DOI: https://doi.org/10.36489/saudecoletiva.2020v10i59p4204-4213

Understanding the reasons that lead users to seek Emergency Care Units

Comprender los motivos que llevan a los usuarios a buscar Unidades de Atención de Urgencias

Compreendendo os motivos que levam os usuários a buscarem as Unidades de Pronto atendimento

ABSTRACT
Objective: to understand the individual and socio-cultural aspects of the therapeutic itinerary of users of the Emergency Care Unit. Method: this is a cross-sectional study, with a qualitative approach, carried out in an Emergency Care Unit. To elucidate the development of fieldwork and data analysis, Grounded Theory was used as a method. Results: it was noted that the motivation established by the patients, to justify their search for emergency services, varied according to the activities offered by the Health Care Network, the rapid resolution of problems, aggravated chronic diseases due to fragmented care and low knowledge in health by users and / or professionals. Conclusion: Social, financial factors, geographical barriers and failures in the operation of the services offered by the Unified Health System end up favoring the genesis of the phenomenon, thus requiring the strengthening of the entire Health Care Network, as well as existing public policies.
DESCRIPTORS: Nursing; Primary Health Care; Emergencies; Health Services.

RESUMEN
Objetivo: comprender los aspectos individuales y socioculturales del itinerario terapéutico de los usuarios de la Unidad de Urgencias. Método: se trata de un estudio transversal, con abordaje cualitativo, realizado en una Unidad de Urgencias. Para dilucidar el desarrollo del trabajo de campo y el análisis de datos, se utilizó la Teoría Fundamentada como método. Resultados: se notó que la motivación establecida por los pacientes, para justificar su búsqueda de servicios de emergencia, varió de acuerdo a las actividades que ofrece la Red de Salud, la resolución rápida de problemas, enfermedades crónicas agravadas por atención fragmentada y bajo conocimiento en salud por usuarios y / o profesionales. Conclusión: Factores sociales, financieros, barreras geográficas y fallas en el funcionamiento de los servicios que ofrece el Sistema Único de Salud terminan favoreciendo la génesis del fenómeno, requiriendo así el fortalecimiento de toda la Red de Atención de Salud, así como las políticas públicas existentes.
DESCRIPTORES: Enfermería; Primeros auxilios; Emergencia; Servicios de salud.

RESUMO
Objetivo: compreender os aspectos individuais e socioculturais do itinerário terapêutico de usuários da Unidade de Pronto Atendimento. Método: trata-se de um estudo transversal, com abordagem qualitativa, realizado em uma Unidade de Pronto Atendimento. Para elucidar o desenvolvimento do trabalho de campo e a análise dos dados, utilizou-se como método a Teoria Fundamentada nos Dados. Resultados: notou-se que a motivação estabelecida pelos pacientes, para justificar sua busca aos serviços emergenciais variou de acordo com as atividades ofertadas pela Rede de Atenção à Saúde, a rápida resolução dos problemas, doenças crônicas agudizadas devido ao cuidado fragmentado e pelo baixo conhecimento em saúde pelos usuários e/ou profissionais. Conclusão: Fatores sociais, financeiros, barreiras geográficas e falhas na operacionalização dos serviços ofertados pelo Sistema Único de Saúde acabam por favorecer na gênese do fenômeno, necessitando desse modo, do fortalecimento de toda Rede de Atenção à Saúde, bem como das políticas públicas existentes.
DESCRITORES: Enfermagem; Atenção primária à Saúde; Emergência; Serviços de Saúde.

RECEIVED ON: 10/18/2020 **APPROVED ON:** 10/23/2020

Jackson Muniz Nunes
Nurse at the University Center of João Pessoa.
ORCID: 0000-0002-3135-5707

Ana Eloísa Cruz de Oliveira
Nurse from UFPB. Master in Nursing from PPGMD / UFPB.
ORCID: 0000-0002-3827-036X

Fabiana Maria Rodrigues Lopes de Oliveira
Nurse from UFPB. PhD in Nursing from PPGENF/UFPB.
ORCID: 0000-0002-2985-7572

Gabriela Lisieux Lima Gomes
Nurse from UFPB. PhD in Nursing from PPGENF / UFPB.
ORCID: 0000-0002-7032-2035

Monike Gonçalves do Amaral
Nurse at João Pessoa University Center.
ORCID: 0000-0001-7243-0550

Keylla Talitha Fernandes Barbosa
Nurse from UFPB. PhD in Nursing from PPGENF/UFPB.
ORCID: 0000-0001-6399-002X

INTRODUÇÃO

In Brazil, health services are organized through Health Care Networks, seeking to maximize access and extension of care, aiming at achieving comprehensiveness. The way of managing values the movements of intersectoral communication, achieving an integral relationship between the principles that constitute its system and all other levels of health care. [1]

The networks are established as organizational structures for health interventions and services, with different technological condensations, which are integrated through systematic, logistical and management bases, seeking to ensure care in its entirety. The Levels of Health Care - primary, secondary or tertiary, help users to walk throughout the entire network thus guaranteeing their completeness, contributing to a greater planning of actions and offers of activities within this system, thus enabling an orderly approach to services available with provision of continuous, complete, quality, competent and humanized care. [2-3]

Being the preferred gateway for users, Primary Care, structurally integrates the basic physical foundation of care and has commitments such as: reducing queues in emergency services, hospitalizations and morbidity and mortality. However, it is routinely interpreted as a space that is established through reduced and stiff schedules, with long and inefficient performance. [3]

The Emergency Care Units (Unidades de Pronto Atendimento - UPA), also a gateway, are characterized as a fixed infrastructure for prehospital urgency, being an important form of access to health services, constituting itself as an intermediate unit between primary care and emergencies. hospitals. They are classified in three different sizes, alternating according to the municipal population, physical space, number of existing beds, management of workers and the daily capacity to promote medical receipts. [4]

From the perspective of users, the services offered by Primary Care have negative quality or are not effective, achievable or fail in the development of their own activities. Dissatisfaction helps in the search for a service that is resolutive, open door and solves your problem, whether spontaneously or referred by professionals, such as Emergency Care Units (UPA), outpatient clinics, hospitals, among others. [5]

The scenario of emergency services in Brazil is, nowadays, a pretext of concern for life protection agencies, as well as society in general, as there has been an increase in these services, resulting in a poor distribution of resources and assistance with users not classified as emerging. This creates the idea that the other levels are not efficient or have less resolution. [6]

In view of the problem and considering the biopsychosocial aspects that surround the therapeutic itinerary, this research is necessary to understand what leads users to seek services of medium complexity, since they have primary care at their disposal.

So one can ask: what are the reasons that lead users to seek care in an Emergency Care Unit? To this end, this study aims to understand the individual and socio-cultural aspects of the therapeutic itinerary of users of the Emergency Care Unit.

METHOD

This is a qualitative study, developed from primary data obtained through interviews subsidized by a semi-structured instrument, not validated. Both the intentionality of what refers to people's actions and reactions are incorporated in qualitative research, whose

model explains the relationships, the result of creative, affective and rational human activity that can be learned in daily life, through experience and explanation. [7] We highlight the use of the COREQ instrument to guide the methodology.

Data were collected from September to October 2019, through recorded interviews and a semi-structured instrument. Users were chosen randomly in an emergency care unit in the city of João Pessoa - PB.

The inclusion criteria for conducting the collection were: users who sought the services offered by the Emergency Care Unit, aged between 18 and 60 years, of both sexes with or without an area registered in a Family Health Unit in the municipality from João Pessoa, Paraíba. Those users who did not live in that municipality were excluded. After saturation, the final sample had 20 users.

The interviews were recorded in digital audio and transcribed so that users were identified by codenames, guaranteeing their privacy. During and after the transcription, the entire interview was reviewed in order to search for similarities and / or words, expressions or a new fact, comparing the speeches and thus observing the saturation of the collected data.

For data analysis, the Grounded Theory was used as a methodological reference, aiming to interpret what occurs in the study scenario from the capture of the meaning that a certain context or object has. [7] It is a method of systematic investigation, derived from data systematically gathered and analyzed through a research process. It is an interactive process in which data collection and analysis are continuously interdependent and occur simultaneously, culminating in the construction of reliable knowledge from studies that involve constant human interactions. [8]

The interviews went through the three stages of coding (open, axial and selective) in which it was possible to analyze the empirical material through the inductive and deductive approaches and, gradually, explain the phenomenon studied. The categories revealed in the present study emerged after intense reflection and introjection, in order to refine the evidenced phenomena and build a paradigmatic model that could explain the studied concept.

Finally, the categories were integrated into an analytical, paradigmatic model, which allowed the identification of the central phenomenon of the study, its context, the intervening conditions, exploring the causal conditions, specifying the strategic actions and the consequences. [7]

This research was guided by Resolution 466/2012 of the National Health Council, referring to research involving human beings, an essential tool for the development of research activities with humans, considering their privacy, dignity and defending their vulnerability. Study participants were instructed on the nature of the research, objectives, procedures involved, guarantee of anonymity, as well as the right to freedom to participate in the study or to withdraw from it at any time during its completion and subsequently, requested to sign the Consent Form Free and Informed (IC). This study was approved by the Ethics and Research Committee of the Centro Universitário de João Pessoa under the CAAE number: 17173819.0.0000.5176.

RESULTS

With regard to sociodemographic aspects, the majority were female (55.0%) and aged between 18 and 60 years old, an average of 32 years old among them. Twelve had areas covered by primary care, seven areas discovered and one unknown. The instructional level ranged from complete elementary school to complete higher education and the monthly income alternated between one and five minimum wages.

With regard to sociodemographic aspects, the majority were female (55.0%) and aged between 18 and 60 years old, an average of 32 years old among them. Twelve had areas covered by primary care, seven areas discovered and one unknown. The instructional level ranged from complete elementary school to complete higher education and the monthly income alternated between one and five minimum wages.

To support this study, eight catego-

ries were created to elucidate the central phenomenon studied "Understanding the individual and socio-cultural aspects of the therapeutic itinerary of users of the Emergency Care Unit".

Certifying users' reduced knowledge about health policies provided by the Unified Health System

In this category, users' lack of knowledge regarding the services of the Unified Health System stood out:

> *"When I arrive at the health center, I should be attended to regardless of neighborhood, city, I have the card and if I didn't have one, I think I should be attended to" (P.1).*

Pointing out the reasons that lead users to seek services provided by the Emergency Care Unit

It was noticed in this category that searches are linked to the guarantee of service and resolvability of emergency services:

> *"Because at the UPA, there are more professionals, machinery, not at the health center, just evaluate looking at you" (P.3).*

Understanding the difficulties of public health services

It was observed the difficulties that the health services present regarding their operationalization:

> *"There is no vacancy at the clinic. At the UPA you are treated and your problem is solved" (P.4).*

Analyzing the services provided by the units that make up the Health Network

It was noted here how users see the services offered by the Unified Health System:

> *"Before, you were obliged to go to the clinic, book a card, but nowadays there is the UPA and that doesn't happen" (P.6).*

Identifying the reduced knowledge of professionals regarding the Health Care Network

It was found that health professionals end up facilitating the genesis of the studied phenomenon due to referral to the emergency service without a suitable justification:

> *"The doctor at the clinic asked me to come to the UPA, because I don't have a record, my area doesn't provide coverage" (P.17).*

Pointing out the need for health maintenance information

In this category, it was noted that insufficient or nonexistent knowledge about health information disadvantages self-care in health:

> *"I never have to do medical follow-up, it is usually always an emergency, a headache, a pressure problem..." (P.3).*

Understanding the clinical aspects that lead users to health services

The user's understanding of clinical aspects influences the formation of the studied problem.

> *"I was feeling a pain in my chest, then it came to my back, I talked to the doctor yesterday and she said: these are gases. I thought it was heart, so I came to the UPA." (P.15)*

Fostering access to health services as a care strategy

It became evident that the expansion of basic health services strengthens the bonds, the network and reduces the problem:

> *"Because we don't have a post in my neighborhood, we go to where there is an opening, right?" (P.1).*

DISCUSSION

Access to health services can be analyzed from different perspectives. Such views can be represented through availability, knowledge and financial conditions. In Primary Care, factors such as access, the gateway, the variety of services provided and how these actions are linked together, dictate whether or not they are resolvable. [9]

The idea that users have about the assistance provided may be linked to the existing culture that only in hospitals they will be well assisted, if compared to other levels of health care. This base is strongly linked to the biomedical model, where the hospital is the center of the health system and Primary Health Care is configured as unqualified care. [10]

The motivation established by users to seek urgent and emergency services is characterized by the lack of bureaucracy existing in them. The ease of guaranteeing medical care, exams and other services offered, help to avoid going to family health units. [11] Therefore, these patients find some resolution or minimization of their problems, thus characterizing their demand for SUE. Thus, it is noted that the main gateway, which is PHC, has weaknesses. [12]

There is a growing demand for emergency services due to difficulties in regular access to the other sectors that make up the network, especially in primary care. Population aging and the prevalence of chronic diseases affect these services and justify the patients' attendance at the secondary health level, performing tasks at other levels, contributing to overcrowding and fragmentation of care. [9]

Most patients who are admitted and classified at the UPA have a green classification. It is clear, therefore, that such users do not have a profile for such services, remaining in them, even without proper reference, and their complaints can be resolved in Primary Health Care. [10]

Failures within primary care services, such as the low coverage of the units, difficulty in scheduling exams and consultations with specialized medicine, absent or ineffective reception, difficulties in access and even the low

resolution of this level of health care, ends up increase this phenomenon. [12]

Going to urgent and emergency services is linked to a possible resolution of the problems, to the guarantee of medical care, exams and other services provided by the medium complexity. In addition, social and epidemiological factors and the inefficiency of other levels of health care also contribute to the genesis of the problem in question. [13]

Regarding the use of these services, it is noted that users seek them according to their symptoms, even without the real understanding of their clinic, without prior investigation, nor by guidelines for the service adequate to their needs. [14] Thus, a possible response to the minimization or outcome to overcrowding in urgent and emergency services in this country stems from the ability that professionals have to manage the care network for this patient, as well as the expansion of existing services in Primary Care in Health, referencing and counter referencing users, as needed, within the Network.

CONCLUSION

It was evidenced that several factors contribute to the formation of the problem, from the biopsychosocial, financial, educational level and knowledge about health services. In addition, failures in the operation of Primary Care, whether by managers and professionals, the ineffective number of units or the lack of professionals, among others, contribute to the phenomenon.

Thus, it is clear that for the construction of accessible and adequate health, it is necessary to have the participation of all the actors involved, managers, professionals and also users, in order to create mechanisms of understanding and tools to face this public health problem. ■

REFERENCES

1. Peiter CC, Santos JLG, Lanzoni GMM, Mello ALSF, Alonso MFBN, Andrade SR. Redes de atenção à saúde: tendências da produção de conhecimento no Brasil. Escola Anna Nery. 2019 [citado 2019 mai]; 23(1): 1-10. Disponível em: http:www.scielo.br/pdf/ean/v23n1/pt_1414-8145-ean-23-01-e20180214.pdf.

2. Fortini RG. Prática educativa com pessoas que vivem com anemia falciforme: uma reflexão dialógica. Niterói. Dissertação [Mestrado] – Universidade Federal Fluminense; 2019. [citado 2020 out]. Disponível em: https://app.uff.br/riuff/handle/1/9054.

3. Borges LS, Freitas PF, Vietta GG, Borges KR, Nazario NO. Estudo dos critérios determinantes de procura pelo serviço de emergência, por pacientes classificados como pouco urgentes e não urgentes, em um hospital geral do sul do Brasil. Arq. Catarin Med. 2018 [citado 2019 mai]; 47(3): 60-73. Disponível em: http:www.acm.org.br/acm/seer/index.php/arquivos/article/view/363/273.

4. Konder MT, O'Dwyer G. A integração das Unidades de Pronto Atendimento (UPA) com a rede assistencial no município do Rio de Janeiro, Brasil. Interface. 2016; 65(5): 879-892. doi: 10.1590/1807-57622015.0519.

5. Oliveira JLC, Gatti AP, Barreto MS, Bellucci Junior JÁ, Góes HLF, Matsuda LM. Acolhimento com Classificação de Risco: percepções de usuários de uma Unidade de Pronto Atendimento. Rev. Latino – Am. Enfermagem. 2017; 26(1): 1-8. doi: https://doi.org/10.1590/0104-07072017000960014.

6. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev Bras Enferm. 2018; 71(1):228-33. doi: http://dx.doi.org/10.1590/0034-7167-2016-0616.

7. Strauss A, Corbin J. Pesquisa qualitativa: técnicas e procedimentos para o desenvolvimento de teoria fundamentada. 2nd ed. Porto Alegre: Artmed; 2008.

8. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev Bras Enferm. 2018; 71(1):228-33. doi: http://dx.doi.org/10.1590/0034-7167-2016-0616.

9. Facchini LA, Tomasi E, Dilélio AS. Qualidade da Atenção Primária à Saúde no Brasil: avanços, desafios e perspectivas. Saúde Debate. 2018; 42(1): 208-223. doi: 10.1590/0103-11042018S114.

10. Camerro A, Alves EC, Camerro NMMS, Nogueira LDP. Perfil do atendimento de serviços de urgência e emergência. Revista Fafibe On-line. 2015 [citado 2019 nov]; 8(1): 515-524. Disponível em: http:unifafibe.com.br/revistasonline/arquivos/revistafafibeonline/sumario/36/10112015195658.pdf.

11. Sacoman TM, Beltramm DGM, Andrezza R, Cecílio LCO, Reis AAC. Implantação do Sistema de Classificação de Risco Manchester em uma rede municipal de urgência. Saúde Debate. 2019 [citado 2019 out]; 43(121): 354-367. Disponível em: http:www.scielo.br/pdf/sdeb/v43n121/0103-1104-sdeb-43-121-0354.pdf.

12. Gomide MFS, Pinto IC, Bulgarelli AF, Santos ALP, Gallardo MPS. A satisfação do usuário com a atenção primária à saúde: uma análise do acesso e acolhimento. Interface. 2018; 22(65): 387-98. doi: 10.1590/1807-57622016.0633.

13. Leite RAF, Brito ES, Silva LMC, Palha PF, Ventura CAA. Acesso à informação em saúde e cuidado integral: percepção de usuários de um serviço público. Interface - Comunicação saúde educação. 2014 [citado 2019 out]; 18(51): 661-71. Disponível em: http:www.scielo.br/pdf/icse/v18n51/1807-5762-icse-1807-576220140653.pdf.

14. Acosta AM, Lima MADS. Usuários frequentes de serviço de emergência: fatores associados e motivos de busca por atendimento. Rev. Latino-Am. Enfermagem. 2015 [citado 2019 out]; 23(2): 337-44. Disponível em: http://www.scielo.br/pdf/rlae/v23n2/pt_0104-1169-rlae-23-02-00337.pdf.