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Physiotherapist action in the extended family health of Barbacena-MG

Actuación del fisioterapeuta en los centros de salud de la familia de Barbacena-MG
Actuación del fisioterapeuta en los Centros de Salud de la Familia de Barbacena-MG

RESUMO
OBJETIVO: Analisar o processo de trabalho dos fisioterapeutas integrantes do NASF de Barbacena, MG. MÉTODOS: Pesquisa qualitativa com coleta de dados através de entrevistas com seis fisioterapeutas do NASF de Barbacena e seis observações das reuniões de equipe. RESULTADOS: A deficiência de formação em Saúde Coletiva e a caracterização reabilitacional da profissão são limitações para a melhor compreensão do papel do fisioterapeuta no NASF. O processo de trabalho é conflituoso, no qual a abordagem individual e a grupal se embatem entre o proposto pelo ministério e aquilo que concebem como atuação fisioterapêutica. Embora os fisioterapeutas apresentassem satisfação pessoal, julgam as condições de trabalho hostis, com demandas territoriais exacerbadas e precarização dos contratos de trabalho. CONCLUSÃO: É preciso repensar a instabilidade dos vínculos de trabalho oferecidos, uma vez que limitam o empreendimento de ações a longo prazo nos territórios, o vínculo com a população e desmotivam o envolvimento com os processos decisórios junto às equipes.
DESCRITORES: Saúde Pública; Fisioterapia; Atenção Primária a Saúde.

ABSTRACT
OBJECTIVE: To analyze the work process of the physiotherapists who are members of the NASF in Barbacena, MG. METHODS: Qualitative research with data collection through interviews with six physiotherapists from the NASF of Barbacena and six observations from the team meetings. RESULTS: The lack of training in Public Health and the rehabilitation characterization of the profession are limitations for a better understanding of the role of the physiotherapist in the NASF. The work process is conflicting, in which the individual and group approach clash between what is proposed by the ministry and what they conceive of as physical therapy. Although the physiotherapists showed personal satisfaction, they judge the hostile working conditions, with exacerbated territorial demands and precarious employment contracts. CONCLUSION: It is necessary to rethink the instability of the work bonds offered, since they limit the undertaking of long-term actions in the territories, the bond with the population and discourage the involvement with the decision-making processes with the teams.
DESCRIPTORS: Public Health; Physiotherapy; Primary Health Care.

RESUMEN
OBJETIVO: Analizar el proceso de trabajo de los fisioterapeutas miembros de la NASF en Barbacena, MG. MÉTODOS: Investigación cualitativa con recolección de datos a través de entrevistas a seis fisioterapeutas de la NASF de Barbacena y seis observaciones de las reuniones del equipo. RESULTADOS: La falta de formación en Salud Pública y la caracterización rehabilitadora de la profesión son limitaciones para una mejor comprensión del papel del fisioterapeuta en la NASF. El proceso de trabajo es conflictivo, en el que el enfoque individual y grupal choca entre lo propuesto por el ministerio y lo que conciben como fisioterapia. Aunque los fisioterapeutas mostraron satisfacción personal, juzgan las condiciones laborales hostiles, con demandas territoriales exacerbadas y contratos laborales precarios. CONCLUSIÓN: Es necesario repensar la inestabilidad de los vínculos laborales ofrecidos, ya que limitan el emprendimiento de acciones de largo plazo en los territorios, el vínculo con la población y desalientan la participación en los procesos de toma de decisiones con los equipos.
DESCRIPTORES: Salud Pública; Fisioterapia; Primeros auxilios.

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APARECIDA REGIANE TEIXEIRA
Physiotherapist and Specialist in Respiratory Physiotherapy by Universidade Presidente Antonio Carlos-UNIPAC
ORCID: 0000-0002-0576-7804

CÍNTIA REGINA DE OLIVEIRA
Physiotherapist and Specialist in Respiratory Physiotherapy by Universidade Presidente Antonio Carlos-UNIPAC
ORCID: 0000-0002-8917-4714

PRISCYLLA LILLIAM KNOPP RIANI
Dr. in Public Health UFRJ, Ma. in Psychology by UFJF, Professor and Advisor of the Physiotherapy course at UNIPAC
ORCID: 0000-0001-6530-9365

ADELSON REGIS TEIXEIRA
Psychologist, Master's Student in Psychology by UFSJ, Specialist in Preceptorship in the SUS by IES-HSL, Specialist in Psychomotricity and Education by UNIPAC
ORCID: 0000-0001-5459-0411

LUIS FHELLIP CAMPOS PRUDENTE
Physiotherapist from the President Antonio Carlos University-UNIPAC
ORCID: 0000-0001-9625-6083

INTRODUCTION

Of the scenarios that make up the care network of the Unified Health System (SUS), Primary Health Care (APS - Atenção Primária à Saúde) is the main gateway to the health system. As of 2008, the Family Health Support Centers (NASF - Núcleos de Apoio à Saúde da Família) 1 became part of the PHC, with the objective of favoring the resolvability of primary care, through support to the Family Health teams (eSF - equipes de Saúde da Família). 2

The NASF is composed of a multidisciplinary team that works with professionals from the Family Health Strategy (ESF), sharing health techniques with the population linked to Primary Care Units (UAB or UAPS). 2

In accordance with the demand of each region covered by the ESF teams, professionals who will compose these multidisciplinary groups are selected. The activities to be developed by the different categories are varied and every proposal must be shared with the team, whether it be individual care, home care, group care, promotion of health education or case studies, among others. 3 The format implemented will be the one that best serves the region where the NASF will be implemented, this favors access and resolution. 3

A possible component of the NASF teams, the physical therapist, is part of this service modality, performing practices aimed at planning, coordinating and supervising services, not limited to the rehabilitation approach. 4 As with other professionals in the center, it performs professional training, individual or collective assistance, prevention/promotion or assistance activities using the matrix model. 3

However, in addition to the difficulty that multidisciplinary and intersectoral work imposes for these teams to function effectively, 3 the participation of the physiotherapist reveals some obstacles, mainly those arising from the primary demand for physical therapy services 5 and the depreciation of the category's effort in carrying out health promotion practices. 6 Factors like this, in addition to those associated with the rehabilitation representation that the population, and the professionals themselves, build about Physiotherapy, limit the strengthening of a scientific production that identifies and discusses the alternatives for the performance of physical therapists in primary care.

In this sense, the objective of this research was to analyze the work process of the physiotherapists who are members of the NASF in Barbacena, MG.

METHODS

This is a qualitative, analytical and cross-sectional study carried out in Barbacena, MG, from August to October 2017. Three NASF type 1 were surveyed, each with two physiotherapists, totaling the participation of six physiotherapists in Primary Care. The exclusion criterion was the option of not participating in the research and the inclusion of being a physiotherapist linked to the Family Health team by NASF. After signing the Informed Consent Term, two data collection instruments were used: Interviews with physiotherapists following a semi-structured script and non-participant observation of Family Health team meetings. Six observations were made, one for each team supported by the physiotherapist. The field diary was used as a resource for recording data at the time of observation.

Analysis of the material was carried out based on the assumption of Dialectic-Hermeneutics, which employs analysis at a grammatical and subjective level. The moment of grammatical interpretation analyzes the discourse, the use of words, the concepts, while the subjective takes place when the interpreter proposes to reconstruct the “intentions” of the subject who uttered the words. 7 These two dimensions are linked, showing a close connection between thou-

ght and language. 7

The analysis was performed using the following procedures, adapted from Minayo's7 proposal: (1) Socioeconomic and cultural characterization of Physiotherapists; (2) Systematic organization of the material: Interviews and Non-participant Observations; (3) Horizontal reading of organized material and formulation of empirical (or operational) theoretical categories, according to study objectives; (4) Cross-sectional reading of the material from the empirical categories formed and (5) Final analysis: discussion between the empirical theoretical categories and the analytical theoretical categories derived from the theoretical framework of the study.

It is important to emphasize that this study followed all ethical precepts in research with human beings and was approved by the Research Ethics Committee of the Universidade Presidente Antônio Carlos under CAAE 74853417.80000.5156, opinion 2.307.814.

RESULTS AND DISCUSSION

The three NASF-AB teams are type 1, have a weekly workload of 200 hours and a total of 24 professionals. Each team provides care support and matrix support to 8 ESF teams, covering a territory of approximately 25.783 inhabitants.

The members of the study are all female and had their identity protected by the codenames F1, F2, F3, F4, F5 and F6. Personal information was not directly associated with code names, as a way to avoid identifying the subjects. The physiotherapists are between 27 and 39 years old, self-declared white and have graduated from the Presidente Antônio Carlos University (UNIPAC) for an average of 9 years.

Four participants reported having specializations (F1, F4, F5 and F6), although none of them were related to Public Health or Collective Health.

All six participants reside in the city of Barbacena and have worked elsewhere. Two still associate the work at NASF-AB with other jobs. While one of the professionals has been working for 8 years (F5) in PHC, another for 5 years (F2) and another for 4 years (F6), the others started their activities for an average of 9 months.

As for the weekly workload, only one said she worked 20 hours a week (F1) and the other 30 hours a week, and her employment relationships were established through a contract.

Empirical Categories and Analysis:

Three main categories related to the performance of the physiotherapist at NASF-AB were obtained: (1) The work process; (2) The performance at the NASF and (3) Perception about the work at the NASF-AB, each with their respective subcategories presented below.

The work process - Formation

Regarding the training of physical therapists - undergraduate and graduate, it can be seen, especially in the discourse of professionals with longer training, the perception of unpreparedness in graduation with regard to Public Health. According to the interviewees, the deficiency in training was the basis for assuming an eminently rehabilitative and assistance role, as in the report by F6:

> *[...]a gente vem desse modelo clínico assistencial né, da faculdade, a gente não tem nada na faculdade, pelo menos na minha época não tinha nada que levasse a fisioterapia para prevenção [...] F6*

It is verified in other studies, 8 the establishment of an equal deficiency with regard to training to work in PHC, despite the National Curriculum Guidelines for the Undergraduate Course in Physiotherapy provide for a generalist profile. Bispo-Junior 9 describes the prevalence of professional training with a curative-rehabilitative profile in Physiotherapy graduation and Barbosa et al 2 mention that one of the biggest challenges for physical therapists is professional training for practices aimed at Public Health. The authors consider that a curricular change must occur, aiming at improving training, so that it is not based on specialties, but on Health Policies.

Reis et al. 10 report that the qualification of professionals in the NASF brings a significant difference in care. The authors identified that the NASF team would need qualification for interdisciplinary work in various aspects, such as the competence to evaluate their work and develop measures for improvement, mastery of planning techniques and work organization, skills that can be developed during the formation.

When asked about postgraduate studies, it was observed that the participants did not take them in the field of Public Health. A hegemony of traditional specialization is perceived, seeking continuing education in classic areas and not improving to work in Public Health. This can be considered one of the factors that make it difficult to detach from the technical rehabilitation model, as proposed in the research by Santos and Santos.11

Training

According to the Ministry of Health, 12 the management of human resources has been one of the difficulties in implementing the SUS since its inception. The scarcity of professionals with an adequate profile, management and organization problems of health care are some of the main setbacks for improving the quality of care and for the effectiveness of the SUS.

Some interviewees reported having done some type of training and explained the importance of this prior knowledge about AB, specifically in NASF-AB.

> *[...] Matrix support course with emphasis on primary care[...] we brought a lot to the NASF that we didn't have here was nice, it's really important [...] F2*

Another interviewee emphasizes that the offer to other members would be relevant.

> *[...] this is important because we have a certain difficulty in this issue with them (community agents) [...] they don't understand that we don't provide care, we don't do*

> *rehabilitation [...]F5*

The limitations in the preparation of professionals for the procedures in the ESF go beyond the technical knowledge of the professions, which is one of the main arguments for the training of NASF members. Qualifying professionals who are currently working in the territory is essential so that they can act in a manner consistent with the principles that guide the ESF, reshaping the meaning of care. 13 If the team's actions do not follow its main objective, which is to reduce referrals, they end up increasing the demand for specific assistance, a factor that makes it relevant to know the specific aspects of the work and effectively conduct it. 14

Acting at NASFHome Care

It can be seen from the report below that the home care provided by physiotherapists is aimed at guiding families, even though the service itself exists.

> *[...] We provide short-term care, especially for bedridden patients and chronic patients. We don't do long-term treatment because we work to guide the family and the caregiver [...] F6*

It is important that home care provided by the physiotherapist has an approach that is not restricted to the individual affected by any pathology, but seeks to establish co-responsibility of all family members, in order to achieve resolution and strengthen the care network. 15

It is important that home care provided by the physiotherapist has an approach that is not restricted to the individual affected by any pathology, but seeks to establish co-responsibility of all family members, in order to achieve resolution and strengthen the care network.

Group Service

Working with groups is still seen by physiotherapists as something laborious. Some of the interviewees have difficulties in organizing the groups, reporting lack of time, especially with the expenditure of time in carrying out distant care, such as those of users who live in rural areas. F1's speech illustrates this situation.

> *[...] and as it is a rural area, it has a little difficulty in this regard, everything is far away, so there is a difficulty. The NASF works a lot with groups too so there is a difficulty as they live far away they (community) also have a difficulty in coming and joining the group [...] F1*

The study by Souza et al., 16 reports that the challenge of physical therapists in working with groups is perpetuated by the training model itself, which privileges individual and rehabilitative care.

Perception about work at NASF

Perception about the insertion and performance of the Physiotherapist in the NASF-AB Team

In participant F1's speech, the perception of value that the physiotherapist's performance holds can be seen.

> *[...] I see that the performance is good, because everyone meets the expectations [...] the physical therapist's acceptance is good even in relation to other areas, the physical therapists are much more accepted [...] F1*

According to a study by Souza et al. 16 all participants demonstrated that they recognized the importance of having a physiotherapy professional in Public Health, emphasizing that interventions were fundamental, and of great importance for the team and the community. However, there is still a lot to be worked on about the role of the physiotherapist in NASF teams, the rehabilitation context is still rooted, as we see in F3's speech when asked about the importance of their insertion and performance.

> *[...] I think the physiotherapy part is fundamental; mainly for chronic illness, or a stroke, back problems or knee and shoulder problems [...] the staff can prevent it before having the rehabilitation part, but for those who had a stroke or respiratory problems, physiotherapy is essential; there is no way not to have a physiotherapist at the NASF, as we work a lot with bedridden patients and patients with sequelae [...] F3*

This speech is consistent with a study by Formiga and Ribeiro, 17 in which they describe that the insertion of the physiotherapist in PHC is under construction due to the stereotype of a rehabilitation profession and with the sole purpose of acting as a healer of sequelae.

In the observations made in the matrix support meetings, it was observed that these professionals played a leadership role several times, establishing shared care, diagnosing the need for home care, promoting health education events, working together with physical educators in care for physical activity groups.

This role corroborates the study carried out in the city of Londrina-PR, which highlights the importance of the role of physiotherapy in the FHS with a focus on preventive and care actions, thus reducing the demand for care at more complex levels of care. 18

Perception about the relationship between the NASF team and the ESF

When asked about the relationship between the NASF and ESF teams, they all replied that it was good. In F1's speech, the physiotherapist's self-worth was observed as if this professional was more accepted than others by the ESF.

> *[...] it is a well accepted area compared to others, we see that the doctor always looks for the physiotherapist, the nurse, the health agents, the family itself [...] F1*

Among the observations made in the matrix support meetings, it can be seen that the relationship between the NASF team

and the ESF cannot yet be considered effective and harmonious, contradicting the statements of the professionals obtained in the interviews. This fact may be related to the lack of participation of all team members in the meetings, also due to the indifference of the ESF team members about the performance and activity of NASF professionals, especially in relation to physical therapists who seem to have to seek acceptance of the health agents in the group. In addition, there are factors related to professionals, such as missing or being late to matrix support meetings, subsidizing the ESF team to criticize the performance of the NASF, reducing the cohesion between these two teams.

According to the Primary Care Booklet, 12 the NASF will organize its work process together with the ESF teams and/or Primary Care Teams. According to this definition, we realize that the NASF and ESF teams need to work together in an integrated way to achieve the goals proposed by the National Primary Care Policy.

CONCLUSION

The inclusion of the physiotherapist in the NASF strengthened the change in the physiotherapist's praxis, expanded its field of action, including prevention, promotion and education in its health actions, in addition to the traditional recovery.

The observation data confirmed those obtained through the interviews in relation to the participation of the NASF physiotherapist in the teams' routine, their integration into them, the facilitated access for users to services and the performance of health promotion actions, thus, the relevance of this professional in these teams, even if it is necessary to overcome limitations regarding the rehabilitation concept produced by these professionals, in addition to a better conduction of their work strategies.

As presented in this study, the purpose of the NASF for physical therapists is still not fully understood. The lack of structuring of the services provided by physiotherapists was identified as a limiting factor for this undertaking. Thus, it is necessary to analyze how the program works in each reality in which it is developed.

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