken as a fragmented and disjointed acting on health, based on an authoritarian attitude, verticalized to impose a decontextualized scientific knowledge and inert to the wishes and desires of population, regarding their health and living conditions.

There is, thus, a need to understand the integrality principle at various levels of discussions and practices in health care, building on a new paradigm prepared to listen, understand and, from there, meet the demands and needs of individuals, groups and communities.

The purpose of this article was of generating an analysis of integrality on healthcare as a priority in need for structural changes, from the formation of public health, services and related practices policies and, finally, with the professionals who can defend a model of health care based on the principle of integrality, in a way that the relationship with the user/family becomes professional- subject, instead of professional-object.

When finishing this work, we see the need for greater understanding about the expression “integrality on health” of people, what provided us a broader view about the subject in question, a reflection on our practices and actions such as nurses and health professionals, and led us to question the quality of healthcare that is offered to people in the health services.

This huge literature approach facilitated the understanding and considerably contributed to review our actions in health. From the analysis of scientific production, we saw a lack of work in the area, longing for additional researches that enable accelerating the process of change and awareness of professionals and managers who make the Brazilian public health.

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CATEGORIZING THE MEANINGS OF INTEGRAL HEALTH ASSISTANCE IN LITERATURE OF LATIN AMERICA AND THE CARIBBEAN: A LITERATURE REVIEW

ABSTRACT

The integrality, in the context of the Unified Health System (SUS), can be interpreted in several ways. Within this framework, we aimed at characterizing the articles published on integral health assistance, as addressed to the meanings, focus and form of publication, available in the database of Literature Latin American and Caribbean Health Sciences (LILACS) of the Virtual Library Health (VHL), from January/2005 to December/2007. There were found 156 scientific productions, whose data were categorized based on the text of Pinheiro and Mattos (2001), which classifies the three main directions of integrality, based on "Practice of Integrated Medicine", “Labor Organization "and" Special Policies ", according to year and form of publication. It was identified that concerning the year of publication, 2005 was the period when most were published studies that addressed the integral health assistance (44.2%). According to the type of production, 55.8% were published in the form of abstract and 44.2% as full-text. In relation to the meanings of integral assistance, were identified 44.2% on Integrated Medicine, 39.5% on Labor Organization and 19.9% on Special Policies. From the analysis of scientific production, we saw a lack of work in the area, longing for additional researches that enable accelerating the process of change and awareness of professionals and managers who make the Brazilian public health. **Keywords**: Integral health assistance; Healthcare system; Literature review as subject.

CATÉGORISATION DES SENS DANS L'ASSISTANCE INTÉGRALE À LA SANTÉ DANS LA LITTÉRATURE DE L'AMÉRIQUE LATINE ET DU CARIBE : UNE ANALYSE BIBLIOGRAPHIQUE

RESUMÉ

L'intégralité, dans le contexte du Système Unique de Santé (SUS) peut être interprétée de différentes manières. Dans ce sens, nous voulons caractériser les articles publiés sur l'assistence intégrale à la santé, quant aux sens abordés, incidence et forme de publication, disponibles à la base de données de la Littérature Latino-ameéricaine et du Caribe en Sciences de la Santé (LILACS) de la Bibliothèque Virtuelle en Santé (BVS), de janvier 2005 à décembre 2007. On a trouvé 156 productions scientifiques dont les données ont été catégorisés ayant , à la base, le texte de Pinheiro e Mattos (2001) qui classifie les trois principaux sens de l'intégralité appuyée sur la « Pratique de la Médecine Intégrale », « Organisation du Travail » et « Politiques Spéciales », selon l'année et le type de publication. Nous avons identifié que, quant à l'année de publication, nous avons trouvé en 2005, période pendant laquelle ont été élaborées les études à propos de l'assistence intégrale à la santé (44,2%). Selon le type de production, 55,8% ont été publiées sous forme de résumé et 44,2% en tant que texte intégral. Par rapport aux sens de l'assistence intégrale, nous avons identifié 44,2% à propos de la Médecine Intégrale, 39,5% sur l'Organisation du Travail et 19,9% sur les Politiques Spéciales. A partir de l'analyse des productions scientifiques, nous avons constaté un manque de travaux dans le domaine. Il faut davantage de recherches permettant d'accélérer le procès de changement et la prise de conscience des professionnels et gestionnaires chargés de la santé publique brésilienne.

Mots-clés : Assistence intégral à la Santé ; Système de santé ; Littérature de revision comme sujet.

CLASIFICAR LOS SENTIDOS DE LA PLENA ASISTENCIA SANITARIA EN LA LITERATURA DE AMÉRICA LATINA Y EL CARIBE: UNA REVISIÓN DE LA LITERATURA

RESUMEN

La exhaustividad en el contexto del Sistema Único de Salud (SUS) puede interpretarse de varias maneras. Dentro de este marco, nuestro objetivo es caracterizar los artículos publicados sobre la asistencia a la salud plena como dirigida a los sentidos, el enfoque y la forma de publicación, disponible en la base de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS) de la Biblioteca Virtual Salud (BVS), de January/2005 a Diciembre/2007. Hubo 156 producciones científicas encontradas, cuyos datos clasificamos con base en el texto de Mattos y Pinheiro (2001), que clasifica a las tres principales direcciones de exhaustividad, basado en "Práctica de la Medicina Integrada", "Organización de los trabajos" y " Políticas especiales ", de acuerdo al año y el tipo de publicación. Para el año de publicación, identificamos que 2005 fue el período en que se publicaron la mayoría de los estudios que se dirigió a la plena atención de la salud (44,2%). Según el tipo de producción, 55,8% de los artículos se publicaron en forma de resumen y 44,2% como texto completo. En relación a los sentidos de la plena asistencia identificamos 44,2% en Medicina Integrada, el 39,5% sobre Organización del Trabajo y 19,9% sobre políticas especiales. El análisis de la producción científica nos muestra una falta de trabajo en la zona, lo que necesita de una investigación adicional con el objetivo de acelerar el proceso de cambio y sensibilización de los profesionales y directivos pertenecientes a la salud pública brasileña.

PALABRAS CLAVE: plena asistencia a la salud, sistema de salud; Literatura de revisión en la línea de asunto.

CATEGORIZANDO OS SENTIDOS DA ASSISTÊNCIA INTEGRAL À SAÚDE NA LITERATURA DA AMÉRICA LATINA E DO CARIBE: UMA ANÁLISE BIBLIOGRÁFICA

RESUMO

A integralidade, no contexto do Sistema Único de Saúde (SUS), pode ser interpretada de vários sentidos. Nesse âmbito, objetivamos caracterizar os artigos publicados, sobre a assistência integral à saúde, quanto aos sentidos abordados, à incidência e forma de publicação, disponíveis na base de dados da Literatura Latino-americana e do Caribe em Ciências da Saúde (LILACS) da Biblioteca Virtual em Saúde (BVS), de janeiro/2005 a dezembro/2007. Foram encontradas 156 produções científicas, cujos dados foram categorizados tomando-se por base o texto de Pinheiro e Mattos (2001), que classifica os três principais sentidos da integralidade, baseada na “Prática da Medicina Integral”, “Organização do Trabalho” e “Políticas Especiais”, de acordo com ano e tipo de publicação. Identificamos que quanto ao ano de publicação, encontramos em 2005, o período em que mais foram publicados estudos que abordavam a assistência integral à saúde (44,2%). De acordo com o tipo de produção, 55,8% foram publicados na forma de resumo e 44,2% como texto completo. Em relação aos sentidos da assistência integral identificamos 44,2% sobre Medicina Integral, 39,5% sobre Organização do Trabalho e 19,9% sobre as Políticas Especiais. A partir da análise das produções científicas, percebemos uma carência de trabalhos na área, necessitando de mais pesquisas que subsidiem acelerar o processo de mudança e conscientização dos profissionais e gestores que fazem a saúde pública brasileira. **PALAVRAS-CHAVE**: Assistência integral à saúde. Sistema de saúde. Literatura de revisão como assunto.