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THE HEALTHCARE TEAM IN INTEGRAL CARE FOR ADOLESCENTS LIVING WITH HIV/AIDS

A equipe de saúde na atenção integral ao adolescente vivendo com HIV/AIDS

El equipo de salud en la atención integral al adolescente que vive con VIH/SIDA

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ABSTRACT

Objective: This qualitative field study was conducted in the Sexually Transmitted Disease Specialized Care Service of the *Vila dos Comerciários* Health Center of Porto Alegre, Brazil. It aims to determine the work of the multidisciplinary healthcare team when providing integral care to adolescents living with HIV/AIDS. **Methods:** Semi-structured interviews were conducted with the multidisciplinary team. **Results:** Results provided two analytical categories: The multidisciplinarity and The integrality of the care. **Conclusion:** The performance of this study allowed the actors involved to reflect on their practices and on integrality as a guiding principle for healthcare actions, considering multidisciplinary teamwork and its reflection on the care provided to adolescents living with HIV/AIDS.

Keywords: Adolescence; Acquired Immunodeficiency Syndrome; Adolescent Health; Integral Healthcare; Patient Care Team.

RESUMO

Trata-se de uma pesquisa de campo qualitativa realizada no Serviço de Atendimento Especializado em Doenças Sexualmente Transmissíveis do Centro de Saúde da Vila dos Comerciários, em Porto Alegre/RS. Teve como objetivo identificar a atuação da equipe multiprofissional de saúde na atenção integral ao adolescente vivendo com HIV/AIDS. **Métodos:** Utilizou-se a entrevista semiestruturada com a equipe multiprofissional de saúde. **Resultados:** Dos resultados emergiram duas categorias analíticas: A multiprofissionalidade e A integralidade da atenção. **Conclusão:** O desenvolvimento deste estudo permitiu aos atores envolvidos a reflexão sobre suas práticas e sobre a integralidade como princípio norteador das ações em saúde, considerando o trabalho em equipe multiprofissional e o reflexo deste na atenção ao adolescente vivendo com HIV/AIDS.

Palavras-chave: Adolescência; Síndrome da Imunodeficiência Adquirida; Saúde do adolescente; Assistência integral à saúde; Equipe de assistência ao paciente.

RESUMEN

Objetivo: Se trata de una investigación de campo cualitativa, realizada en el Servicio de Atención Especializada en Enfermedades de Transmisión Sexual, del Centro de Salud de la Vila dos Comerciários, en Porto Alegre/RS. Tiene por objetivo identificar la actuación del equipo multiprofesional de salud en atención integral al adolescente que vive con VIH/SIDA. **Métodos:** Se utilizó la entrevista semiestructurada con el equipo multiprofesional de salud. **Resultados:** Emergieron dos categorías analíticas: la multiprofesionalidad y la integralidad de la atención. **Conclusión:** El desarrollo de este estudio permitió a los actores involucrados reflexionar sobre sus prácticas y sobre la integralidad como principio para nortear las acciones en salud, considerando el trabajo en equipo multiprofesional y el reflejo de éste en la atención al adolescente que vive con VIH/SIDA.

Palavras-clave: Adolescencia; Síndrome de Inmunodeficiencia Adquirida; Salud del Adolescente; Atención Integral de Salud; Grupo de Atención al Paciente.

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INTRODUCTION

One of the largest public health problems faced in the AIDS epidemic are the issues related to adolescents who have suffered HIV infection. Several factors expose adolescents to HIV infection, such as the vulnerability of this phase, characterized by sexual liberation, by ease of intimate contacts, and by the stimuli coming from the media. Added to these factors is the "increasing investment to deal with the etiologic agent of AIDS, in the pursuit of ensuring survival in the absence of a cure"[1:633]. Thus, many children infected through the vertical transmission of HIV survive, conquering the stage of childhood and entering "adolescence with AIDS", which indicates the need to increase attention and the literature, which is scarce regarding care for adolescents with AIDS[1:633].

According to Brazilian law, adolescence constitutes a stage of human development covering the 12 to 18 years age group[2]. In this stage, individuals undergo social, cultural, physical, cognitive, and affective transformations, which impact greatly in family, school and social relationships[3]. The incidence of AIDS in relation to the 13 to 19 years of age group, indicates concern regarding female adolescents, since this can cause a regression in the fight against the epidemic in the country, especially in relation to the risk of vertical transmission[1,4].

According to the Epidemiological Bulletin, in Brazil from 1980 to 2012, a total of 656,701cases of AIDS were reported in the National System of Notifiable Diseases (SINAN). Altogether, 69,683 cases occurred among young people between 15 and 24 years of age, and 13,738 cases were reported as cases of vertical transmission[5].

The increasing rate of HIV infection among adolescents, coupled with the vulnerability of this phase, their low use of the health services, and the poor provision of actions directed toward this group, configure a challenge for the practice of integral care, demonstrating the need to implement preventive and care measures, which are planned for this part of the population[6].

Thus, an integral approach toward adolescents infected with HIV/AIDS is necessary, through the promotion of quality and effective care, with priority given to the preventive activities, without prejudice from the care services, understanding integrality as articulated and continuous actions and services, which are individual and collective, preventive and curative[2].

With this, the importance of this study is emphasized in the search for factors that impact positively and/or negatively on integral healthcare, identifying possible strategies that promote integrality regarding adolescents living with HIV/AIDS, in order to provide quality care.

The choice of the integrality theme to compose this study, which addresses integral care to adolescents living with HIV/AIDS, was motivated by considering the principle of integrality a relevant and legally established factor for the health care practices. Accordingly, integrality is understood to be crafted in various dimensions so that it can be achieved in its most integral form, as a result of the collective efforts of the various areas of knowledge of the multidisciplinary team in the singular, well-defined (focused) and concrete space of the healthcare service, from the notion of "focused integrality". Its result is worth the effort of each of the workers and of the team as a whole[7:116].

This choice contributes to consolidating the nursing formation process, adding to the development of knowledge relevant to the realities faced by adolescents living with HIV/AIDS, as well as to the work of the multidisciplinary teams in providing integral care to these people.

Considering the Principles and Guidelines of the Brazilian National Health System (SUS) and the current challenges in the construction and implementation of integrality, this study aimed to identify the role of the multidisciplinary healthcare team, highlighting which actions and activities are carried out and revealing the factors that positive or negatively impact on the integral care to the adolescents living with HIV/AIDS.

METHODS

This study, characterized as a qualitative and exploratory field study, was performed in the STD/AIDS Specialized Care Service of the *Vila dos Comerciários* Health Center, which belongs to the Municipal Health Department of Porto Alegre, under the *Glória/Cruzeiro/Cristal* District Management, located at Avenida Moab Caldas, No. 400, Vila Cruzeiro. This health center contains, among others, the STD/AIDS - Sexually Transmitted Disease Specialized Care Service, in which the multidisciplinary healthcare team includes professionals of medicine, nursing, psychology and social work.

This field and study population was chosen, as they assist adolescents infected with HIV/AIDS, representing one of the few services that provide care to this population in the city of Porto Alegre. This service has operated for ten years, providing multidisciplinary care for sexually transmitted diseases, outpatient care, and prenatal care for women with HIV/AIDS, attending patients from 8h to 17h, with the consultations scheduled via the booking center.

The semistructured individual interview was used as the data collection instrument, which was conducted with the multidisciplinary healthcare team. A script was created so that the researcher could guide the conversation in order to address the problem and aims of this work. The questions of the script were: (1) How do you understand the

operation of the STD/AIDS Specialized Care Service in the care for adolescents? (2) How do you perceive the practice of the multidisciplinary healthcare team in the care for adolescents living with HIV/AIDS? (3) One of the important issues in healthcare is the Integrality as a guideline of the SUS. Do you recognize integral care in the care practice of this outpatient clinic? How? (4) What actions/activities are developed (by the multidisciplinary healthcare team) to provide integral care to adolescents with HIV/AIDS? (5) Of these actions/activities which do you identify with your profession? (6) Can you identify educational activities carried out with seropositive adolescents and their families? Which? (7) Which factors positively or negatively impact on the healthcare team providing integral care to adolescents with HIV/AIDS? (8) Can you identify updating strategies that promote integration among the multidisciplinary team, in order to enhance the integrality of the care to seropositive adolescents? Would you like to supplement your answers with any further information relevant to the study that has not been asked about?

The interviews were previously scheduled with each participant and took place between May 21st and May 26th 2008. All participants signed the Terms of Free Prior Informed Consent, after approval of the study from the Research Ethics Committees of the *Centro Universitário Metodista IPA*, protocol No. 012/2008, and of the Municipal Health Department of Porto Alegre, protocol No. 001.017624.08.8. The interviews were performed individually, recorded, and transcribed for the data analysis.

Data analysis was performed based on content analysis[8], operationalized in steps, i.e., the ordering of the data, their classification, and the analysis. In the steps of data sorting and classification 21 pages of interviews were transcribed, a horizontal and exhaustive reading of the data was performed and the responses were categorized into four tables, one per interview. During the transversal reading for the analysis, a total of 91 "units of meaning" were identified, grouped into two "core categories"[8]. These empirical categories supported the composition of the subsequent results, comparing the data and information collected to the existing referential analytical categories and revealing information about the multidisciplinary team and healthcare service that assists adolescents with HIV/AIDS, from the perspective of integrality of the healthcare.

RESULTS

From the analysis of the interviews, information emerged that raised the multidisciplinarity and the integrality of the care as categories to be discussed below.

Multidisciplinary Teamwork in the Care for Adolescents Living with HIV/AIDS

In this category of analysis, the issues reported by the respondents regarding the multidisciplinary team that assists the adolescent with HIV/AIDS will be discussed.

From multidisciplinarity as an organizational practice of the health care services, the monopoly of uniprofissional practice and knowledge, where the physician was considered the sole executor of healthcare actions, was broken. Thus, multidisciplinarity became grounded in a practice in which healthcare professionals are intended to act together so as to form the whole, being "one of the pathways followed for the effective practice of integrality"[9:132]. Although many discussions incite articulation and integration of the care practices, in which new social and institutional arrangements are approached and engendered, fragmentation and specialization of the multidisciplinarity in healthcare are still present, with hierarchical separations between the various disciplinary fields of knowledge[9].

Considering the diverse fields of knowledge embedded in the work processes, it is necessary to obtain mediation between these in order to converge in a single interdisciplinary sphere, encouraging dialogue between the professionals, through sharing among the team, and overcoming the segmentation of the care through a holistic approach toward health[10].

Sometimes the idea of multidisciplinarity permeates the exchange between the professions running tangent to the concept of interdisciplinarity, or even allowing the construction of new fields of knowledge, such as assumed by transdisciplinarity, which is observed in the statement of one of the interviewees when addressing the appropriation of knowledge among the healthcare team:

> *We have to appropriate some of the area of the other (E1).*

> *It is all a set of fields of knowledge from the different professions that have to combine in one field of knowledge that has to go through all the others.(...) a practice that has an opening to rethink your practice due to information, from the different point of view of another colleague (...) then I see it as inter-and transdisciplinary work, multidisciplinary work (E1).*

The comprehension of multidisciplinary work in the care for adolescents living with HIV/AIDS is perceived in the statement of E1, when the subject relates the challenges of integral care with the various professions that make up the healthcare team.

> *I understand it, really, as multidisciplinary work, in which the professional must*

comprehend the stages of development of AIDS itself, family issues, the issues related to the medication and adherence. All of this is interconnected (E1).

This consideration is reiterated by stating the fundamental attitude of the healthcare professionals in constructing an integral practice, in which integrality often only occurs with the incorporations and redefinitions of the healthcare team and its work processes[11].

It should be considered that the multidisciplinary healthcare team interviewed recognized a multidisciplinary practice, as well as highlighted interdisciplinary and the good relationship among the professionals as positive factors in the care for adolescent with HIV/AIDS.

What we try to do is to be professional, to add to the care of the other. We have a very good interdisciplinary relationship (...) what helps is the relationship among the professionals; having a good relationship, this makes it much easier. To have the freedom to go toeach other and be heard (E3).

Corroborating the statements of the respondents, the purpose of interdisciplinarity as the "construction of new fields of knowledge applicable to the needs of health practices, through the creation of new practices" is emphasized[12:245]. Interdisciplinarity as an attitude to guide a new system through the convergence of ideas and the articulation of the care is also certified[13].

Furthermore, an interdisciplinary practice is perceived among the team interviewed, from the statement of E3, in which the integration of the professional fields of knowledge is stressed, pointing out the proximity between the knowledge and the action, a condition for the practice of DST/AIDS counseling[10]:

All the professionals of the team know how to give guidance, everyone knows the importance of taking the medication, everyone speaks a single language (E3).

The identification of multidisciplinary care through an adherence outpatient clinic, which provides assistance to adolescents and their families and/or carers in the presence of the entire team, should be noted from the following statement of E3 and E4:

She did not begin treatment without going through the adherence outpatient clinic where professionals attend children, adolescents and their carers (E3).

When we treat at the adherence outpatient clinic (...) it is very interesting because we treat the family and/or the adolescent together and we manage, at that time, to provide a truly multidisciplinary team intervention (E4).

In the adherence outpatient clinic, the team provides weekly interdisciplinary care for the adolescents and family and, once a week, have a team meeting for an expanded discussion of cases. In this service, the adolescents are cared for within the family, with more active participation from the family members, reflecting the team effort to include them in the monitoring[4].

The existence of a place where professionals work together reiterates the purpose of a multi and interdisciplinary team, encouraging dialogue and respect between them and providing an interaction between the various fields of knowledge in order to establish an approach toward the integrality of the care to adolescents living with HIV/AIDS and their families and/or caregivers. This observation may be evidenced in the following statements of the interviewees:

The humility of the people who are part of the team, to be able to deal with their professional limits, of how they need other people of the team to be able to provide this more integral care (E1).

If I detect that a child is not accepting a liquid medication well, I have complete freedom take this to the doctor and say: look, maybe we'll switch to tablets, let's try another scheme (E3).

To do integral work, you have to have space to talk as a team (E1).

The limits between the work of one professional and another appears in the statement of interviewee E1, comprehending that there are specificities of the professions that need to be respected, however, concomitantly, that there is the need for a shared practice, as shown below:

I go up to here, here he can enter (E1).

When professional limits were mentioned, they referred to the idea of a field and core[14], which defends the organization of the fields of knowledge and of the practices from their conformations, highlighting the inaccuracy of limits between one and the other. The core is identified as a certain professional and disciplinary identity, while the field suggests a space of imprecise limits in each discipline and each profession, seeking in others the support to fulfill the theoretical and practical tasks.

The difficulty of generating agreement among the professionals working in a multidisciplinary healthcare

team is highlighted as challenge to the teamwork, as in the interview with E2, or even something that makes it possible to rethink the professional practice from a new point of view provided by a colleague, as in the statement of E1:

> *What is difficult is to reach an agreement among the team, because everyone has their opinion (E2).*

> *To have an opening to rethink your practice due to information, from a different point of view of another colleague (...)*

While differences of opinion are considered by E2 as limiting factors in the work process, the exchange of information between the team is indicated by E1 as a necessity as well as a challenge to achieve integral care for the user:

> *The negative aspects are always related to the lack of opportunity to sit and discuss the cases, for the team to talk about the work (E1).*

> *Its not worth the professional referring the patient to another professional if we cannot sit and think about all of this care (E1).*

The divergence between points of view is to be considered, in a certain way, as a positive factor, since if everyone thought the same way there would be no reason to exchange information, nor for the team to communicate ideas to improve their own work process, which can be evidenced in the statement of E2:

> *When we come to an agreement, considering everyone's opinion, I think this is a good thing for the adolescent (E2).*

Finally, the performance of this study allowed the identification of multi- and interdisciplinarity as determinant characteristics in the work process in this health center. It is therefore suggested, based on the data analyzed, that the professionals who work there demonstrate that their work is performed in an articulated and integrated way, acknowledging in their practice multi- and interdisciplinary performance that contributes to the integrality of the care for adolescents with HIV/AIDS. The good relationship among the team, the exchange of information, and the existence of a adherence outpatient clinic, where it jointly operates, demonstrate interdisciplinarity and multidisciplinarity in the integral care for adolescents living with HIV/AIDS.

Integrality in the Care for Adolescents Living with HIV/AIDS

Considering integrality as a guiding principle of the healthcare practices, it was sought, through the interviews performed, to identify the integral care in the care for adolescents living with HIV/AIDS, since these people, when seeking the services, bring much more than the issue of HIV. Furthermore, the vulnerability and conflicts related to affectivity and to the onset of sexual activity demonstrate the need for the implementation and intervention of preventive and assistive practices, which address the needs of the adolescents in a more effective, integral and participatory way[4].

The growing HIV infection in this stage of life -through sexual or vertical transmission - added to the issue of low demand from adolescents for health care services and the limited provision of actions directed towards this group constitute important factors to be considered from the perspective of integral care for adolescent carriers of HIV/AIDS[6].

With the advent of antiretroviral therapy and the evolution in the diagnosis and treatment of AIDS, many of the children infected by vertical transmission are reaching adolescence[4]. This fact is evidenced in the statements of the interviewees when they related the increase in life expectancy of children with HIV with the need for a differentiated approach to the seropositive adolescents, as can be seen in the statements of E4 and E1:

> *We were structured, from last year, to have a slightly differentiated service for the adolescents (...). They were children, were growing, they were becoming adolescents (...) we feel the need that the adolescents have to come and feel more at ease, because, they are either attended among the children or among the adults (E4).*

> *The team is having to rethink the way they approach them. Unfortunately, until some years ago they passed away as children, and today, thanks to these new medications, they are becoming adolescents, posing a new challenge for the STD/AIDS service (E1).*

In light of the above passages the respondents highlight and recognize the need for a special approach to the HIV positive adolescents, as this is considered a challenge to the healthcare services. This fact requires a link between the healthcare professionals in order to provide care that not only takes into account the particularities of the HIV, but that also encompasses adolescence, considering it a phase that needs special attention.

In response to these circumstances, the professionals interviewed brought up the issue of the provision of one day of the week exclusively for the care of adolescents, so that, in the waiting room, they areable to integrate and discuss issues related to their health-disease process.

The creation of a group for adolescents was also raised, being mentioned by the team as a space for discussion where value is given to listening and their participation in the consolidation of strategies that provide a differentiated approach. Listening and conversation with the user are identified as important work instruments which should be incorporated by the healthcare workers[15].

> *Feeling the need, mainly because we have seen that the adolescents need specific care for them, we created the group last year (...) and we separate the schedule. The group has been more of a space for socializing and doing activities that lead them to discuss certain things: we have worked with photography, now we are working with stickers (E4).*

The purpose of creating a group for adolescents, and promoting a space for discussion among these patients, relates to what was proposed by the Ministry of Health, to encourage group work, since this dynamizes the care, allowing the exchange of experiences, leads to collective learning and the pursuit of differentiated solutions faced with common problems, and promotes social inclusion[4].

The challenge in implementing a differentiated approach for the adolescent is not conditioned to the specificities of HIV/AIDS, but to adolescence, as the healthcare services present difficulties in developing activities aimed at this group, as shown in the statement of E4:

> *I think AIDS is not very different to the other chronic diseases that adolescents face. In fact, the healthcare service has difficulty providing adequate care to the adolescent, because its like this, the person is consulted by the pediatrician and they go to the general physician, and the healthcare service has great difficulty in doing something specific for a person who is in this adolescent phase: who is no longer a child but not yet an adult. I think this is not a specific thing of AIDS, it's a thing of adolescence (E4).*

One reason for this, highlighted by one of the respondents, refers to the lack of incentives, such as public policies and scientific publications, aimed at the management of AIDS in adolescence, since most of these address the adult population[4].

> *There is not much incentive and sponsorship on the part of public and private policies. Children and adolescents are not targeted as much as adults are (E3).*

The transition of adolescents with HIV/AIDS to the clinic for adults highlights the chronic characteristic acquired from the illness, indicating difficulties of various kinds, among these, the organization of the services, the adolescents' refusal to be treated by pediatricians, interrupting their treatment and monitoring, the objections of the healthcare team in dealing with these issues, and the shortage of literature constitute challenges for the establishment of a "transition clinic"[16:466].

When asked about the integrality in the service, as a principle and guideline of the Brazilian National Health System, the participants reported some considerations regarding the care to adolescents living with HIV/AIDS:

> *Integral care involves considering all the aspects of the life of this subject, not only the physical health (E1).*

> *We do not only see the health part, we see everything, whether the adolescents or children are attending school, how they are being treated at home, both regarding food, and the area related to leisure, whether they have any activities to do (E2).*

> *Integral care would be to manage to care for the child in the physical, mental, social and spiritual health areas. Integral care in the sense resolving the requirements in a more agile manner, with more competences (E3).*

> *To be able to think of health in a broader sense, not just to take the medicine, do the treatment, to think about AIDS, but to be able to think of the self-care, care of the food, of the interpersonal relationships (...) (E1).*

It was observed from the statements, that the idea of a holistic approach to seropositive adolescents is present among the team, which further supports the argument that sustains, as one of the major meanings of integrality, an expanded understanding of the needs of a population[11].

In the excerpt below the mistaken notion of integrality appears as a principle only fully guaranteed at the high complexity level, as mentioned by one the respondent when asked about integral care in the care practice of the service:

> *I think it would be integral if we had more resources. For example, we cannot, within the principle of integrality, provide everything that the patient needs. Everything that only a tertiary hospital would have, because we attend patients here that sometimes require specialists (E4).*

It can be inferred from these facts that the idea of integrality is related to specialities, and guaranteed only at the tertiary level, which is incorrect, since this concept encompasses the three levels of care. This was pointed out

by just one of the respondents, and therefore can not be considered to be data/truth, since a integral understanding of the multiple meanings of integrality was observed in the statements of the other participants. Contrasting with the above excerpt, the traditional way of functioning of the highly complex services was criticized, with their focus on complain-behavior, resulting in a reductionist and ineffective clinic, which "aims, in principle, for everything, rather than for integrality"[17:200].

It was noted in the statement of E4 that remnants of a fragmented hospital model are still present, which conceives the arrangement of the healthcare services centered on hospitals and relates high technology with an integral practice. This is absolutely incorrect, as integrality involves the entire range of meanings, which always seek to expand the perceptions of the needs of individuals[11].

Thus, it is worth nothing if an individual is being treated in a hospital with high technology and with more varied specialties, if their needs are not being met. For this reason, it is argued that "it may be useful to not consider integrality a synonym for access to all levels of the healthcare system"[12:1413]. Thus, it should not reduced to a synonym of specialties, nor of technological inputs.

Another factor worth mentioning in the STD/AIDS Specialized Care Service -and that affirms integrality in the care to adolescents with HIV/AIDS - is the consideration of the family, not just as active in the therapeutic process of their child, but also as individuals who require an integral view, since the majority of the adolescents attended were infected by vertical transmission, presenting parents with the disease. This is emphasized in the following statement of E4:

> *And often, in the care for the adolescent, we identify that the mother or father is not doing the treatment, is bringing the child and it is not coming for treatment, not doing their examinations, or having difficulty accepting their own disease. Here, for example, the psychologist will have to work with the mother or father to find out why they are not undergoing treatment. So, this is very positive (E4).*

> *The vast majority of the adolescents attended here were infected through mother-child transmission (E3).*

With regard to integral care, a number of factors are highlighted - social, environmental, psychological, and emotional - that should be considered for the development of a holistic practice. These factors are related not only to the healthcare area but also to other social sectors[17]. The intersectoral commitment is emphasized in the statement of one of the participants when the interaction of the healthcare service with the school and the Protection Council was mentioned:

> *One of the professionals in our team had a very important role: she went to the school, to the Protection Council, to the family to remake this bond between the adolescents and the school, so they did not leave, and this was successful (E4).*

As the school is often the place where the adolescents spend most of the day, its significant role in the social development of young people is clear, serving to emphasize that preventive and care actions permeate the healthcare field, necessitating their discussions in other social spaces, in order to establish a link between the services and to provide quality integral care[17].

The importance of the participation of adolescents in meetings promoted by NGOs was also mentioned, as this provides the service with a reflection on the effectiveness of the actions that are being provided to the youths, from what is exposed by them. The encouragement to participate in activities unrelated to HIV was an issue highlighted by one of the participants, characterizing one of the actions developed in the adolescent group, through photography.

> *Meetings for adolescents promoted by the NGOs of Brazil, meetings of adolescents living with HIV, in which they can talk about worries, and articles in magazines which have the testimonies of adolescents are very important. This type of thing is very important because we also have a parameter in relation to the path that we are following (E1).*

> *We seek to encourage the adolescent to do other normal adolescent things and not to remain focused only on the HIV; to do this through the art of photography (E3).*

Educational activities sponsored by the service, or by entities and agencies associated with it, allow adolescents to debate diverse subjects, which, in addition to promoting the guidance and information necessary for their care, promote integration and social interaction. In this sense, the focus on health education makes the achievement of integral care for the adolescents living with HIV/AIDS possible.

The care for the adolescents was presented by one of the respondents as a challenge for the healthcare services, as it is a situation only recently experienced by them. This fact prompted the professional to recognize active listening in the approach to this user, in order to establish a dialogical posture, which can be seen in the statements of E1:

> *Everything about the adolescent is new, it is an issue that is in its infancy, and the adolescents themselves can teach us how to cope. I think that it is this dialogical approach that we have to establish, not thinking that we own the truth. The patients themselves will provide some incites (E1).*

> *The opening of the professional in relation to what the patients have to say, from their reality, because we sometimes have pre-conceived and theoretical ideas that do not agree with the quotidian, with the reality in which the people live (E1).*

The therapeutic projects are not products to be carried out only from the knowledge of the professionals, but from the perspective of integrality. They emerge from the dialogue between healthcare professionals and service users, comprehending the knowledge evoked by the patients from listening to their troubles, their expectations, their fears and their desires[12].

Integrality, among the principles and guidelines of the SUS, is perhaps the least visible in the trajectory of the system and its practices. This is because the changes have not yet reached the scale and visibility that is aimed for[12].

The challenges for integrality in the care to adolescents with HIV/AIDS were identified by the respondents when they recognized the difficulty of access to medicines and medical specialties within the service, as well as social inequalities in the country and flaws in the healthcare system itself. One of the respondents said there are policies targeted toward adolescents, stressing, however, that these do not integrated theory and practice, which can be evidenced in the following excerpts:

> *The difficulty of access to medicines and the difficulty of access to specialists are things that make it more difficult to provide integral care.(...) so, either the patient uses what he has, or purchases it, which most cannot afford, or receives it through a donation (E4).*

> *In the healthcare system as a whole, there are many flaws, such as the difficulty to schedule a specialist consultation; the social level of the people: the poverty. What is the use of advising them to eat certain things if the people do not have the money to buy them (E3)?*

> *I think, though there are policies such as the Children and Adolescents Statute, which protects and such; there are still flaws, because there is a lot on paper that is quite different in the practice (E3).*

Conversely, contrasting the difficulties mentioned above, there are many factors that help to provide integral care to seropositive adolescents. These were mentioned by the respondents when they related integrality to the broad structure and organization of the healthcare service studied, in which care is provided, medications dispensed, and tests performed, all without requiring the patient to travel to other places.

> *Another positive factor is that we have the distribution of medicines here on our own site, which is an important thing because there are people with HIV who are treated in other services and the distribution of medication is not on site. So, the person has to move and go somewhere else. We also have a laboratory that functions here. Therefore, the patient can come here to collect examination results, to have a consultation, to take medication, then we can provide this, thanks to the structure, as we are situated in a larger service (E4).*

Another factor that reiterates integral care for adolescents with HIV in the STD/AIDS Specialized Care Service of the *Vila dos Comerciários* Health Center, and was elucidated by the participants of this study, refers to updating strategies among the team that provide enhancement to the healthcare practices.

> *And as, on Thursdays, we end up discussing the cases, then, in their individual consultations, each person will try to act upon the problem identified (E3).*

> *Every week, there is a meeting of one hour with the entire team. So, we have been updated about what is happening in the service. It is a time when we discuss scientific activities, we can exchange an idea with a colleague, and ask any questions related to a specific patient (E4).*

The reports cited above argue for the problematization of the teamwork process, in which cases are discussed and the needs of patients identified. This dialogues with Ongoing Education in health[18], although we can not affirm the real existence of this in the service.

According to the Ministry of Health, Ongoing Education can be understood as learning-work that happens in the quotidian of the services, from the problems faced in the reality of work, taking into account the knowledge and previous experiences of the professionals[18].

Even though challenges were highlighted in the integrality in the care practice of the healthcare service studied, the team recognized an integral practice in their work, believing that this is still under construction, which is reiterated in the statement of E1:

> *I think we're moving toward the more integral care possible, but we cannot say it is completely integral, I think it is under construction. (...) in general, I am thinking of an integral vision, the adolescents can be considered as subjects with multiple needs, not only those related to health (E1).*

Furthermore, it should be noted that, in addressing integrality in the care for seropositive adolescents, factors were mentioned during the interviews that are consistent with and reinforce this principle, such as intersectorality, care for the family, the health education actions/activities aimed at adolescents, the structure and organization of the service, the listening, and the updating strategies among the team.

The expanded understanding of the needs of a population as one of the major meanings of integrality corroborates the proposal of this study when the need was perceived for a differentiated approach to the seropositive adolescents, as they are ina vulnerable phase, in which special attention is needed. This finding is considered a major challenge for the healthcare services. The analysis of the data collected in this study, as well as the interviews themselves, allowed the identification of many of the meanings of integrality, such as the shared practice, the valorization of family participation, interdisciplinary, care through an adherence outpatient clinic, the maintenance and continuity of the care, and the creation of an adolescent group. The findings denote the team's preoccupation with the care provided to these adolescents, in which they recognize the pursuit and the construction of an integral practice in their work process.

REFLECTING ON THE RESULTS

This study discussed the need for healthcare in adolescence and its particularities, HIV infection in this phase of life, and the role of the multidisciplinary team in the care for adolescents with HIV/AIDS from the perspective of integrality, as a principle and guideline legally established in the Brazilian National Health System.

The performance of this study allowed the observation, in the health service in question, of an approach which is permeated by many of the meanings of integrality, in which the team recognizes an integral practice in their care, which is still under construction.

Multi and interdisciplinarity was mentioned when the role of the multidisciplinary team was addressed, in which articulation, integration, and the preoccupation of the team for the quality of the care are found.

From the statements of the respondents, the existence of a holistic practice is suggested, which not only considers the adolescents, but also their families and carers, and that includes listening and the participation of the adolescents in their own therapeutic regimen. The intersectoral commitment was also highlighted by the participants, as well as the organization and structure of the service, which include many of the care needs of the patients, such as examinations, dispensing medication, consultations, and the adolescent group.

There were also points highlighted regarding the difficulties faced in the development of integral care, such as difficult access to medicines and medical specialties and the existing flaws in the healthcare system itself.

With the performance of this study it was possible to show that integrality, as a guideline of the SUS, is not a utopia. It is present in the healthcare practices. It is hoped that more institutions, from the example of the healthcare service studied, engage in the construction of practices based on integrality.

It is believed that the development of this study allowed the actors involved to reflect on their practices and on integrality as a guiding principle of healthcare activities, considering multidisciplinary teamwork and its reflection in the care for the adolescents living with HIV/AIDS. It is hoped that this work triggers, in the service, a discussion and reflection on the care practices and how to direct them toward integrality.

Finally, the presentation of the results obtained in the health service studied makes possible the emergence of new studies that will expand the number of respondents, so that other views can strengthen the findings or refute incorrect impressions. As an extension of this study, the participation of other workers of the service, as well as the users themselves is encouraged, so that they too can discuss and reflect on integrality in the healthcare for seropositive adolescents.

The scope and possibilities of this study extend the role of knowledge in this area of expertise, which is lacking in foundation, and allow health professionals to comprehend the benefits of integral care for adolescents living with HIV/AIDS.

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