

The bureaucratization of basic health units and its interference in the humanization of care*La burocratización de las unidades básicas de salud y su interferencia en la humanización del cuidado**A burocratização das unidades básicas de saúde e a sua interferência na humanização do atendimento***Yara Vitoria Crispim Evangelista¹**

ORCID: 0000-0001-8487-1724

Guilherme Martins Cordeiro Ferraz¹

ORCID: 0000-0003-4802-782X

Ana Lara Nunes do Carmo¹

ORCID: 0000-0003-2094-1214

Nathália Vasconcelos Andrade¹

ORCID: 0000-0002-9020-1089

Ana Carolina Ruela Oliveira Gonçalves¹

ORCID: 0000-0001-8743-3068

Pedro Augusto da Motta Barbosa¹

ORCID: 0000-0002-5037-3839

Isabella Araujo Montecino Martins¹

ORCID: 0000-0002-4033-6284

Pedro Henrique Canuto de Oliveira¹

ORCID: 0000-0001-8806-1913

Gabriela Chaves Mendes Justino¹

ORCID: 0000-0003-3547-8066

¹Centro Universitário Vértice. Minas Gerais, Brazil.**How to cite this article:**

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Corresponding author:

Yara Vitoria Crispim Evangelista

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Abstract

With the emergence of the movement for the humanization of care, debates about the need to make the experience of SUS users more humanized and less technical have been growing in recent years in the world. The occurrence of this scenario was due to the need to seek changes in the model of primary health care (PHC) focused on the health problem and on meeting the demand of the day. Faced with this reality, this article aimed to analyze the best conduct, procedures that must be performed by health professionals, to promote humanized care in Basic Health Units and, thus, gradually reduce the bureaucratization of BHU. This is a descriptive experience report, with a qualitative epistemological basis, using 08 scientific articles from the last 4 years present in the SciELO and Google Scholar platform. In order for the experience of humanization of care to become a reality in the lives of individuals, many problems must be solved, such as improving the bureaucratization of BHU. The results obtained with the study demonstrate that even with the evolution of the ideal of humanization of care in society, there is still a need for an improvement in the scenario, allowing, in this context, to carry out new studies.

Descriptors: Primary Health Care; Humanization; Unified Health System; Health Centers; Administrative Claims, Healthcare.

Resumen

Con el surgimiento del movimiento por la humanización del cuidado, los debates sobre la necesidad de humanizar y menos tecnificar la experiencia de los usuarios del SUS vienen creciendo en los últimos años en el mundo. La ocurrencia de este escenario se debió a la necesidad de buscar cambios en el modelo de atención primaria de salud (APS) con foco en el problema de salud y en la atención de la demanda del momento. Frente a esa realidad, este artículo tuvo como objetivo analizar las mejores conductas, procedimientos que deben ser realizados por los profesionales de la salud, para promover la atención humanizada en las Unidades Básicas de Salud y, así, reducir gradualmente la burocratización de las UBS. Se trata de un relato de experiencia descriptivo, con base epistemológica cualitativa, utilizando 08 artículos científicos de los últimos 4 años presentes en la plataforma SciELO y Google Scholar. Para que la experiencia de humanización del cuidado sea una realidad en la vida de los individuos, muchos problemas deben ser resueltos, como mejorar la burocratización de las UBS. Los resultados obtenidos con el estudio demuestran que aún con la evolución del ideal de humanización del cuidado en la sociedad, aún existe la necesidad de una mejora en el escenario, que permita, en ese contexto, realizar nuevos estudios.

Descriptores: Atención Primaria de Salud; Humanización; Sistema Único de Salud; Centros de Salud; Reclamos Administrativos en el Cuidado de la Salud.

Resumo

Com o surgimento do movimento pela humanização do atendimento, debates acerca da necessidade de tornar a experiência dos usuários do SUS mais humanizada e menos tecnicista vêm crescendo nos últimos anos no mundo. A ocorrência desse panorama deu-se com a necessidade de buscar mudanças no modelo de atenção primária à saúde (APS) focado no problema de saúde e em atender a demanda do dia. Frente a essa realidade, o presente artigo teve como objetivo analisar as melhores condutas, procedimentos que devem ser realizados pelos profissionais de saúde, para promover o atendimento humanizado nas Unidades Básicas de Saúde e, assim, gradativamente, diminuir a burocratização das UBS. Trata-se de um relato de experiência de caráter descritivo, com base epistemológica qualitativa, utilizando 08 artigos científicos dos últimos 4 anos presentes na plataforma SciELO e Google Scholar. Para que a experiência da humanização do atendimento vire uma realidade na vida dos indivíduos é necessário que muitos problemas sejam sanados, tais como a melhoria da burocratização das UBS. Os resultados obtidos com o estudo demonstram que mesmo com a evolução do ideal de humanização do atendimento na sociedade, ainda há a necessidade de uma melhora no cenário, possibilitando, nesse contexto, a realização de novos estudos.

Descritores: Atenção Primária à Saúde; Humanização; Sistema Único de Saúde; Centros de Saúde; Demandas Administrativas em Assistência à Saúde.



Introduction

The National Humanization Policy preaches that humanization is a practice whose definition is to offer quality care, articulating them with technological advances, in addition to trying to improve care environments and the working conditions of professionals. Furthermore, humanization in health has a complex and varied definition, among which it is highlighted that humanization is to favor the recovery of communication, integration and participation between the team of health professionals and the user. In this context, the PNH, launched in 2003, aimed to put into practice the principles of the Unified Health System (SUS) in the daily life of health services, in order to produce changes in the way of managing and caring for individuals^{1,2}.

In addition, embracing the principles of Transversality, Inseparability between Care and Management, Protagonism, Co-responsibility and Autonomy of Subjects and Collectives, the PNH aims to include workers, users and managers in the production of care within the SUS and using guidelines such as the Reception, the Participative Management and Co-management, the Ambience, the Expanded and Shared Clinic, the Appreciation of the Worker and the Defense of the Rights of the Users. In this way, the PNH is configured as a mechanism that promotes the humanization of the SUS and health professionals within the scope of public health³.

The Family Health Strategy (ESF) seeks to promote the quality of life of the Brazilian population, with comprehensive, equitable and continuous care, intervening in factors that put health at risk. In this context, the humanization provided for by the PNH is one of the main aspects that should guide the care of patients in primary care and guarantee their comprehensive reception, with regard to home visits, scheduled scheduling, quality of care and other factors. However, in practice, the FHS find several problems that make the patient follow-up process difficult, such as the lack of infrastructure and organization, in addition to bureaucratic obstacles⁴.

Therefore, the article in question aims to portray, through an experience report of students of the Undergraduate Course in Medicine, how the bureaucratization of Basic Health Units interferes in the humanized care of patients.

Methodology

This is an experience report, of a descriptive and qualitative nature, carried out in the year 2022, in a Basic Health Unit, located in the Eastern Region of the South, in the State of Minas Gerais, Brazil. This unit, which is in a situation of governmental neglect, where the authors of this experience report work in the field of practice, through the discipline Comprehensive Practices of Care III. For this, scientific productions were used that report on the investigated phenomenon: The bureaucratization of Basic Health Units and its interference in the humanization of care, with the objective of interpreting the relationships and meanings of the phenomena.

Furthermore, the study was carried out from articles extracted from the Scientific Electronic Library Online (SciELO) and Google Scholar research base, published in the last 4 years (2019-2022), with the following descriptors: humanization "AND" BHU "AND" disorganization "AND" health "AND" public health "AND" humanized care "AND" reception "AND" medical record, using combinations between them.

After the search, 17 articles were found, 5 in SciELO and 12 in Google Scholar, produced in the period between 2019-2022. Subsequently, the titles and abstracts of the articles were read, and 11 articles that did not fit the researched topic were discarded, totaling the final sample of 6 scientific articles. For data analysis, inclusion criteria were used such as the compatibility of the works with the theme of this experience report and exclusion criteria such as articles produced before the year 2019.

Experience Report

At first, all the infrastructure available in the Basic Health Unit, located in the Exposition neighborhood, in the municipality of Matipó, Minas Gerais, was analyzed. The unit is composed of an ESF Team, and it is possible to notice the degradation of the physical structure of the place, hampered by the fact that it was hit by two floods, in the years 2020 and 2021. Added to this, there is a lack of financial resources for the improvement of the local structure. The BHU has a large physical area. However, basic furniture such as tables, chairs and cabinets are missing, in addition to visible damage to the walls and floors of the unit.

From this perspective, it was observed that there was no appropriate place with sufficient size to store the patients' medical records, since they are not digitized. For this reason, they were mixed up, without organization, directly harming the consultations, delaying the start of consultations due to the delay in locating the documents relevant to the patients. Added to this is the fact that some medical records disappear, a situation that directly affects the quality of care, in addition to disrupting the sequencing of therapeutic processes and future follow-up of patients.

Regarding the availability of government funds intended for the maintenance of the site, it was informed that such resources could not be made available due to a failure in the registration of the population of the municipality, which had less than 50% of its population registered in the SUS. In this way, many families were left unassisted, without receiving home visits, being deprived of care and having their rights to universal access to health disrespected.

Finally, it is worth noting that this whole process of disorganization, combined with the precarious infrastructure of the place, directly affects the quality of care, harming the doctor-patient relationship and the relationship between the community and the other employees. In this way, such factors generate stress for the professionals who work there and, consequently, reflect on a non-humanized service.



Discussion

Dissatisfaction with the service provided by the BHU is closely related to the lack of resources. However, this is not the only problem linked to user dissatisfaction. Corroborating this hypothesis, an article⁵ demonstrates that users' greater dissatisfaction is often linked to a precarious physical structure of some units, the long waiting time for care, the difficulty of scheduling new appointments and poor management of resources, which are currently being contemplated in the professional market transformations increasingly linked to organizational and management competencies. This study also observed some variables, such as problem solving, humanization of care, patient comfort, privacy, respect on the part of the health team and the fact that they have a more personal treatment are significant variables that have positive impacts on customer satisfaction. individuals².

In this context, still corroborating the aforementioned article⁵, it is possible to infer that the way the BHUs are managed and the personal treatment offered by the teams of health professionals, reveal themselves as the main factors of user satisfaction, these factors are explained in the experience report, which showed the poor administration of the unit, with the dehumanization in the treatment between the population and employees, leading to a general dissatisfaction of SUS users.

Another relevant point that was observed both in the literature and in the BHU in question is technology. The technology linked to the electronic medical record (EMR), for example, presented itself as a model that can act in a possible improvement of this bureaucratization, since the electronic medical record allows the recording of user consultations remotely, quickly and universally in all areas. the SUS units, which would facilitate the work of medical professionals and their entire team, and would help in the context of natural disasters and the loss of paper records, as occurred in the Unit of the above report. However, some problems were also encountered when trying to use EMR. According to the informants, one of the main problems was the inherent difficulty in the usability of the system and the lack of training for the operationalization of the EMR^{6,7}.

In addition, still analyzing the technological benefits, another great ally to a better service is the eSUS, an online platform introduced as a means of implementing technology with the objective of optimizing the process of recording the data produced in the entire scope of PHC, to

thus, there is no segmentation of records in Health Information Systems. With this, patient information is centralized and can be accessed whenever necessary, allowing the individualization of the record, the production of integrated information, the reduction of data collection rework, ensuring a more respectful, productive, less stressful service and a care individual centered. Thus, for this system to work and fulfill its objectives, it is understood the need to qualify and train Primary Care professionals so that they can use the eSUS properly, so that it works as a tool of great potential to improve the entire management of health care, allowing, together with other strategies, a more humanized care.

Conclusion

According to what has been mentioned and shown through this report, there is a need for some changes in the context of bureaucratization at the BHU, given that it is responsible for the primary care of the individual and aims to guarantee its integral follow-up.

Thus, according to what has already been discussed throughout the article, the organization of medical records, digitization and storage of them in a digital way, would avoid the loss of patient history in possible natural disasters as occurred in the Unit in question and would optimize the care, as the doctor would already have direct and fast access. Even more, this bureaucratization directly interferes with user satisfaction, and humanizing and qualifying these professionals can be a way to stop individuals' dissatisfaction with the BHU.

In this direction, the study allows to conclude that the improvement in the service to the individual both in the reception and in the communication with the work team are extremely necessary and cause significant improvements in the process of containing the BHU bureaucratization. However, such a study could not be put into practice to obtain exact numbers of this improvement, but later it can be applied and complemented. In addition, the ministerial programs behave as an interesting way to disseminate the humanization of care, as they aim to expand information for the BHU, thus causing one of the biggest problems; the lack of training of professionals, in the implementation of humanization in care is resolved. Finally, the case report was of paramount importance for the proliferation of information and opened up for future studies.

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