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Nurses' perception about social demand in the light of the principle of integrality

Percepção de enfermeiros acerca da demanda social à luz do princípio da integralidade

Percepción de enfermeros sobre la demanda social a la luz de la integralidad

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ABSTRACT

Objective: To identify nurses' perception of social demand and the application of the principle of integrality in the Family Health Strategy. **Methods:** This is a qualitative and descriptive study, carried out with 20 nurses in a reference municipality in the Territorio Sertão Productivo da Bahia, Brazil. The data were collected through interviews guided by a semi-structured script and systematized through the analysis of thematic content. **Results:** There was doubt in the interpretations about the social demand of the population in the Family Health Strategy, as a portion of nurses has difficulty in understanding the needs of the community, while others have a holistic perception of the theme. Besides, it was realized that integrality could be used by professionals as an instrument of daily practice for understanding, reflection, and action in the face of social demands presented by the population. **Conclusion:** It was found that, through comprehensiveness, the professional can understand the social, economic, political, and cultural issues of the population, something decisive in the construction of effective and specific interventions for each reality

Descriptors: Unified Health System; Integrality in Health; Health Services Needs and Demand

RESUMO

Objetivo: *Identificar a percepção de enfermeiros acerca da demanda social e da aplicação do princípio da integralidade na Estratégia Saúde da Família.* ***Métodos:*** *Trata-se de um estudo qualitativo e descritivo, desenvolvido com 20 enfermeiros em um município referência do Território Sertão Produtivo da Bahia, Brasil. Os dados foram coletados através de entrevista norteada por um roteiro semiestruturado e sistematizados através da análise de conteúdo temático.* ***Resultados****: Verificou-se dubiedade nas interpretações acerca da demanda social da população na Estratégia Saúde da Família, pois uma parcela dos enfermeiros tem dificuldade em compreender as necessidades da comunidade, enquanto outros possuem uma percepção holística acerca da temática. Além disso, percebeu-se que a integralidade pode ser utilizada pelos profissionais como instrumento da prática diária para a compreensão, reflexão e ação diante das demandas sociais apresentadas pela população.* ***Conclusão:*** *Constatou-se que, através da integralidade, o profissional pode compreender as questões sociais, econômicas, políticas e culturais da população, algo determinante na construção de intervenções efetivas e específicas para cada realidade.*

Descritores: *Sistema Único de Saúde; Integralidade em Saúde; Necessidades e Demandas de Serviços de Saúde.*

RESUMEN

Objetivo: *Identificar la percepción de enfermeros sobre la demanda social y de la aplicación del principio de la integralidad de la Estrategia Salud de la Familia.* ***Métodos:*** *Se trata de un estudio cualitativo y descriptivo desarrollado con 20 enfermeros de un*

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municipio referencia del Territorio Campo Productivo de Bahía, Brasil. Se ha recogido los datos a través de entrevista norteada por una guía semiestructurada y sistematizada a través del análisis de contenido temático. ***Resultados****: Se verificó la ambigüedad de las interpretaciones sobre la demanda social de la población de la Estrategia Salud de la Familia pues una parte de los enfermeros tienen dificultad para la comprensión de las necesidades de la comunidad mientras otros tienen una percepción integral de la temática. Además, se ha visto que la integralidad puede ser utilizada por los profesionales como instrumento de práctica diaria para la comprensión, la reflexión y la acción ante las demandas sociales presentadas por la población.* ***Conclusión:*** *Se constató que, a través de la integralidad, el profesional puede comprender las cuestiones sociales, económicas, políticas y culturales de la población que son determinantes para la construcción de intervenciones efectivas y específicas de cada realidad.*

Descriptores: *Sistema Único de Salud; Integralidad en Salud; Necesidades y Demandas de Servicios de Salud.*

INTRODUCTION

The 1980s were full of reforms in the political and social fields, with emphasis on the search for the re-democratization of the country through the movement of *Diretas Já* and the broad access to health through the Health Reform. The term Sanitary Reform was used to refer to the set of ideas regarding the necessary changes in the health area. These changes did not only cover the system but the entire health sector, seeking to improve the living conditions of the population[1]. The main consequence of the social mobilizations mentioned was the reconstruction of democracy, materialized in the Federal Constitution of 1988, which guaranteed the universal right to health, creating the central pillar for the concretization of the Brazil's Unified Health System (*Sistema* Único *de Saúde - SUS*) in 1990. In this context, health started to be conceptualized as a right of all and a duty of the State, having as principles universal and equitable access and assistance based on the integrality[1].

Even with this vigorous movement that culminated in the construction of SUS, Brazilian history is marked by a curative and hospital-centered care model, centered on medical consultation, in which health is seen as the absence of disease and, therefore, the subject is expected to get sick to cure you[2]. The curative model does not take into account the problems that cause the disease, which makes it impossible to target a preventive agenda. Therefore, it can be seen that the hospital-centered model increases inequalities, given limited access to the public network[2].

In 1994, in an attempt to overcome the hegemonic model centered on curative practices and medical and hospital care, the Ministry of Health created the Family Health Program (*Programa de Saúde de Família - PSF*), currently called the Family Health Strategy (*Estratégia de Saúde da Família - ESF*). The program made it possible to expand the population's access to health services and to foster a commitment to the needs of users, especially the most vulnerable, helping to combat inequalities[3].

This vulnerability occurs because inequality and poverty generate huge demands on the population that become determinants in the health-disease process. The social determinants of health are linked to housing, food, education, income, employment, and culture, and their connection to health is not a simple cause and effect relationship, since it can lead to the emergence of material and immaterial demands[4].

Integrality, one of the guiding principles of SUS, guides holistic health care concerning the individuality of the subjects, aiming to guarantee the production of citizenship in health care through user interaction with the professional, with the constant observation of social determinants in health[5].

In this aspect, for the provision of care to be integral, their assistance must be guided by the problems presented by the user, which requires a broad theoretical, technical, and political skill from the ESF nurse. Integrality, as the object of the present study, is fundamental to guide the performance of this professional, since the ESF is configured as the gateway to SUS. It is, therefore, an enormous challenge, since the socio-economic structure in force in Brazil imposes limitations to the exercise of this integrality due to the poverty situation that affects thousands of people[6].

Guiding professional performance based on integrality brings other concepts to light, such as transversality, widely discussed in the National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*)[7]. PNPS requires that the individual be understood as a social, historical, and political subject and that the various sectors of society, institutionalized or not, are co-responsible for promoting the health of the population. From this, the study presents the following research question: how do nurses from the Family Health Strategy apply the principle of integrality care to meet the social demands of the population?

The present study proves to be important, as it puts the professional to discuss their assistance within the scope of SUS, checking whether they know, are unaware and / or confuse the meaning of integrality, applying them or not

in their daily lives. In this sense, the objective is to identify the perception of nurses about social demand and the application of the principle of integrality in the Family Health Strategy.

METHODS

This is qualitative research[8], of a descriptive character, developed in the Family Health Strategy of a reference municipality in the Territorio Sertão Productive, in the state of Bahia, Brazil, which covers 19 municipalities, with an estimated population of 448,278 thousand inhabitants[9]. In the year of the current research, the municipality had twenty health units, of which sixteen in the urban area and four in the rural area.

All 20 nurses who worked in the Family Health Strategy participated in the study. Nurses were invited to participate in the study individually and at their workplace, with the presentation of the theme, objective, and methodology of the study and scheduling of interviews after acceptance. The interviews took place between November and December 2017, on the rooms of the health unit where the respondents work.

An interview guided by a semi-structured questionnaire[8] was used as a technique for data collection. The semi-structured script contained two questions: one related to integrality and the other about social demands. To obtain greater reliability, the interviews were recorded and subsequently transcribed in full. The interviews were conducted in a private environment, lasting 20 minutes each, in a friendly atmosphere between the interviewee and the interviewer.

For data organization, the results obtained were systematized based on content analysis, guided by three prescribed phases: pre-analysis, material exploration, and treatment of the results obtained and their interpretation[10]. Pre-analysis is the phase in which the material to be analyzed is organized, aiming to make it operational, systematizing the initial ideas.

The second phase deals with the exploration of the material, consisting of the definition of categories (coding systems) and the identification of the registration units (meaning unit to be coded corresponding to the content segment to be considered as the base unit, aiming at categorization and frequency counting) and the context units in the documents (understanding unit to encode the recording unit that corresponds to the message segment, to understand the exact meaning of the recording unit).

The third phase refers to the treatment of results, inference, and interpretation. This stage is dedicated to the treatment of results, with condensation and highlighting the information for analysis, culminating in inferential interpretations. It is the moment of intuition, reflective, and critical analysis[10]. The results were organized into two categories, “Dubiety about the concept of social demand in the Family Health Strategy” and “Integrality as an instrument for understanding social demands”, which guided the discussions we will present later.

It should be noted that the study obeyed all ethical precepts that involve research with human beings, disciplined by Resolution No. 466/2012, of the National Health Council. The project was submitted to the Research Ethics Committee of the State University of Bahia (*Universidade Estadual da Bahia - Uneb*) and approved under Opinion No. 1,845,494. All respondents signed the Free and Informed Consent Form. To guarantee anonymity, each participant was identified by the acronym “Nurse.” followed by Arabic numerals in ascending order, varying from NUR01 to NUR20.

RESULTS AND DISCUSSION

The two categories that emerged from the study will be presented below: “Dubiety about the concept of social demand in the Family Health Strategy” and “Integrality as an instrument for understanding social demands”.

Dubiety about the concept of social demand in the Family Health Strategy

In this category, there is a dubiety in the perception of social demand, as some professionals have difficulty understanding the needs of the community, while others have a holistic perception of the theme.

It is known that, with the implementation of the ESF, it became possible to plan actions aimed at risk groups and their determinants, such as those of a behavioral, food, and environmental nature, to prevent diseases and preventable damage. The ESF is based on an active vision of health intervention, whose purpose is not to wait for the population to reach the health service, but to interact with it preventively, reorganizing the demand for the services provided[11].

Thus, it is clear that professionals working in the ESF use this interaction to act on the demands presented by the population. Contradictorily, even with the recognition of the multi-factorial nature of demands and needs, the services of the Family Health Program remain functioning in their traditional way, elaborating specific actions and, often, disconnected with the genesis of the demand presented[12].

By not discussing these social demands in-depth, the current practice becomes outdated, since the real reasons for the complaints are not considered, causing the subject to return frequently with the same need[12].

The difficulty in understanding the needs of the community is reflected and exemplified in the interviewees' statements when asked about what they understand as social demands:

> *"[it is] looking for a service for several reasons". (NUR02)*
>
> *"...there are service protocols and programs according to patients' complaints. We follow the protocol guidelines, for example: in cases of hypertensive crisis in which the medication is not working, the team evaluates the patient's clinical condition and seeks to solve the problem. Most of the time change the dosage of medication for continuous use or prescribe another antihypertensive." (NUR 03)*

The concept of social demand in health goes beyond the level of access to medical services and treatments, involves societal transformations and, more than that, involves ethical aspects related to the right to life and health[13], being the product of social relations with the physical, social and cultural environment.

The factors that determine social demands in health can be classified into four major groups: good living conditions, access to great technologies that improve or prolong life, creation of effective links between users and health systems staff, and needs that are linked to the degrees of increasing autonomy that each person has in their way of leading life, which goes beyond information and education[14].

It is noticed that other authors[13,14] understand social demands as a set of complex needs, which involve social, economic, and technological aspects. The interviewees' comments NUR02 and NUR03 show that ESF professionals have difficulties to overcome the simplistic, biomedical and traditional view of the health-disease complex, which implies the need for professional training aimed at understanding the world as it is presented, without previous script or protocols.

A study[15] states that the reductionist teaching model, with fractionated and simplified content, prevails in the training of professional nurses. The predominance of fragmented and non-conjunctural practices makes it difficult to understand and approach the subject as an integral, unique, holistic, and multidimensional human being.

This complex knowledge is transmitted through traditional, rigid and mechanical teaching methods, and in many situations, students are not able to establish a relationship with the environment in which they operate, making it impossible to develop a critical and analytical sense[15].

In a more complex way, the interviewees pointed out the concept of social demands from another perspective, raising factors that go beyond the traditional view, as can be seen in the statements below:

> *"These are the demands made by individuals, such as lack of income / employment, life perspective, lack of hygiene, domestic violence, etc." (NUR04)*
>
> *"They are all issues related to the environment in which the individual is inserted, public, community, social, family." (NUR05)*
>
> *"Factors in the individual or community life that may influence the health-disease process." (NUR06)*

It seems that the research participants understand in different ways what social demands or needs are. The statements mentioned above point out those social demands must be understood in a comprehensive and unlimited way, considering social, political, and economic factors.

Health needs are not just health problems such as illness, suffering, or risk, but also concern shortages or vulnerabilities that express ways of life[16]. It is believed that health services, when organized with a focus on the needs of the population, tend to be more efficient since they can develop a greater capacity for qualified listening to later meet community needs in an integral way.

The ESF aims not only to expand access to health actions, but also to provide integrality care through health promotion actions, illness and disease prevention, health surveillance, recovery and rehabilitation, and individual and collective educational actions[17].

These actions must be broadly contextualized with the reality of the community, taking into account the way of living and getting ill and all the individual demands. Therefore, participants were asked whether the community presents their social demands to the ESF and how the institution responds to them:

> *"Social demands are perceived mainly in home visits, in health education groups and individual consultation. We try to resolve with guidance, along with the NASF or referral to other services (CRAS, CREAS). Within the*

> *unit there is a demand to tell about the problems they have at home, mainly aggressions, not so much physical, but psychological and drug use. In the neighborhood, the number of verbal assaults and drug use are high. The community has a great need, because there are houses with no electricity or running water." (NUR07)*
>
> *"Yes, [in] home visits, group activity. Here violence is high because of drug trafficking, a fight between drug dealers, teenage pregnancies and unplanned too. The community is very needy, poverty is very great." (NUR08)*
>
> *"Yes, teenage pregnancy, drugs, rape ... We refer to corresponding sectors to help." (NUR09)*

Through the nurses' report, important and structural demands are observed, with emphasis on socioeconomic vulnerability, drug trafficking and use, and family violence.

The importance of the nursing profession is emphasized since these professionals are important agents in the process of social transformation through health promotion and education and even in the process of social reintegration. It is in health promotion that nurses can and must transform the reality of their profession, rescuing the existing conditions for the development of an autonomous nursing work model with the greatest impact in the fields of prevention, promotion and health protection[18,19].

The violence cited by professionals is a broad and multifaceted problem, which manifests itself through gender, sexual, verbal, marital, physical, and psychological aggression. In these cases, it requires a different look from the professional, capable of directing individualized care to the needs of the individual who suffered one or more forms of violence, adopting a posture capable of listening, welcoming, and providing solutions to the problem[20].

Furthermore, it is essential to deepen the investigation, making it possible for nursing not to be limited to a look that only contemplates the signs and symptoms, but, yes, involved in the search for instruments that allow them to identify the history of violence, so that they can receive them with quality, with guidance on the need to report aggressions and refer them to other health sectors.

It is also noticed that situations of violence are derived from economic vulnerability in the suburbs, in addition to the aggravation of drug trafficking and use, which hinders the social insertion of part of young people. As mentioned by the interviewees, the Specialized Reference Center for Social Assistance (*Centro de Referência Especializado de Assistência Social - CREAS*) and the Reference Center for Social Assistance (*Centro de Referência de Assistência Social - CRAS*) are very important, since they offer specialized and ongoing services to families and individuals in situations of threat or violation of rights, such as physical, psychological, sexual violence, human trafficking, compliance with socio-educational measures in the open, among others[21].

It can be seen in the statements of the professionals that home visits are one of the most important means to be able to identify the needs of ESF users. According to a study[22], when the professional arrives at the patient's home, he can expand his actions and interactions with the family, and not only ponder the problems exposed by the patient, but they also identify the social, economic and cultural factors, the resources available at home, the conditions of hygiene and safety, and the degree of clarification of the family concerning the health-disease process.

It is necessary to consider that multiculturalism is a topic on which the ESF nurse must pay attention. It is common to observe people of different races and cultures looking for answers to their health problems. It is believed that this cultural diversity brings the opportunity to know and understand different ways of seeing and being in life[23]. It can be seen that the professionals interviewed have different interpretations of the concept of social demand and have different ways of coping. This dubiety can hinder the assistance provided due to the difficulty on the part of the interviewees to overcome some remaining concepts of the biomedical model[23].

However, it is thought that through the recognition of this dubiety, one can, at last, overcome the old concepts, replacing them with new knowledge, based on integrality and horizontality, and able of understanding the community in all its aspects.

Integrality as a principle for understanding social demands

Through this category, it is possible to see that integrality can be used by professionals as an instrument of daily praxis for understanding, reflection, and action before the social demands presented by the population.

The principle of integrality, defined in Law No. 8,080 / 90, guides that practices must provide all types of assistance the subject needs, involving actions for disease prevention and health promotion. In this sense, integrality health care consists of the right that people have to be attended to in the set of their needs[24].

When asked about the theme, the interviewees demonstrated an understanding that is close to that discussed by another study[23], as seen in the statements below:

> *"[Integrality] is looking at the individual and his needs, not just seeing a patient, but trying to understand what is causing the disease." (NUR03)*
>
> *"Assisting the community holistically. To be able to see the community collectively, with actions of promotion, prevention, cure and rehabilitation, these are indivisible. To understand the human being, the nursing team must understand where the patient came from and be aware of their history." (NUR05)*

The positioning of the interviewees NUR03 and NUR05 is close to a study that sought to understand the nurses' conceptions about integrality[25]. They found that integrality is perceived as a set of preventive, curative, individual and collective actions and services, at the different levels of complexity of the system, but that always has a single starting point: the individual demands of users of health services, surpassing fragmentation of care.

Integrality is the search for values that deserve to be defended, which concern the affirmation of health, quality of life, and the integrity of the human being, in the full force of his subjectivity, autonomy, responsibility, and identity[26]. Integrality is the principle of SUS that most confront the hegemonic model of the system, and can be defined as a banner of struggle in the health system. It involves caring for people through cohesive and interconnected actions[27].

However, health care still shows fragmented praxis, resulting in segregation of the individual and disregard of the context in which it is inserted, which raises the caveat that, despite all the advances in the system, there is still a need for great advances in approximation between the prescribed and the experienced[17]. Interviewees NUR12 and NUR16 discussed the principle of integrality in light of aspects not addressed by the other authors when discussing immediate needs and socioeconomic issues:

> *"Serve the individual as a whole, not as separate parts. Knowing how to listen and interpret your momentary needs." (NUR12)*
>
> *"When you attend the person as a whole, as a human being, a person, not as a patient, a part of him that needs to be taken care of; is respecting that person, welcoming within the Unit; if she cannot go to the unit, it is up to you to go to the community, attend to her in the best possible way, without restrictions, without distinguishing all issues of color, race and social conditions". (NUR16)*

The approach of the health professional acting through the principle of integrality should not be restricted to curative care, seeking to measure health risk factors and, therefore, the implementation of preventive actions, such as health education. An author[14] opposes the speech of NUR12, understanding that integral actions are permanent, exceeding the limits of momentary and punctual needs, as suggested by the interviewee.

It can be noted that, despite the diversity regarding the understanding of the integrality proposal, there is a consensus that this principle materializes as a right. Therefore, health practices require critical reflection, both in the way of acting in health and its work processes and the search for defragmentation of their knowledge and practices without losing their specificities.

It was also questioned whether integrality is important for understanding the population's social demands and how, if the answer was affirmative. The nurses' responses complemented those obtained in the identification of the concept of integrality, which shows that part of them uses the theoretical matrix that they have integrality to instrumentalize the operationalization of their practice in the scope of Primary Care:

> *"(...)You have to see the individual in a comprehensive way, because if the individual gets here and treats diarrhea, I have to know what the water is like, the sewage treatment, the food of that individual. I have to see it integrally, not as a part, but as a whole." (NUR16)*
>
> *"Yes. When the user is seen by the professional who uses comprehensive care, the focus of care is not only treating a disease, but realizing the causalities and aggravations of that user's health problem, seeking to solve the problems presented in the best possible way.." (NUR19)*

The statements above demonstrate that the work process must be composed of health actions focused on integrality care to understand and respond to social demands. When raising the discussion about basic sanitation, NUR16 points to the need for discussion about the great social inequalities and income distribution, which hinders the acquisition of basic rights such as sanitation, water supply, urban cleaning and waste treatment[28].

Thus, the surveys and reflections of the study collaborate with the National Health Promotion Policy, directly impacting on two principles: integrality in recognizing the complexity, potential, and uniqueness of individuals, groups, and collectives, and support for training and continuing education in health promotion to expand the commitment and critical and reflective capacity of health managers and workers[29].

The present study also corroborates existing research and concepts when it points to the need for investments in permanent education with ESF professionals to broaden the discussion of the social demands of the community in which it operates in the light of the principle of integrality. For the authors, advancing in pedagogical practices, before the work process, expanding the reflection and perception of the concept of health, become essential in the process of building integrality as an axis of training[30].

Integrality is perhaps the most challenging principle of SUS, as it is responsible for directing the organization of services, involving the knowledge of the subjects involved in the health-disease process, in search of always achieving, in terms of management and assistance, the technical quality of work combined with the political sense of rights and citizenship involved in the construction of effective health care[31].

It is clear, therefore, that the principle of the integrality of SUS can be used by professionals as an instrument of daily praxis, as in understanding, reflecting, and acting on the social demands presented by the population, in all its social, economic and cultural complexity.

Therefore, it is believed that materializing integrality is also a social responsibility, as the multi-professional team must actively act in the disease prevention process to provide quality of life. In his field, the nurse, as a member of the team, becomes an indispensable subject to educate, in the sense of promoting health, spreading knowledge, and requesting the interventions that are necessary because of the social demands presented by the community[23].

Thus, it is defended the importance of professionals having a clear concept of social needs, an instrument for understanding and responding to demands, as holistic care must be part of the universal contract of health professionals.

CONCLUSION

Through this study, it was identified the existence of different forms of perception about integrality and social demands in the Family Health Strategy. To a large extent, the integrality revealed in the testimonies denotes an expanded view of the users' health needs, in addition to the health-disease antagonism. For this, professionals use formal and non-formal spaces, with emphasis on home visits, since it is a space for observation and knowledge of the family context.

On the other hand, it was noted the existence of professionals who have difficulty understanding social demands from the principle of integrality, suggesting the need for an expanded discussion on the process of training the professional nurse guided by the Unified Health System, to overcome the fragmentation process in care.

It was also found that the study of the integrality principle can contribute to health professionals to better understand the community to which the team assists. Thus, through integrality, the professional will be able to understand the social, economic, political, and cultural issues that surround the population, which is a determining factor in the construction of effective and specific interventions for each reality.

It is believed that the present study can contribute with professionals in the search for broadening the discussion of social demands in the Family Health Strategy, as well as in the practical materialization of the principle of integrality in the health service since it was found that holistic care is intrinsically connected to the demands of the community.

In addition to the health sector, the study also suggests that other areas, such as education and social assistance, need to deepen a discussion about the meaning of integrality in actions, since this principle runs through interdisciplinarity, constituting plurality in the relationship between the most diverse areas.

To conclude, the results of this study will serve as a subsidy for health management, in the macro or micro dimension of the health system, within primary health care. Therefore, it is necessary to raise the awareness of managers to the relevance of reflecting on the effectiveness of health actions because of the complexity of understanding integrality.

CONTRIBUTIONS

Sueli Rodrigues de Azevedo and **Ricardo Bruno Santos Ferreira** contributed to the elaboration and design of the study; data acquisition, analysis and interpretation; and the writing and / or revision of the manuscript. **Mônica Oliveira Rios**, **Bárbara Teixeira Carvalho** and **Climene Laura de Camargo** contributed to the writing and / or revision of the manuscript.

CONFLICTS OF INTEREST

There were no conflicts of interest in the conception of this work.

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