



HEALTH CARE WORKSHOPS: AN EXPERIENCE REPORT WITH FAMILY HEALTH WORKERS

Oficinas de cuidado: um relato de experiência com os trabalhadores da saúde da família

Talleres de cuidado: relato de experiencia de trabajadores de la salud de la familia

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ABSTRACT

Objective: To report the processes of development and implementation of health care workshops with Family Health Strategy professionals. **Data synthesis:** This report experience study was conducted with professionals of Primary Health Care Centers of a municipality in the Vale do Itajaí region, Santa Catarina, Brazil. Reflection on and a broader view of health care was promoted by workshops held in the first half of 2018 mediated by multi-professional Primary Care/Family Health residents of the University of Vale do Itajaí. **Conclusion:** The workshops made room for reflection on and mobilization for health care by using listening as a productive tool for restructuring health. It was possible to understand how much residency can contribute to strengthening the health care service by providing guidelines on health care for health workers. Thus, such methodological strategies should be increasingly embraced by residency coordinators and managers.

Descriptors: Health education; Primary Health Care; Occupational Health.

RESUMO

Objetivo: Relatar o processo de construção e realização de oficinas de cuidado em saúde com trabalhadores da Estratégia de Saúde da Família. **Síntese dos dados:** Relato de experiência realizada com trabalhadores de Unidades Básicas de Saúde de um município da região do Vale do Itajaí, Santa Catarina, Brasil. Utilizaram-se, para a promoção da reflexão e de um olhar ampliado no cuidado em saúde, no primeiro semestre de 2018, oficinas mediadas por residentes multiprofissionais em Atenção Básica/Saúde da Família da Universidade do Vale do Itajaí. **Conclusão:** Promoveu-se um espaço de reflexão e mobilização para o cuidado em saúde, utilizando a escuta como reestruturação produtiva em saúde, por meio da atividade realizada, sendo possível compreender o quanto a residência pode contribuir para o fortalecimento do serviço em saúde, orientando sobre o cuidado em saúde desses trabalhadores. Assim, é necessário que essas estratégias metodológicas sejam cada vez mais acatadas pelos coordenadores das residências e pelos gestores.

Descritores: Educação em Saúde; Atenção Primária à Saúde; Saúde do Trabalhador.

RESUMEN

Objetivo: Relatar el proceso de construcción y realización de talleres de cuidado para la salud de trabajadores de la Estrategia Salud de la Familia. **Síntesis de los datos:** Relato de experiencia de trabajadores de las Unidades Básicas de Salud de un



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municipio de la región del Vale de Itajaí, Santa Catarina, Brasil. Para la promoción de la reflexión y de una mirada ampliada del cuidado en salud se utilizaron en el primer semestre de 2018 de talleres mediados por residentes multiprofesionales de la Atención Básica/Salud de la Familia de la Universidad del Vale de Itajaí. **Conclusión:** Se ha promovido un espacio de reflexión y movilización sobre el cuidado en salud utilizándose la escucha para la reestructuración productiva de la salud a través de la actividad realizada lo que ha permitido la comprensión de lo mucho que la residencia puede contribuir para el fortalecimiento del servicio de salud orientando sobre el cuidado de la salud de trabajadores sanitarios. Así, es necesario que las estrategias metodológicas sean cada vez más aceptadas por los coordinadores de las residencias y por los gestores.

Descriptor: Educación en Salud; Atención Primaria de Salud; Salud Laboral.

INTRODUCTION

The way of working absorbs and demands physical and psychological energy from workers every day as it is based on production, which can quickly lead to fatigue and exhaustion in addition to the daily exposure to health-related risk factors. On the other hand, lack of work also leads to illness⁽¹⁾.

Mankind is in a continuous process of self-construction that is made possible by its essential activity: work⁽²⁾. It is through this vital activity that people project their spirits in the world and materializes their concerns, ideas and feelings into objects, thus acquiring material goods necessary for existence and social wealth⁽³⁾.

The National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*) describes work as one of the determinants of the health-disease process and includes in its general objective that working conditions are directly related to quality of life, health risks and vulnerabilities⁽⁴⁾. Thus, the National Occupational Health Policy (*Política Nacional de Saúde do Trabalhador - PNST*) focuses on the promotion and protection of workers' health and the reduction of morbidity and mortality resulting from development models and production processes through intervention actions targeted at workers' health determinants⁽⁵⁾.

Health work is a reflection of the organizational model of health services, which are in turn characterized by hierarchical and vertical structures. Additionally, health services are structured within human relations between their various social actors and are subject to successes and mishaps, especially due to tasks that feature a high degree of demand and responsibility⁽⁶⁾.

Within the context of Primary Health Care (*Atenção Primária à Saúde - APS*) there are several factors that can interfere with the health of health workers, especially within the Family Health Care Team, active participants in this complex health context⁽⁷⁾. Some examples, which tend to get worse over the years, are: the lack of human and material resources, the physical structure, the various forms of insertion in the labor market (marked by the weakening of public and organizational policies targeted at this sector) and even the social problems of the population. These factors may lead professionals to experience suffering, pain and physical and mental illness, and health degradation may occur in this conflicting scenario⁽⁶⁾.

Thus, there is a high incidence of health problems, such as depression, anxiety, amnesia, difficulty concentrating, somatic complaints, insomnia, fatigue and irritability⁽⁸⁾. In addition, working in the Family Health Care Team has been reported as the main cause of psychological distress, especially due to infrastructure-related problems such as stuffy environments and inappropriate spaces for care. There are also problems related to work organization, such as the lack of employees and the consequent work overload due to the accumulation of multiple tasks and the poor relationship between the team members⁽⁹⁾.

Thus, health workers are constantly exposed and susceptible to occupational risks during the performance of their activities regardless of their profession, mainly due to the lack of resources to perform the work, emotional distress and the physical and moral violence often observed in this working context⁽¹⁰⁾.

Given that the work is related to illness and vice versa, it is necessary to implement practices that promote comprehensive care for health professionals within the Unified Health System (*Sistema Único de Saúde - SUS*). Based on the above, one of the objectives of the PNPS is the creation of spaces for health education and vocational training and also specific training in health promotion for workers, managers and citizens⁽¹¹⁾.

Agreeing with the PNPS and seeking to formulate a policy to value workers of the *SUS*, the Ministry of Health points to Permanent Health Education (PHE) as a fundamental strategy for the recomposition of training practices as well as pedagogical and health practices⁽¹²⁾.

The aim of the PHE is to promote teaching and learning in the daily work of health professionals based on dialogicity and problematization of reality and on the joint and creative construction of solutions designed by subjects

who develop and emancipate themselves during the process aiming at the transformation of health practices in accordance with the SUS principles and guidelines⁽¹³⁾.

The current health professional model promoted by the world of work involves the concepts of health and education and needs to be experienced in the professional training process in order to expand the chances of sharing knowledge and practices. Thus, this study is relevant as it aims to enable quality training for professionals in a Multiprofessional Health Care Residency (MHCR) program in order to contribute to and strengthen the change of the technical care design of SUS. Since 2002 the Ministry of Health has been supporting and financing such residency programs⁽¹⁴⁾, which, as health education graduate programs, are mainly aimed at the promotion of in-service education through health work⁽¹⁵⁾.

Ordinance No. 1.248, dated June 24, 2013, created the Strategy for Improving the Quality of Health Care Networks (*Redes de Atenção à Saúde - RAS*) by encouraging the training of specialists in the modality of residency in strategic areas of the Unified Health System. One of its objectives is the technical and scientific improvement necessary for enhancing professionals' performance⁽¹⁶⁾.

The MHCR is a privileged space for training and managing people to work within the SUS and is based on a multidisciplinary and interdisciplinary training, that is, a training that shares knowledge and that allows the socialization of knowledge and languages during the training and the health work itself⁽¹⁵⁾.

In this regard, this report originated from actions performed by students enrolled in the Multiprofessional Family Health Care/Primary Health Care Residency program. This study was developed due to the possibility of providing professionals with a moment for reflecting about their health care and discussing probabilities of care and encouraging the development of these practices in daily life. Such experience was easily achieved because the Multiprofessional Health Care Residency program is inserted within the field of practice of these teams and because there was a previous process of formation of bond and trust.

Based on the above, the present study aimed to report the processes of development and implementation of health care workshops with Family Health Strategy (*Estratégia de Saúde da Família - ESF*) professionals.

DATA SYNTHESIS

This is an experience report resulting from the work of students enrolled in a MHCR program linked to the development and practices of health production in the SUS materialized based on the construction and implementation of permanent health education workshops within in APS centers in a municipality in the Vale do Itajaí, Santa Catarina, Brazil.

The Basic Health Unit (*Unidade Básica de Saúde - UBS*) center is inserted in the SUS as the cornerstone of Primary Health Care and is the preferred contact of users, the main point of entry and the center for communication with the entire RAS. In order to facilitate its access, it is located close to where people live, work and study and thus plays a central role in ensuring access to quality health care to the population⁽¹⁷⁾.

The health care activity was planned and developed by Physical Therapy, Psychology, Nutrition and Physical Education students and tutors/teachers of the Multiprofessional Primary Health Care/ Family Health Care Residency program of the University of Vale do Itajaí. The UBS centers are the facilities where the residents work and prior to the activities they invited the ESF workers present in each center. All the workers were willing to participate after knowing the objectives of the activities. The health workers who participated were physicians, nurses, nursing technicians, dental surgeons and community health workers.

The workshops were part of a set of permanent health education and institutional support actions related to the II Occupational Health Seminar (*II Seminário de Saúde do Trabalhador - II SST*) held in the municipality of Itapema, in the Vale do Itajaí region, and were based on the needs reported during the event. The seminar was held in April 2018 and was aimed at reflecting on the aspects that negatively influenced workers' health. The II SST was considered a tool that triggered changes because since the beginning it made room for permanent education actions targeted at health workers.

The permanent health education workshops titled "care paths" were planned during May and were held in June 2018 in the UBS center of the municipality with the support from the managers and the Occupational Health Program (OHP). A total of ten workshops were held with health workers from ten UBS centers. Each meeting lasted approximately one hour and a half, thus covering all the UBS centers, which have a total of 14 Family Health Strategies (*Estratégias Saúde da Família - ESF*).

Workshops are widely used in the health and education fields because they allow participants to speak out, express feelings and be embraced. They are social practices that provide room for elaborating the topics discussed⁽¹⁸⁾.

The topics addressed at each meeting were contextualized before starting the workshops and the objective of the workshop and its relationship with the II SST were explained. The final product of this event was the construction of health workers' "therapeutic itineraries". Therapeutic itinerary is a term used to describe activities performed by individuals seeking treatment for a disease or affliction. Therefore, if the intention is to know how the workers are getting ill while performing their work activities, they need to be heard and say how they are experiencing work, what are the coping strategies used to respond to the demands of work and also how health care facilities may or may not be providing them with the adequate conditions for them to perform what they are required to perform⁽¹⁹⁾.

Thus, acknowledging the relationship between health professionals and their work through the therapeutic itineraries leads to the assumption that in order to understand the relationship between work and health it is necessary to take the person's experience into account. Thus, the therapeutic itinerary is a tool that unveils the culture of care and the care in and of the culture, thus portraying the multiplicity of its constitution, the quality of social relations and the potential of care. In addition, it problematizes the practices/notions related to illness, support networks, access, adherence and therapeutic choices in the health field, thus enabling the analytical potential of discussing the health-disease-care process⁽¹⁹⁾.

Reporting health care and management practices implies understanding the variety of factors that constitute them, such as the complexity of relationships between workers, managers and users of health care services. Developing a training process for health workers requires being aware of this complexity and making theoretical and methodological choices that express a field of dialog between knowledges. It requires the development of training programs based on comprehensiveness and on the inseparability between caring, managing and training, thus potentiating movements of change by questioning the instituted modes⁽²⁰⁾.

Thus, permanent health education encourages the empowerment and integration of workers in the workplace through the perception of weaknesses in care, thus encouraging the union between workers through a non-hierarchical exchange of knowledge. This type of training in the workplace has been increasingly recognized⁽²¹⁾.

Each of the ten workshops were held in a different UBS center and divided into two stages: in the first stage we used the "emotions card game" to promote interaction and relaxation among participants. Each person picked a card from the deck to describe their emotions at that moment and then share them with a colleague. In the second stage we used a "board game" containing six sections: mind, body, diet, relationships, leisure and self-care. These sections were chosen based on the needs most indicated by the workers in the construction of the therapeutic itinerary. Each workshop was held with four residents (a physical therapist, a nutritionist, a physical educator and a psychologist) who acted concurrently as mediators of the workshop process according to their field of knowledge and the contributions to each activity.

The playful nature of the workshops allowed them to occur naturally, thus facilitating the mediators' approach. The experience showed that the moment of the workshop was valid for all the participants and fostered discussion, reflection and relaxation regarding the various subjects that arose in the workshops. An evaluation was carried out at the end of each meeting and a souvenir was given to each participant: sunflower seeds for planting symbolizing the beginning of the growth of everything that was discussed during the workshops and their subsequent blooming.

Symbolically, it is believed that the biggest growth throughout this process was that of the residents who planned the workshops. While preparing every detail of the workshops they could reflect on the real meaning of integrated teamwork, i.e., they realized how they complemented each other and came to an agreement in regard to health workers even though they belonged to different fields of knowledge.

In that regard⁽²²⁾, the MHCR has significantly contributed to a paradigm shift in healthcare in the ESF with the aim of reorganizing primary health care as the daily interaction between workers and residents and their practices fostered constant discussions between them and the workers. On the other hand, another study⁽²³⁾ found that the integration between residents and other professionals was poor. Thus, activities like the workshops described in our study give visibility to the work of residents in the ESF in UBS centers.

The MHCR allows to understand the operation and workflow of various health sectors, including the PST in which activities were carried out to change the context of workers. As previously mentioned, the workshops were held after the II Occupational Health Seminar (*II Seminário de Saúde do Trabalhador*) held in April 2018. However, this cannot be considered the only trigger for this experience as the insertion of residents in the municipality helped build prior knowledge on the subject.

In-service learning, or in-service training, is a way of building knowledge and practices in which the challenge consists in articulating theory with everyday practice, which means moving between these two fields. The residency proposes the experimentation of something that seems difficult to achieve: the translation of the theories into everyday

practices. The resident plays a dual role as a worker and an apprentice in a field of knowledge and experimentation that leads to the context of practice, thus providing the workers with whom they work with opportunities for new experiences⁽²⁴⁾.

Permanent health education aims to prepare and improve the skills of health professionals in the face of scientific, technological and organizational development so that they are able to meet the demands and needs of both the society and health system⁽²⁵⁾. It is an important strategy for work process improvement and a tool for generating proactive changes in health management. Thus, its practice allows to transcend the uniqueness and repetition of timely educational activities focused on techniques and disconnected from the real needs of daily work, thereby fostering an innovative and transformative praxis in health⁽²⁶⁾.

The relevance of actions like these are related to the growing need to provide room for perspectives and points of view about the same work environment. However, it is believed that such experiences can be replicated in various contexts in the health field and in other fields as the demand for health care is growing in today's world. Therefore, we need to look closer and be sensitive to the signs and symptoms that workers present, which may suggest changes in their health.

The results of the present study help understand the reality of teaching and care experienced by residents, which contributes to enhancing knowledge in the process of professional training of residents in the SUS. The impact of this experience is related to the Guidelines of the SUS National Occupational Health Policy, which recommends the elaboration of health plans, programs, projects and actions targeted at SUS workers⁽²⁷⁾.

It was possible to understand how the residency program can contribute to the strengthening of the health service by guiding the health care of health workers. Thus, these methodological strategies should be increasingly accepted by the residency coordinators and managers.

CONCLUSION

The present report described the experience of developing and implementing permanent health education workshops focused on the health care of workers in the *ESF* of a residency program. The workshops were developed based on different perspectives and in a multidisciplinary way.

The practice contributed to the process of valorization of residents in the municipality, thus showing to the other professionals and managers how the residency program can contribute to the strengthening of the health care service and the *PST* in the municipality. Managers supported this process by facilitating and articulating the access by health care teams. This close contact with managers was an opportunity for professional growth through the experience within these sectors, which raised awareness of workflows and resources to perform actions in the health care field.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

CONTRIBUTIONS

Luana Fagundes Galiski contributed to the study conception and design, analysis and interpretation of data. **Carlos Alberto Severo Garcia Júnior** contributed to the acquisition, analysis and interpretation of data and revising the manuscript. **Leticia Blasius da Cunha**, **Thaís Bolognini** and **Vinicius Campos** contributed to revising the manuscript.

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