FAMILY: MEANING TO THE FAMILY HEALTH STRATEGY PROFESSIONALS

Família: significado para os profissionais da estratégia saúde da família

Familia: el significado para los profesionales de la estrategia de salud de la familia

Original Article

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ABSTRACT

Objective: To seize the meaning of family that permeates the practice of nurses, physicians and dentists of the Family Health Strategy. **Methods:** This was a qualitative descriptive study, conducted between July and August 2012 in four Primary Family Health Centers located in the four zones of the city of Mossoró, RN. For data collection, we carried out semi-structured interviews with 24 professionals. Data underwent content analysis. **Results:** We found that nurses and dentists had completed their undergraduate studies for a longer period than physicians. Both have spent more time working within the Strategy and are mostly specialized in the area. All respondents had difficulties conceptualizing family, with their speech revealing vague conceptual aspects that do not sustain an effective health care. However, professionals recognize that a health-oriented approach to the physical, social and economic needs, not only of the individual, but also of all his family, has greater potential compared to traditional approaches. **Conclusion:** The concepts of family that permeate the practice of the professionals assessed are vague and do not support effective actions to promote family health. These concepts are often presented with a prejudice load that leads to disbelief in working with models of specific families that are not within the patterns of structured family understood by those professionals.

Descriptors: Family; Family Health; Family Health Program.

RESUMO

Objetivo*: Apreender o significado de família que permeia a prática de enfermeiros, médicos e dentistas da Estratégia Saúde da Família.* **Métodos:** *Trata-se de um estudo descritivo, com abordagem qualitativa, realizado entre julho e agosto de 2012 em quatro Unidades Básicas de Saúde da Família localizadas nas quatro zonas da cidade de Mossoró-RN. Utilizou-se para a coleta de dados uma entrevista semiestruturada, sendo ouvidos 24 profissionais. Os dados foram analisados com base na Análise de Conteúdo.* **Resultados:** *Constatou-se que enfermeiros e dentistas são graduados há mais tempo que os médicos. Ambos têm mais tempo de atuação na Estratégia e são, em sua maioria, especializados na área. Todos os profissionais entrevistados apresentaram dificuldades em conceituar família, trazendo em suas falas aspectos conceituais vagos que não dão esteio a uma atenção à saúde efetiva. No entanto, os profissionais reconhecem que uma abordagem em saúde voltada às necessidades físicas, sociais e econômicas, não só do indivíduo, mas de toda a sua família, apresenta maiores potencialidades se comparada às abordagens tradicionais.* **Conclusão:** *Os conceitos de família que permeiam a prática dos profissionais estudados são vagos e não dão suporte a ações reais de promoção à saúde da família. Esses conceitos apresentam-se, muitas vezes, com uma carga de preconceito que leva à descrença no trabalho com modelos de famílias específicas que não estão dentro dos padrões entendidos de família estruturada pelos profissionais.*

Descritores: *Família; Saúde da família; Programa Saúde da Família.*

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RESUMEN

Objetivo*: Aprehender el significado de la familia que permea la práctica de los enfermeros, los médicos y los dentistas de la Estrategia de Salud de la Familia.* **Métodos:** *Se trata de un estudio descriptivo de abordaje cualitativo realizado entre Julio y Agosto de 2012 en cuatro Unidades Básicas de Salud de la Familia ubicadas en las cuatro zonas de la ciudad de Mossoró-RN. Para la recogida de datos se utilizó una entrevista semiestruturada con 24 profesionales. Los datos fueron analizados basados en el Análisis de Contenido.* **Resultados:** *Se constató que los enfermeros y los dentistas tienen más años de graduación que los médicos. Ambos tienen más tiempo de actuación en la Estrategia y son, en su mayoría, especialistas en el área. Todos los profesionales entrevistados presentaron dificultades en conceptuar la familia, señalando en sus hablas aspectos conceptuales vacíos que no apoyan una atención efectiva de salud. Sin embargo, los profesionales reconocen que un abordaje de salud direccionado para las necesidades físicas, sociales y económicas no solamente del individuo sino de toda su familia, presenta más potencialidades al compararla con los abordajes tradicionales.* **Conclusión:** *Los conceptos de familia que permean la práctica de los profesionales investigados son vacíos y no apoyan las acciones reales de promoción de la salud de la familia. Esos conceptos muchas veces se presentan con una carga de prejuicio que conlleva a la incredulidad en el trabajo con modelos de familias específicas que no corresponden a los patrones de familia estructurada comprendidos por los profesionales.*

Descriptores: *Familia; Salud de la Familia; Estrategia de Salud Familiar.*

INTRODUCTION

The concept of family has been changing according to the historical moment in which it is developed. The family cannot be understood as a purely biological stratum, for it is inserted in a certain context, being, therefore, a social stratum[1].

In the past, the concept of family was associated with the family unit: a couple living with their biological children and eventually with one of the parents of the spouses. There is currently a large variety of family types and structures[2]. There are families consisting of one single person, couples who have had previous marriages, parents with adopted children, couples without children, single mothers, homosexual couples (married or not, who have adopted children or not), couples who have children through artificial insemination, sperm donation or surrogacy, among others[3].

Thus, one should not talk about family, but families, so that it is possible to contemplate the diversity of relationships that coexist in society. In the social imaginary, the family would be a group of individuals linked by blood ties living in the same house. One can consider the family a social group composed of individuals who relate daily, creating a complex system of emotions. However, it is difficult to define family[4].

As evidenced by authors[5], the concept of family is not explicit even in the Ministry of Health guidelines for the *Estratégia Saúde da Família – ESF* (Family Health Strategy). Actions targeted at the family are specified with a focus on guidance and health surveillance; however, actions targeted at the family as care unit are not described.

The family is a privileged place of production of meanings and practices associated with health, disease and care. Within the family, one will experience moments involving the health-disease process, with the need to understand how this influence occurs. It is in and through the family that the essential health care is produced, making it an informal network of care that interrelates with the official network of healthcare services, composed of professionals with expertise[6].

In light of this, there is an agreement on the assumption that acting within health care by having the family as object of care is a way to reverse the hegemonic model focused on the disease, which fragments the individual and separates it from its context and its sociocultural values. It is considered that the concept of family should directly influence the health approaches aimed at families in the ESF; accordingly, seeking to explain this concept is important for a better understanding of practices that take place in this scenario[5]. Therefore, one question is raised: what is the meaning of family to the ESF professionals?

Recognizing the importance of the family environment for health, especially after the creation of the *Programa Saúde da Família – PSF* (Family Health Program), known today as ESF, this study aims to seize the meaning of family that permeates the practice of nurses, physicians and dentists of the *Estratégia Saúde da Família* (Family Health Strategy).

METHODS

This is a qualitative descriptive study. In order to seize the concept of health professionals working in different areas of the city, we chose to work with physicians, nurses and dentists of four *Unidades Básicas de Saúde da Família – UBSF* (Primary Family Health Center) located in four areas of the city of Mossoró, RN: West Area (3 teams), North Area (4 teams), East Area (2 teams) and South Area (1 team). The study did not include the central area because it is a predominantly commercial area of the city and the rural area because it has its own dynamics.

The West UBSF has three ESF teams; therefore, it counts on three physicians, three nurses and three dentists. The UBSF has four teams, hence it has four physicians, four nurses and four dentists. The East and South UBSF have two ESF teams, with two physicians, two nurses and two dentists each.

The sample consisted of 24 professionals intentionally selected according to their geographical area in the city. Respondents were informed about the research and participation was confirmed after they signed the Free Informed Consent Form (IC). We interviewed nine nurses, six physicians and nine dentists who met the study inclusion criteria, which were: being a physician, nurse or dentist of the ESF of the chosen UBSF; working in the ESF for at least one year; participating voluntarily after clarification of the research objectives.

Data collection took place in July and August 2012 using a semi-structured interview that initially assessed the profile of the professionals interviewed through questions about the year they finished undergraduate studies, specialization courses attended, and work time at the ESF; followed by the main question: what is the meaning of family to you, as a professional engaged in the ESF?

The identity of respondents was kept strictly confidential in order to protect them from any constraints. Therefore, they were identified according to their profession and a corresponding number: Nurse 1, Dentist 2, Physician 3, and so on.

Data were analyzed in qualitative perspective by establishing a thematic category based on content analysis. Initially, we performed a fluctuating reading, which means the first contact with the data, which provides the first explanations of the observed phenomenon or the first impressions of the reality studied. Then, we attributed theoretical concepts and categories for analysis[7]. Thus, we obtained the thematic category "family concept that permeates the ESF", which brings the discussion on the concepts attributed by the professionals to the family.

This study followed all ethical principles of research involving human subjects according to Resolution No. 466/12 of the National Health Council. The interviews were conducted after the project was approved by the Research Ethics Committee of the *Universidade do Estado do Rio Grande do Norte – UERN* (Rio Grande do Norte State University) under Opinion No. 15385.

RESULTS AND DISCUSSION

Below are the profile of professionals and then the thematic category that emerged from the study.

Profile of professionals

Among the interviewed professionals, physicians are those who have finished undergraduate studies more recently, with a work time at the ESF shorter than other professionals, ranging from one to seven years. The shorter work time of these professionals may be related to the fact that many physicians join the ESF as a way to get a temporary work because they have not been successful in medical residency or acquired their own office[8]. In addition, government incentives such as the *Programa de Valorização do Profissional da Atenção Básica – PROVAB* (Program for Valorizing Primary Care Professionals) have offered extra points in medical residency tests for physicians who work for at least one year in the ESF in the countryside; therefore, many newly qualified physicians see ESF as an aid for entering medical residency.

Four of the six doctors had no training/specialization in family health, which points to a lack of interest in the program or lack of time as it may be the first job for them when they finish their undergraduate studies. The qualification of higher education personnel to work in primary health care is a great challenge and requires strategies to improve and/or develop specific technical skills of each profession and collective skills for community work[9].

Nurses and dentists are those with a longer work time at the ESF, ranging 7-18 years and 4-10 years, respectively, dedicated to the ESF. Seven of the nine nurses and five of the nine dentists interviewed had expertise in the area. In the present study, it was possible to notice that there is a greater adherence to the ESF by nurses and dentists despite the organizational and managerial difficulties in carrying out a work that may be a strategy for reorienting the care model.

The stability in the ESF is of fundamental importance for the consolidation of a working model that reflects integrality, proposed by the *Sistema Único de Saúde – SUS* (Brazil's National Health System); additionally, the turnover of professionals undermines the effectiveness of the ESF[8].

Family concept that permeates the ESF

This category shows that the concept of family is hard to put into words, but the way family is defined, based on the relationships or socioeconomic, political or cultural aspects, gives rise to a bunch of important meanings.

Therefore, to understand the work of those who deal directly with families that present a diversity in terms of constitution, economic and social resources, and resources for coping with everyday problems, it is necessary to expose the ideas that emerge in the speech of professionals given

the important characteristics to understand how they care for families within their coverage areas.

Considering the course of the history of family in Brazil, it was observed that the works produced showed a wide variation of Latin American and Brazilian family organization, requiring the use of the term "families" in plural because there are many possibilities of family arrangements, which, in turn, also varied in time, space and according to different social groups[10].

Given these characteristics, it is increasingly difficult to define family, and this is reflected in the speeches of the professionals interviewed, in which this concept refers to vague conceptual aspects that do not enable effective health care for the family, seen as a social group with their characteristics and determinants that interact with each other, not showing a correlation between these determinants and the possibilities of strengthening health practices aimed at the family.

> *The person is not subject of his/her own life, there is a family behind. (Nurse 1)*
>
> *Family is the place where... The family unit is to me… How can I say… It is such an abstract concept… (Dentist 2)*
>
> *Family? To me, family is the main pillar of society. (Physician 4)*
>
> *Family has many concepts, indeed.* (Physician 6)

As it can be seen, the family is nonetheless appreciated as a crucial value for many people. However, it is agreed that using this "native category" as an analytical term involves certain danger. It may create a mess that may put science at the service of conservative truths of common sense. Thus, instead of being designed as a natural unity, "basic cell" of any society and key-institution to the mental health of any individual[11], the family needs to be analyzed by these professionals as the object of health care in the dimension of primary care, especially in the ESF. The vagueness of this concept undermines the effectiveness of the work aimed at this small group.

The difficulty in establishing a paradigm for family relates directly to the difficulty of public health policies in defining it and pointing out strategies to work with them. It is said that the family is the object of attention of the ESF, being participant of health care and target of health surveillance and care planning, in addition to being the context of individual care. It is also highlighted that the proximity to the family makes the professional more human, being necessary to know the members and the social situation of families to identify care demands. However, guidance is given on the approach to these families[5].

The lack of orientation relative to the work with families takes professionals to repeat *clichés* like the old one "do not see the individual alone", leaving them at the mercy of their own creativity with regard to the effectiveness of that care to families.

> *Today is not possible to carry out a preventive activity without considering the family. So, family is that. And you cannot see the individual alone, but the whole family. (Nurse 1)*
>
> *It is the core of everything, the way we work in the program, which is targeted at the family. It is very important to not see only the problem of the individual. (Nurse 9)*

Despite the difficulty in conceptualizing "family", professionals recognize that a health approach that recognizes the physical, social and economic needs, not only of the individual but of all the family, has greater potential compared to traditional approaches. In this regard, recognizing the strengths and potentialities of the family, as well as the needs and weaknesses, enables the proportion of interventions to alleviate suffering and promote change[12].

> *The family demonstrates the care with one another. If I elect that person as my partner, so I understand that I want to take care of that person. If I have a child, I will take care of my child. (Physician 4)*
>
> *All we are today is the family. So, a well-structured family is the basis of everything, even in health. A structured family is what makes things work out fine. (Dentist 1)*

Professionals understand and believe that the family is a privileged space in which we learn to be and to live, regardless of forms or models we can assume[13]. It is noticeable, in their speeches, the pedagogical nature that the family has in the education of individuals, citizens:

> *Family is the junction of ancestry with offspring, where there are people being educated and people educating. (Dentist 2)*
>
> *It starts with the family, then you start acting in society the same way you do in the family. (Dentist 4)*
>
> *It is there (family) where all the fundamentals and characteristics of an individual as a person are born, with care target at this area, and also at social, psychological and educational development. (Dentist 9)*

The fact that the State encourages family support in that it identifies it as a privileged place for the promotion of public policies, exemplified by the ESF, involves a thorough understanding of their way of life in order to understand it in all its complexity and diversity to work with people in an integrated way and experience improvements in their existence.

For the success and increment of the actions developed by the family health teams in Brazil, which have the family, not the individual, as a programmatic unity of action, it is essential a broad and situational training about the term "family" as well as knowledge of ways of evaluating collective approach[14].

It is necessary to include the theme "family" in undergraduate courses and practical activities in order to know it as a subject with its own intentionality[13]. This is most striking when one considers the various types of family that professionals will encounter in their practice.

The way of looking at the different arrangements determines the work of professionals in families. This does not mean that certain family dynamics requires the approval of the health professional, but that he/she adopts an attitude of openness and listening to better understand these dynamics and consequently perform more satisfactory health practices[15].

A family that follows a normal standard, we know the father, the mother, and the children, right, who are obedient to the parents. The couple has a good relationship. But there are also completely dysfunctional families that, from the mother to the grandchildren, are psychiatric patients, families of divorced parents, drug users. (Physician 2)

In a well-structured family people often have a good health, and when the family is dysfunctional, there are family problems. Then, health is also affected. (Physician 5)

A person who does not have a well-structured family is not a good professional, or a good daughter, or good wife, or good husband. She is dysfunctional. (Nurse 3)

It can be seen in the speeches several words that constitute value judgements: dysfunctional, good, normal. There is also a romanticized view of the family. It is observed that the family compound is commonly thought in an idealized and harmonic form and in terms of partnership[16].

The previous speeches highlight the difficulty in establishing a different look for multiple family types. These multiple definitions of family are part of the everyday service and show the many faces of a society that is constantly changing, the family being one of those faces.

There are, in some speeches, a tendency to blame family with regard to individual health. However, it turns out that the reality of poor families does not provide, within their family, the harmony to be the driving force behind the healthy development of its members, since their rights are being denied[4]. The family is demanded responsibilities that it is no longer able to take.

Thus, it becomes necessary to know the family context, their resources and limitations in order to establish an appropriate approach, i.e., not transferring to the family responsibilities they are not prepared to take[15].

Moreover, it is necessary to understand that the family is a subject that behaves strategically, performing evaluation and choices in face of a set of available resources in a time perspective[13].

It is understood as highly important to think about health care in the family from two opposite movements. The first aims to reduce the focus on the family as an abstract entity and concentrate it on the participation of women and men as concrete agents, and the second increases the focus on the inclusion of female and male partners in relationship networks, including the community[6].

We work normally with all types of family. We care a lot about the one who lives alone, because being alone is very complex, it is very bad, no one stands by you. (Nurse 7)

Family is when things are alright between you and your children, wife, when you can afford it, because today the lack of money is a big problem. (Physician 1)

The ESF is challenged to implement the principles and guidelines of social health policy in Brazil. And as a social policy that aims to be developed within a cross-sectoral perspective, "in addition to seeing problems in a broader and more complex relational dimension, it becomes clear that the technologies structured within the disciplinary boundaries are inadequate or incomplete to deal with such problems"[17].

The various aspects that involve the family, such as housing, employment, education, leisure, among others, cannot be planned and executed by a single instance of public or private sectors or professional category, as it is a complex environment with many constraints and determinants; therefore, it is a social demand that needs to be worked intersectorally. Hence the complexity of working in primary care when you are directly in contact with the precarious conditions of families in need of many other types of attention and that must be available in order to obtain an interdisciplinary and integral work.

Professionals become restless due the pressure of responsibilities that go beyond their capacity to intervene. They are often caught between the administrative requirements of quantifiable results recommended by the program and the needs demanded by families[15].

We work with the family without giving due attention to what the family deserves. Because of the doctrinal principles of SUS, the universality, integrality and equity, of which integrality is the most important to me, and we do not work in an integral way with the family. (Dentist 6)

The family physicians are not practically family physicians; they do not work with the families. (Physician 1)

This disarticulation is a result of an undergraduate program that is still often guided in a biological model, in which relationships, ways of living and consequently the family are placed in a less important level, often being only a secondary factor in the diagnostic process through the information they provide at the time of the consultation[13].

It is perceived that health promotion actions, which are very important in the context of the ESF, have no place in the middle of curative actions that are still prevalent in health services; thus, there is a need for the improvement of concepts, methods and practices of active health professionals, as well as a better valorization of health promotion within the academic qualification[18].

Faced with this deficit, there is a need to incorporate, both in the qualification and in the daily practice, the various aspects that involve families, making it necessary that the ESF professionals are aware of the interactions and the impact of experiences, which requires knowing the dynamics, beliefs and ways families adapt to different situations. It is necessary to experience the daily life of families in order to understand them, because caring for the family requires an interactional context of shared experiences[19].

The beliefs and practices of each family must be deeply studied and recognized in order to minimize conflicts between the health team, which is the main holder of the technical and scientific knowledge, and the family, which owns the popular knowledge. When differences in the understanding of an issue are narrowed, there is certainly an increase in the possibility of success in its confrontation[14].

FINAL CONSIDERATIONS

The concepts of family that permeate the practice of the professionals interviewed are vague and do not support effective actions to promote family health. These concepts are often presented with a load of prejudice that leads to disbelief in working with models of specific families that are not within the standard family structures understood by these professionals.

It was possible to infer that many professionals still do not understand what their role in relation to the work with families is and how to make it operational in everyday life. Actions end up not following what is recommended by the care programs, which are proposed for each priority group, causing a greater focus on the individual with a disease or harm.

The ESF itself does not offer theoretical and practical subsidies for working with families. Thus, health education actions carried out in the living space of the streets, communities, and homes lose effectiveness. This happens so that most part of the population turns out to depreciate these moments and praise the curative care targeted at a specific problem. Unfortunately, disbelief in public policies increased significantly, from professionals to the population.

It is also observed that nursing let itself go with the bureaucracy, filling of paper and software spreadsheets, and the individual care through specific programs; moreover, physicians, although they consider the family as the "basis of everything", still focus on the curative and individual work, as well as dentists turn to meetings spontaneous demand and priority groups, demonstrating that health professionals do not provide an effective accompaniment to families.

Thus, this study demonstrates that the qualification of nurses, a strategic profession within the ESF, physicians and dentists is still primarily based on a technicist and curative model care. The qualification must lead to the transformation of healthcare practices, being, therefore, supported by SUS principles and guidelines. Professionals need to make efforts to direct their practices to the effectiveness of health promotion and health care model, as well as take advantage of the spaces for the empowerment of the population in order to ensure its participation in health actions. This can only be done with managers providing ways and means to strengthen the work in the ESF, with a view to reorienting the care model.

Finally, further studies should be carried out to share successful experiences with families in Primary Care. It is expected that the experiences will serve as an incentive for managers and professionals truly committed to the ESF and for overcoming the walls of the Primary Care Centers.

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