

Truth App: Knowing the Role of the Family Health Support Unit and the Level of the Satisfaction of the Users

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Abstract

Introduction: The Family Health Support Unit (FHSU) is a health policy created by the Ministry of Health to support Family Health Strategy professionals to expand health care and management in Primary Care. Because it is relatively new, many users are still unaware of the right role of FHSU.

Objective: To build an application that assesses, through a quiz and a simple quiz, the population's level of knowledge of the right role of the FHSU team and the degree of user satisfaction.

Methods: This is methodological research under development that aimed to develop a technology in health. The steps that were performed for the production of the application were: justification of the theme, theoretical support, information gathering, systematic reading and textual analysis of the National Policy of Primary Care and the Primary Care notebook no.39 of the Ministry of Health; Application development.

Results: The application consists of two parts: the first consists of a quiz-shaped question and answer game that serves to check users' knowledge of how FHSC works, from terminology to service delivery. The expected answers that arise after the user answers the questions serve as a guide through access to necessary FHSC information, making the look of the proposal very educational. The second part checks the perception of the population and their degree of satisfaction through a questionnaire with simple questions present in the application itself, which will guide the services and then improve the work process. The final stage of the research is under development and consists of testing the application on the population to validate the technology.

Conclusion: The application can be used by users themselves and also by researchers active in management or health care. However, the validation of this study is expected so that future research can implement this product as an aid in the evaluation of the work process and also as a way of guiding the population.

Keywords: *Knowledge; Satisfaction; Primary Health Care*

Introduction

Primary Health Care (PHC) is defined as the system's gateway and is responsible for coordinating the health care of individuals, families and communities. This level of attention should consider the subjects in their uniqueness and complexity, understand them in their socio-cultural context, directing an integral look at the factors that may compromise the possibilities of maintaining a healthy life [1].

The Family Health Strategy (FHS), a Brazilian aspect of the PHC, was officially implemented as a program in 1994, which was later characterized as a priority strategy for the organization of health services. With its creation, the Ministry of Health aimed to strengthen the network and collaborate to reorient the care model. The FHS accompanies, through actions of healing, rehabilitation, prevention and health promotion, the population assigned to its coverage area. The foundation in the work of the FHS is the establishment of bonds as well as the development of the work from the association of the social, cultural, economic, and epidemiological characteristics of the territory to the demands and health needs of the population assisted by a minimal team of doctors, nurses, dentists and community health workers [2].

In 2008, the FHSU was created with the perspective of increasing the responsiveness to most of the population's health problems in PHC; these are teams composed of professionals from different specialties, such as nutritionists, psychologists, physical educators, physiotherapists, among others, who must act in an integrated manner, sharing health practices and knowledge with the FHS, seeking to assist them in the management or resolution clinical and health problems, as well as adding practices, in primary care, that broaden the scope of health services in the promotion, prevention, assistance and rehabilitation.

FHSU professionals should work with Family Health Team professionals, sharing practices in their respective territories, supporting them, and working in the Primary Health Care Unit to assist users who require rehabilitation care, counseling, individual, and collective care [3].

Thus, it was possible that physical therapists, speech therapists, nutritionists, psychologists, social workers, physical educators, and medical specialists could improve family health through preferentially preventive activities. However, unfortunately, the reality of some municipalities is quite different from the proposal of the Ministry of Health, since many professionals end up acting essentially in a day-to-day manner. Therefore, the reorganization of the techno-care model of the Unified Health System (UHS), based on the principles of universality, comprehensiveness, equity, resolvability, intersectionality, humanization of care and social participation, is still a significant challenge for all the various social actors in the society public health [2].

The real knowledge of the role of FHSU is out of place in the sense that the population ends up viewing only "clinics" whose professionals work treating pathologies and not preventing them. In this context, the population, even without knowing what the FHSU's true objective is, is satisfied with the services provided, so it is necessary to analyze this relationship. Such satisfaction can be related to the conformity of users, who often do not even know what their rights are as citizens who need UHS.

Since (FHSU) is relatively new within the Family Health Strategy (FHS), there is a need for studies to evaluate the services offered for management to accompany them and promote improvements in the work process. As users understand the true meaning of FHSU, the work process of professionals will improve, as they will act on the right path and then optimize health promotion and disease prevention, and studies in this direction are very relevant.

In a research conducted, it was evaluated the performance of FHSU through knowledge and evaluation of services by FHS professionals identifying the implementation of policies with insufficient number of teams in relation to the population enrolled, aggravating the permanence and formation bond, which generates conflicts and frustrations due to the inability of professionals to meet local demand [4].

Yet another perceptive study, it was perceptive that the actions developed by FHSU interfere with the conceptions of preventive health care, causing significant changes in the individual and family daily life regarding PHC. However, it was clear that such interventions need greater dissemination among the community since the coverage of multi-professional care is still small.

One study observed that the concept of health promotion appears with a close look, sometimes associated with prevention, focusing on the development of personal skills and little emphasis on the collective and community aspects. From this perspective, health promotion actions appeared suppressed by the repressed demand from the health system [1].

In another context, in the area of health, in the last decades, there has been an accelerated process of transformation and technological innovation, marked by the introduction of a large volume of techniques, instruments, diagnostic and therapeutic resources producing significant changes in daily health practices, diagnostic and therapeutic processes used and the forms of organization and reorganization of health services [6].

The use of digital technology in the form of healthcare applications is a potential resource for facilitating data recording and analysis in various studies; As an additional attribute, the use of this technology makes data collection more accurate and less arduous. These facts can undoubtedly be facilitators of the implementation of an application that allows us to point out the level of knowledge of the population and their degree of satisfaction with the role of FHSU.

Thus, this study aimed to create an application that assesses the level of knowledge of the population regarding the true role of FHSU and the degree of satisfaction of services by users.

For this, it is intended to develop an original product in the application form that allows, through a virtual quiz and simple questions, to score the level of knowledge of the population and their degree of satisfaction with the role of FHSU. It will also be available, through the Quiz answers themselves, some necessary information about the theme as a way of guiding users. The information collected will be an essential decision-making tool and improvement of the work process, in order to clarify the possible doubts regarding the FHS support nucleus.

Materials and Methods

Types of study

It is methodological research that is under development aims to use existing knowledge to elaborate an intervention or to improve an instrument that can be a device or a measurement method. This type of study deals with the development, evaluation, and validation of materials, technologies, instruments, and procedures [7].

Study scenario

The technology developed in this study was the creation of an application, which is considered a type of technology in light-hard health because it includes all well-structured knowledge in the health process [8].

The scenario that enabled the development of the idea of the application was the municipality of Alagoa Nova is located in the Paraíba swamp has about 20,000 inhabitants and an area of 122,255 km² [9]. The FHSU was implemented at the end of 2009, initially with the purpose of functioning as a "polyclinic" because, in the municipality, there were no services offered by professionals hired.

A little over a year ago, changes in the work process were made in order to advocate the educational work proposed by the guidelines of the Ministry of Health. However, even in the face of such transformations, there is still much care provided in the physical therapy sector, which consists of an existing room in the headquarters with specific material to perform individual appointments.

This fact was the disturbing and guiding point for the development of the application, since it is assumed that part of the population is unaware of the real objective of FHSU, and the municipality is a possible field for future validation research of the technological product.

Instrument construction

In order to create a new product that can evaluate the level of knowledge of the population and their degree of satisfaction with the FHSU was developed an application carefully following the steps for its production:

- **Step 1:** Justification of the theme: an integrative review was performed to know and synthesize the researches carried out about the theme in question, which proved the social relevance of the present study. Only one article referred to a study conducted to evaluate the user's perceptive look at FHSU.

- **Step 2:** For theoretical support was conducted a theoretical survey seeking understanding and deepening of the theme, which served as the basis for this research.
- **Step 3:** In the information gathering, documents from the Ministry of Health regarding Primary Health Care and FHSU were listed and analyzed to support the elaboration of the proposed application.
- **Step 4:** Systematic reading and textual analysis of the National Primary Care Policy (NCP) and Primary Care Booklet n.39 (Tools for the management and daily work of the FHSU) in order to develop the application questions accordingly with what was advocated by the Ministry of Health.
- **Step 5:** Application development, built in two parts: the first consists of a quiz-shaped quiz game that serves to check users' knowledge of how FHSU works (from terminology to service delivery) with lights and figures indicating whether the answer is right or wrong. The second part checks the perception of the population and their degree of satisfaction through a questionnaire with simple questions present in the application itself, which will guide the services and then improve the work process.

Besides, the expected answers that arise after the user answer the questions serve as a guide through access to necessary FHSU information, making the look of the proposal very educational. Thus, the local management teams will be able to relate the perception of users regarding the FHSU with their level of knowledge. The final stage of the research is under development and consists of testing the application in the population of the municipality of Alagoa Nova, thus validating the technology for application in other locations.

Results and Discussion

The idea of creating an end product in the application form was based on the fact that many changes have taken place in healthcare, and these changes are due to technological innovation. These changes can be presented in the form of new resources, ideas, or procedures, thus facilitating the organization and agility of health services [10].

The technological product of this study was an unpublished application named "Truth Application: Knowing the Role of Extended Family Health Center and the level of user satisfaction" which can be used by SUS users themselves and by future researchers interested in doing studies related to the theme in the various municipalities of the country.

The choice of this educational tool was due to some factors, such as: the actual growth of internet use today; the opportunity that the game offers to the player, dynamically and interactively, to self-evaluate against issues related to a theme; the apparent need to develop approaches that address the characteristics of this audience, since conventional isolated methods have not had the expected effect. Another point that guided this choice was the lack of such a strategy in PHC, which was identified from an integrative literature review. The app can be a handy, practical, and affordable feature, as much of today's population has smartphones and some internet access [11].

The construction of the application was carried out in two parts: the first is a Quiz (game of questions and answers), whose objectives are to interact with the player, test their knowledge, and provide information about FHSU (Figure 1). Five questions were then elaborated using easy-to-understand language and each containing four answer options, only one or two correct. When the player answers the question, the app generates a color picture indicating whether he was right or wrong, the green color being the right answer, and the red color being the wrong answer.

If the player answers wrong, automatically the application itself generates information regarding the correct answer, all based on what was advocated by the Ministry of Health; This information serves as a guide to clarify users' doubts regarding FHSU.

Clicking the "Quiz" button will bring up the screen that describes the game instructions. The player will be instructed to add their score when completing the answers and discovering their level of FHSU knowledge; each question has one or two correct answers, the first being about the meaning of the acronym FHSU; the second about the year of creation; The third is about the composition of the profession-



Figure 1: Main screen - app content.

Source: Truth app (2018).

als who can be part of the core team. The fourth is about the health team modalities, and the fifth question asks the user what the main activities performed by the family health support center are.

At the end of the answers, the player will have a score that will define, according to the summed score, their level of knowledge regarding FHSU. If they scored 5 to 13 points, they need to learn more about FHSU; The app gives the guidance of looking for a professional working in their hometown to answer their questions. Already if they scored 18 to 20 points, the application congratulates them and points out that they can enjoy all the services offered by the FHSU team of their municipality.

For each question answered right or wrong, on the screen itself, the application also enables the self-instruction of the player, bringing correct information on the theme of the question based on the references consulted from the Ministry of Health as shown below:

- **Answer 1:** Family Health Support Centers are multi-professional teams composed of professionals from different professions or specialties, who should act in an integrated manner and support the professionals of Family Health teams, sharing health practices and knowledge with the supported referral teams, seeking to assist them in the management or resolution of clinical and health problems, as well as aggregating practices in Primary Health Care that broaden their scope of offerings [12].
- **Answer 2:** In 2008, the Ministry of Health, through GSM Ordinance No. 154 of January 24, created the FHSU as a strategy for expanding Primary Health Care actions in Brazil, by supporting the insertion of the Health Strategy. of the Family in the service network, increasing its scope and resolubility, considering the process of territorialization and regionalization as organizing characteristics of the model [13].

- **Answer 3:** FHSU's composition possibilities are: social worker; Physical Education professional; pharmaceutical; physiotherapist; speech therapist; professional with training in art and education (art educator); nutritionist; psychologist; Occupational Therapist; gynecologist/obstetrician; homeopathic doctor; pediatrician; veterinarian; psychiatric doctor; geriatrician; internist (medical clinic); occupational physician; acupuncturist doctor; and health care professional, that is, a health professional with a postgraduate degree in public or collective health or a direct degree in one of these areas [3].
- **Answer 4:** Ordinance No. 3,124 of December 28, 2012, redefines FHSU binding parameters; it was foreseen the constitution of three core modalities: FHSU 01 - linked with 05 to 09 FHT (Family Health teams) and/or PCT (Primary Care teams for specific populations - street clinics, riverine and riverine teams); FHSU 02 - linked to at least 03 and at most 04 eSF and/or AB; FHSU 03 - should be associated with at least one and at most two FHT and/or AB, adding in a specific way to their work process, setting up as an extended team. In all three modalities, no professional may have a weekly workload of fewer than 20 hours [12].
- **Answer 5:** In the BHU the main activities to be performed by FHSU are: continuing education, home care, group care, team meeting, case discussion, shared individual care; in schools: health education actions, support to HSP (Health in Schools Program) actions; in health academies: educational groups, body practices, community meetings, actions to promote healthy lifestyles; at PSCC (Psychosocial Care Center): case discussion, therapeutic groups, PSCC matrix support to Primary Health Care, shared care, income-generating workshops; in SARC (Social Assistance Reference Center): collective actions for citizenship production, case discussion [3].

The second part of the application assesses the level of satisfaction of users of the Unified Health System. The player will answer the questions and, soon after, will have the option to receive relevant guidance on the questioned item. The first question is about deploying FHSU; the second refers to the reception provided to users of health services provided by the core professionals; the third question about the assistance provided by health professionals; the fourth refers to home visits to bedridden patients; The last question is about the language used by FHSU professionals during the educational activities performed at the Basic Health Units.

The guidelines passed on the application screen also reference referenced material published by the Ministry of Health educating the user about FHSU guidelines and standards:

- **Guideline 1:** The main objective of implementing FHSU in Brazilian municipalities is to increase the resolution and quality of Primary Health Care effectively. This should be done by expanding care offerings, supportive care, and intervention on issues. Moreover, health needs, both individually and collectively. Thus, the PHC's repertoire of actions, the care capacity of each professional and the population's access to broader offers closer to their needs are expanded [3].
- **Guideline 2:** Reception is a concept often used to express the relationships established between users and health care professionals. However, it is not a simple service relationship. More than that, welcoming implies a citizen and humanized relationship, with qualified listening. Based on this concept, the development of reception as an essential technology for the reorganization of services is characterized as a critical element to promote the ongoing expansion of access to Primary Health Care and other levels of the system. Therefore, welcoming is related to the bond between the user and the health service, the resolvability of care, and the adequacy of the service to the needs of users [13].
- **Guideline 3:** The humanization of healthcare is a current and growing demand in the Brazilian context and emerges in a reality in which users of health services complain about the mistreatment they suffer, the media denounces negative aspects of care provided to population and scientific publications prove the truth of many of these facts. Comprehensive and in-depth knowledge of related factors and problems affecting the health of the assisted population, such as their socioeconomic status, needs and needs, beliefs, and cultural values, among other things, contributes to making professionals more committed to the clientele served and with the search for concrete results and coherent with the reality of life of the people under their care [14].
- **Guideline 4:** According to the NPCP, home care for individuals with physical difficulty or disability to travel to a health unit, who have controlled/compensated health problems and who require care less frequently and less need for health resources is the responsibility. Primary Health Care teams, including the FHSU [12].

- **Guideline 5:** Education is not just about knowledge transfer, but fundamentally about creating possibilities for the production or construction of knowledge. Thus, education is more like a dialogue in which both the educator and the learner pass parts of themselves to each other. With this in mind, it is understood that the fundamental task of an educator is not merely to teach content but to teach 'right thinking.' Therefore, a critical educator cannot be considered as one who mechanically only repeats memorized ideas and phrases from texts he has read [15].

After answering the questions of the second part (the questionnaire), the user had access to guidelines regarding the work of the Family Health Support Center team within the guidelines of the PNAB. Thus, dynamically and interactively, it was possible to offer the population knowledge about the FHSU work process and other health service routines that are routinely accessed by the community. The next step to finalize the research will be the testing of the application in a sample of the population of the municipality of Alagoa Nova, validating the technology for application in several municipalities in the country.

Conclusion

The Ministry of Health created the FHSU to support FHS professionals to expand health care and management. Each core is responsible for serving users of a certain number of Family Health teams; that is, the core professionals work in their specialties to complement the action of the teams to which they are linked.

Because it is relatively new within Primary Care, many users are still unaware of the real role of the service. In this sense, this work aimed to build an application that assesses the level of knowledge of the population about the exact role of the team and the degree of satisfaction of services by users.

Thus, the application configured a real possibility to make the relationship between the level of knowledge and the degree of satisfaction of the population concerning the FHSU and may guide the municipal management in order to improve the work process. It can also be used by health service users themselves and also by researchers working in health management or care. However, the validation of this study is expected so that future research can implement this product as an aid in the evaluation of the work process and also as a guide for users.

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