

## Models of Primary Care in Botucatu-SP:

working conditions and the meanings of Integrality presented by workers in basic health units

This study aims to identify and analyze the meanings of Integrality for employees of Primary Health Care (APS) and their correlation with the working conditions and management in the technological models in which they are inserted: Primary Care Unit without Family Health Program and Family Health Unity (USF).

The doctrinal principle of Integrality, as constructed in the Brazilian Health Reform (RSB) and present in the Unified Health System (SUS), includes dimensions related to the interdependence between the primary, secondary and tertiary care areas; the articulation of preventive and promotional health in all spheres of care and the expanded look at socioeconomic determinants of health-disease process.

The National Primary Care Policy, based in the Family Health Strategy (ESF) since 1994, implies the effectuation of the SUS principles with the reorganization of the USF work, by ascription of clientele, territorialization, presence of Community Health Agents (ACS) and generalist professionals. This health care model coexists, considering the reality of the researched city, with previous technologies structured from Programmatic Actions in Health.

The working conditions and management of APS have specificities related to their bond with the direct administration or with state foundations of private law. In the context of the State Apparatus Reform, with neoliberal prerogatives of a Minimum State and selective/focused social policies, the reproduction of management

characteristic models of the Toyotist organization or flexible accumulation of capital can be identified at the public services.

The research methodology included a questionnaire to employees of 16 units, interviews with two municipal managers and two managers of Primary Care Unities, and the realization of five focal groups with professional categories that were directly related to health care. The studies results show an intensification of work in the Basic Unities, in addition to the presence of management mechanisms based on the control and on the pressure for achievement of goals, triggering physical and mental wear to the workers.

The analysis is based on the theoretical and conceptual perspectives and practices of the Work Process in Health Care and Historical-Cultural Psychology, founded in Dialectical and Historical Materialism. Through the categories Work/Activity, Consciousness and Alienation, it was possible to identify differences between the organization of work on the models of Primary Care, without, however, detecting relevant distinctions between the concepts of Integrality presented by the employees.

In the daily professional practice, the effectiveness of the Integrality principle finds itself hampered by structural economic and political impediments, like low levels of integration between different levels of health care at the SUS and intersectoral policies, as discussions of the group revealed.

It was also found an important division between the working class on models of Primary Care. The presence of different managers in work administration in Primary Care represents the institutionalized expression of this fragmentation. This finding presents itself as a characteristic of the State Apparatus Reform, leaving a legacy of major obstacles to the organization of workers struggles for resistance and transformation of the working conditions and the health care.

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## Action Research in Health Sciences:

### bibliometric and conceptual analysis in the theses and dissertations at the University of São Paulo

Action research, since its origin, linked to the Social Sciences, presented various forms of theoretical inclusions, related to its concept and practice, which resulted in many different interpretations that can sometimes hinder its use in academic productions in the area of Health Sciences.

**Objective:** to identify and characterize the dissertation of masters and doctorate theses developed in the post-graduate program in Health Sciences of the University of São Paulo (USP), between 2000 and July 2012, in which was used the action research methodology, apart from analyzing the concepts of action research were used in these studies.

**Methodology:** We used the review of literature, the bibliometrics and Communicative Theory of Terminology (TCT), through qualitative and quantitative approach. It was used as a data

source, the Digital Library of Theses and Dissertations of USP (BDTD/USP) and it was used a data collection form, validated by experts. We conducted data analysis manually.

**Results:** action research was used in 49 studies (31 doctorates and 18 masters), which were written by 45 different students/authors, who mostly had training in Nursing (54.17%), working in line research in Health Education and Training Human Resources (51.02%) of the Graduate Program in Psychiatric Nursing (55.10%), of the Nursing School of Ribeirão Preto (EERP) (61.22%), under the supervision of the same teacher (48.98%). Studies defended predominated between 2007 and 2011 (61.22%), in which the researcher worked previously in the field of study (59.19%), which were developed without the financial support of funding agencies (69.39%). The studies had qualitative approach,

presenting themes about action research (5.91%), nurses (5.38%) and health education (3.76%), with the main objective of formation/practice of the health care professionals (44.90%). In these studies, the prevailing use of critical action research (89.80%), with the completion of all stages of the research-action indicated by Thiollent. In the studies analyzed, we identified 124 citations related to the concept of action research (mean = 2.82 citations/study), from 50 authors and 48 different references. Most part of it was books (58.06%), published in Portuguese in the 2000s. The book *Action research methodology* was employed to conceptualize action research by 88.64% of the studies. In descending order, the authors *Thiollent*, *Bueno* and *Freire* were the most cited. We identified 356 excerpts of citations related to the concept of action research (mean = 8.09 excerpts/study). Action research was conceptualized by describing the types of research related to this methodology, its origin, and applying basic principles.

**Final considerations:** the application of action research in the theses indicates that this methodology has adequate scientific rigor to the

demands of the studies considered complex. Action research was conceptualized mainly through specific sources on the topic in question, with the existence of a core group of actors and sources used as references to conceptualize the thematic in focus.

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## Groups in primary health care: a hermeneutics of clinical practice and training

In the Brazilian public health, we note the difficulty of professionals in acting in collective contexts and the insufficient development of methodologies focused on action within groups in the primary health care. We intend with this research to analyze how assistance groups with users are produced during the primary care, understand the effects of an education process of care management, including the possible contributions of the teaching strategies to the change of clinical practice and professional management in teamwork and in Government itself. We adopt as a referential the evaluative and hermeneutical qualitative research (fourth generation), with participatory methods of data production (focus groups, building of collective narratives and observation of assistance groups with users in health facilities). We highlight the group theories of the psycho-sociology field, collective health, institutional analysis and psychotherapy for the understanding of the movement of such practices during the primary care and professional education. We find that the group device is still seen as educational activity, focused on disease prevention, promotion and health surveillance. Its therapeutic effect is not valorized in the clinical practice as a care strategy and as a means of action in long-term monitoring of patients. The groups in primary health care were powerful in sharing illness experiences and as a strategy for team communication. We consider that the use of the group as a trainer device and the strategy of discussing cases enabled the learning and the application of

concepts and learned practices to the everyday primary health care, such as teamwork, and the expanded and shared clinic. We present a proposal of maps for analysis and co-management of the groups, as a strategy for clinical practice and professional education. We conclude highlighting elements for qualifying primary care groups as collectives that can incorporate the discussion of illness and suffering processes, including the individual as a participant in the process of co-production of his/her health and institutional reorganization.

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**“They say ‘That stuff does not kill!’. Yes, it does! It kills with sadness”: Social representations of people who have vitiligo, and are assisted at UFRJ drugstore.**

Vitiligo is a chronic skin disease, without a cause definite by the Biomedicine. It is featured by white spots on the skin, due to depigmentation, which sometimes causes a disfigured appearance. Among the treatments available, there is phototherapy with ultraviolet A (UV-A), associated with ingestion of Methoxypsoralen (PUVA) capsules. Such drug causes reactions, in addition to demanding that the patient adopts photo-protection arrangements, without which serious health problems may arise.

During the drug dispensation at the drugstore (FU-UFRJ), when informing the patients about its use and care needed to prevent other injuries, they reported various difficulties and discomforts, regarding PUVA therapy, and the presence of vitiligo in their lives. Thus, this study was motivated by the seeking for understanding the subjective experience of getting ill, its treatment, and the various aspects of people with vitiligo's life. We adopt a qualitative, anthropological, theoretical-methodological research approach, for grasping the participants' worldview; and also the semi-structured interview.

The interviews with 16 patients who have vitiligo and acquire metoxisaleno capsules in FU-UFRJ happened in a placeholder, from January to October 2012. From the disease diagnosis, the

subjects began to consider vitiligo as “very bad”, “ugly”, “a suffering”, “an ordeal”, “and a punishment”. They feel like target of “curiosity”, “mockery”, “discrimination”, and “prejudice”. They are stigmatized by the difference that is printed on their skin.

The redefinition imposed by the illness experience leads them to revise life concepts, so, some of them change goals, religion, and the way of facing life, giving life this new meaning brought by the disease. Religion permeates their understanding of the disease, and generates their social representations. The disease cause, its acceptance, the search for treatment, its efficacy, the cure hope, the way of seeing life, their projects, everything becomes mediated by religious beliefs. Accepting vitiligo or trying to manage this new reality in their bodies, in their lives, happens through intense suffering.

The difficulties they face are affective-sexual, racial, social and professional. The reasoning that vitiligo is not taken as a serious condition by Biomedicine, since it does not cause a critical organic problem, establishes no place for suffering, that is, the “spiritual pain” of the bearers. Aiming to improve the health and the lives of these individuals, it is imperative to consider the symbolic, emotional, and socio-

cultural aspects that surround the disease. Health professionals need to conceive these individuals beyond their "spots". This is the statute they claim for.

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