THE SITUATIONAL DIAGNOSIS OF A SECONDARY CARE UNIT IN CAMPO GRANDE, MS

ORIGINAL ARTICLE

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1. INTRODUCTION

Health education is a process that combines learning experiences aimed at reinforcing actions and behavioral attitudes related to health (Candeias, 1997). Therefore, it is part of an initiative by an individual or a collective for a specific audience, intentionally aimed at reinforcing or presenting possible improvements in the quality of life that ultimately contribute to health as a state of physical well-being encompassing physical, mental, and social spheres. Community participation has been identified as a way to raise awareness about health care through constant dialogue between health professionals and users (Rice, Candeias, 1989). For this articulation, it is necessary to prepare the professional for their work reality.

In recent years, the higher education of health professionals in Brazil has become the subject of analysis and study due to the observed performances in clinical practice. The Ministry of Health and Education have promoted actions and efforts to transform professional practice through the construction of formative strategies that respect the National Curricular Guidelines (DCN) and the principles of the Unified Health System (SUS) (Cyrino *et al.*, 2012; Haddad *et al.*, 2012). The reorganization of public health in

the decentralized model also emphasizes the need to train human resources and managers capable of working in the health care network, consequently influencing student learning and professional updates (Aguiar *et al.*, 2018).

Nursing professionals are usually prepared with managerial skills even during undergraduate studies and use various auxiliary functions in planning and management in Primary Health Care (PHC), such as Administrative and Situational Diagnosis (De Almeida Lima *et al.,* 2017). The tool is seen as a way to identify and analyze the reality and its demands to propose improvements in the organization of the environment by the Regional Nursing Council of Minas Gerais (2010). The Situational Diagnosis also serves the purpose of the thematic axis of the *PET-Saúde* 2022-2023 cycle:

> O foco das ações deverá dar-se em iniciativas que possam promover estratégias de formação em saúde e que sejam capazes de desenvolver práticas profissionais para atuação no trabalho em equipe, com ênfase em ações de educação em saúde direcionadas para os atuais contextos e para as necessidades do SUS (Brasil,2022).

The Situational Diagnosis is not an exclusive tool of this professional class and can be performed at other levels of health care.

In this context, the objective of the study was to develop the construction of the situational diagnosis of the Specialized Rehabilitation and Diagnosis Unit (UERD), located in the municipality of Campo Grande - MS, carried out through the *PET-Saúde* (Teaching-Work Program) 2022/2023.

2. METHODOLOGY

This is a qualitative research, of an exploratory, narrative, and reflexive nature, presenting an experience report from *PET-Saúde* members about their experiences in the environment of a rehabilitation service in secondary health care, specifically in the area of physiotherapy.

2.1 IN PET SAÚDE

The *PET-Saúde* team consisted of four physiotherapy students, one tutor, one coordinator, and a preceptor appointed by the Municipal Health Department (SESAU). The project developed by the Higher Education Institution (IES) in question was called "*PET-Saúde* Management and Assistance: contributions from Unigran CAPITAL to address the Covid-19 pandemic" and took place in partnership with the Municipal Health Department of Campo Grande-MS. The Project was approved by the Ministry of Health according to Ordinance No. 5, of June 9, 2022, under code 05152022061000091, which announces the selection results for projects for the Program for Education through Work for Health (*PET-Saúde*: Management and Assistance - 2022/2023)[8]. All research was based on the Edict articles: 7.1.2, 5.7.1.3, and 5.7.1.7. Thus, the study was approved with the endorsement of Resolutions 510/2016 and 580/2018 of the National Health Council.

2.2 AT UERD

The Specialized Rehabilitation and Diagnosis Unit (UERD) of the municipality is the only specialized unit in physiotherapy for treatment and rehabilitation that serves users of the Public Health System. The territorial coverage extends to all SUS users in the municipality who have been referred within the Health Care Network. The care is for patients with musculoskeletal complaints. The health professional team includes areas of physiotherapy, occupational therapy, and physical education.

3. RESULTS: METHODOLOGICAL ASPECTS

Weekly visits were made to the unit in August and September 2022 to familiarize with the space and structure, totaling 09 encounters, in order to construct a situational diagnosis of the institution. The construction of the diagnosis was divided into four distinct stages.

The first stage, completed in the initial visits 1, 2, and 3, involved presenting the physical construction of the Unit to the students and explaining the use of each room. These were detailed in photographic, illustrative, and report form.

The second stage took place during encounter 4. The aspects of the physical structures were appreciated and discussed in relation to their proportions for the construction of a floor plan.

The third stage took place in encounters 5 and 6. After observations about the facilities, an interview was conducted with the responsible physiotherapist preceptor. The Higher Education Institution (IES) provided a checklist of desirable information for the diagnosis, as the report would be sent for approval by the Ministry of Health. The model was made available to all other groups of the Pet Saúde from the IES. The Informed Consent Form (ICF) was waived for the preceptor, as all the involved and selected participants already had a signed term regarding the characteristics of the activities, respecting all the precepts of resolution 510/2016, and the planned activities are part of the preceptorship duties with the endorsement of the Municipal Health Department of Campo Grande – MS. Thus, when preceptors are appointed, they already have the acceptance of all procedures. Data collection occurred simultaneously during the development. Inconclusive answers were not accepted. Afterwards, the interview was transcribed using the MAXQDA[9] qualitative analysis program for category creation and organization according to the requested checklist.

The fourth stage occurred in the final encounters. It was divided into pre-draft discussion and additional information consultation. Information from the National Registry of Health Establishments (CNES) was consulted for comparison with what had been collected. After all the information about the space reality was known, the analysis of the obtained data began. The team responsible for the diagnosis discussed the use of human and material resources, facilities, and technologies used in care, as well as the level of involvement in transversal actions and communication with other levels of the network.

After the interview, the data were organized into a single record, the situational diagnosis.

The interview was coded according to the checklist for response analysis. The topics covered for the construction of the situational diagnosis are presented in Table 1.

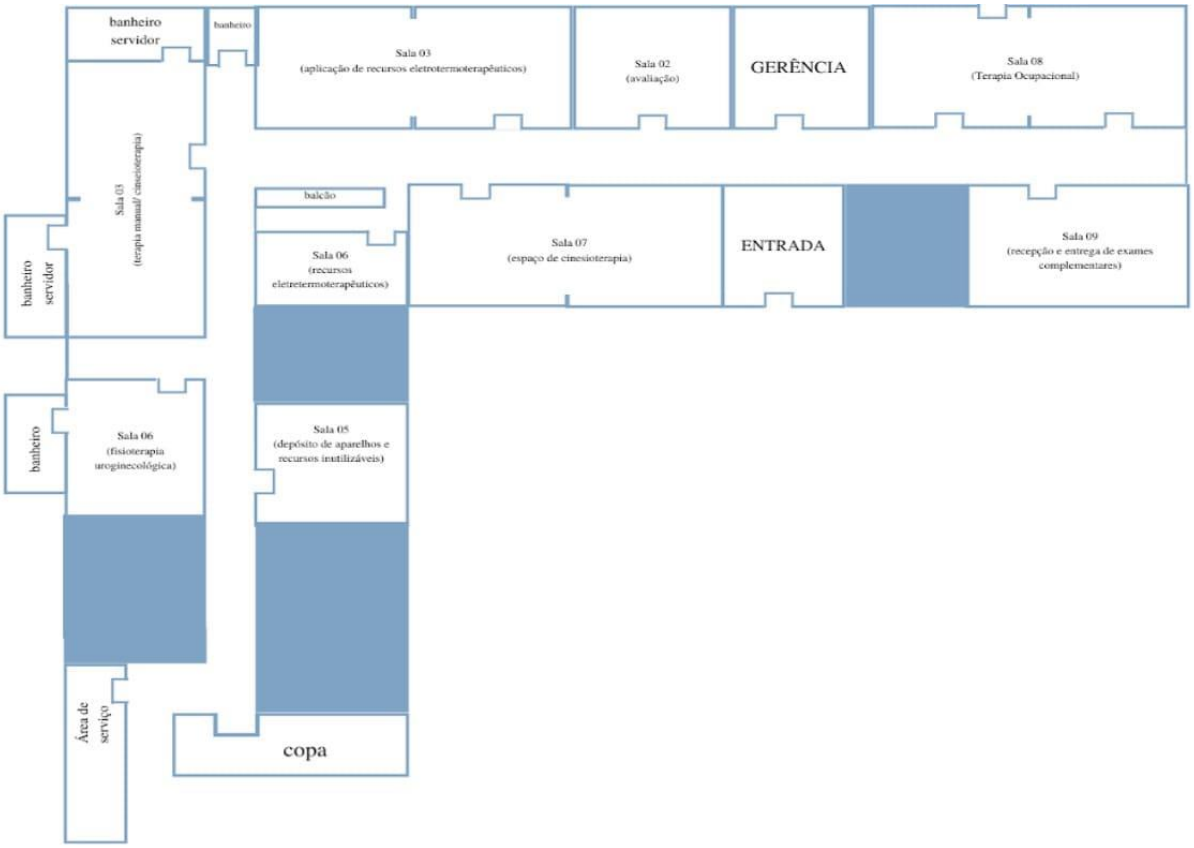
Table 1 – Topics covered for the construction of the situational diagnosis

Physical structure	**Profile of Professionals**	**Demographic characteristics of the served population**	**Intervention potentials**
Basic sanitation (water supply, sewage, infrastructure...); Physical description of the institution (detailing internal spaces and their resources)	Number of professionals by category; Number of health teams; Existence of support teams; Operational groups for educational practices (type and quantity); Service programs at the unit.	Territorialization of the Health Unit; Characterization of the coverage area; Population dimension by age group; Population education level; Community participation in actions; Risks and vulnerabilities in the territories.	Other community workplaces (strategic locations); Vaccination coverage; Challenges in achieving intervention coverage; Educational practices conducted; Off-site actions carried out.

Source: Situational Diagnosis conducted by the Pet-Saúde team (2022-2023) Unigran Capital, Campo Grande MS.

The Unit has adequate sanitation and continuous monitoring ensured by management. The infrastructure is repurposed from the former establishment that operated on-site, an Emergency Care Unit. The institution features an evaluation room, two rooms for kinesiotherapy, a room for applying electrothermal and phototherapeutic resources, and other service spaces, as shown in Figure 01.

FIGURE 1 - Floor Plan of the Institution



Source: Situational Diagnosis conducted by the Pet-Saúde team (2022-2023) Unigran Capital, Campo Grande MS - Floor Plan of the Location where the research was conducted.

The work materials (computers, electrothermophototherapy equipment such as microcurrent devices, Russian current devices, TENS, therapeutic ultrasounds) are old and have operational flaws, according to the interviewee. The models used are old, coming from donations and municipal purchases. There is a storage room for devices that are no longer suitable for treatment.

The UERD team consists of six physiotherapists, one occupational therapist, one physical education professional, one manager, and four administrative professionals. There is no standard quantity of appointments performed by professionals; the control is based on demand and scheduling carried out by the administrative sector. There is no operational group for educational practices. However, the Municipal Health Secretariat (SESAU) holds professional training workshops for Continuous Education.

There are no activities in other community work locations, and professionals do not provide home care follow-up. Thus, the educational practices conducted relate to addressing specific patient health concerns and providing informative materials available in the waiting room. The extramural actions involve intersectoral contacts within the Health Care Network (RAS) to better refer the patient. The service programs include musculoskeletal and pelvic segments in physiotherapy, physical education, occupational therapy, and orthopedic care in Post-COVID rehabilitation.

Regarding the demographic composition of those attended, it was not possible to fully understand the monitoring profile. The facility attends to the entire population of Campo Grande referred within the Health Care Network (RAS). The educational level of users is not accessible through the medical records system. The majority of those attended are adults, with care for neonates, infants, and children being the responsibility of other institutions. However, some children with very specific conditions may be referred, as found in the case of a patient under 8 years old diagnosed with *Legg-Calvé-Perthes* disease.

It was noted that there are no local health councils and community participation, as UERD follows the guidelines of the Specialized Care Coordination and is not connected to local Emergency Care Units (UPAs), local Psychosocial Care Center (CAPS), or any Basic Care Units. However, it is linked to physiotherapy professionals from the Family Health Support Center (NASF) to ensure continued patient care upon discharge.

Issues related to vaccination were not addressed within the UERD premises since the unit does not provide immunization services. However, recognizing the principles and guidelines that guide the SUS and RAS, it is understood that secondary care participates in the fight against the COVID-19 pandemic and is included in the National Immunization Policy (PNI) as a space for health education. In relation to specific vaccine information, professionals have exclusive access to the city's information system, which is allocated via intranet and is not available for public consultation. Therefore, information about doses taken throughout life, whether traditional vaccines

from the public network or the COVID-19 vaccination campaign, is not collected in patient records and is not part of the anamnesis of any professional at the Institution.

The additional information provided by the preceptor pertained to the workplace reality. The most common age groups correspond to the elderly. Each referred patient is entitled to ten (10) physiotherapeutic treatment sessions, requiring a return to the Basic Care Units if additional sessions are needed. In the Basic Care spaces, they are reassessed and referred again, depending on the decision of the healthcare professional. Currently, the Unit operates on night shifts to accommodate patients with motor and functional COVID-19-related sequelae, as well as patients who do not have transportation availability and time during other periods.

The identified risks and vulnerabilities guide the intervention proposals: the materials used for treatment are old and heavily used. The Unit has a considerably long waiting list due to the lack of other specialized care centers. Precise information about people waiting for treatment is not public, and there are no reports from the involved institutions presenting this data. The location is not in an easily accessible neighborhood for the entire population and is difficult to reach for patients who do not have their own means of transportation. The reported information aligns with the National Registry of Health Establishments (CNES). The situational diagnosis was forwarded to the responsible management of the municipal institution and *PET-Saúde.*

4. DISCUSSION

The first stage of the Higher Education Institution (IES) Project involved formulating the functional diagnosis to understand and recognize the territory, services, physical and human resources available at the location of the tutorial group's activities. This understanding helped identify sectoral needs according to the studies by Lima *et al.* (2022). Kleba, Krauser, and Vendruscolo (2011) emphasize that based on the diagnosis, it is necessary to list the problems and challenges to be addressed using tools for situational strategic planning, aiming to build actions focused on solving the identified problems.

It was observed that resources for physiotherapy sessions are scarce, with outdated electrothermophototherapeutic devices for advanced clinical practice, as well as a large number of unused equipment in a storage room.

The infrastructure is insufficient to accommodate all SUS users in need of rehabilitation. According to Souza (2022), public health is deteriorating due to outsourcing projects, privatization, underfunding of health services, and resource transfers. Marques, Piola, and Roa (2016) support this study by affirming that the condition of the services is not recent. Since its inception, the Unified Health System (SUS) has suffered from chronic underfunding, manifested through deficient allocation of budgetary and financial resources, even though these are planned in advance through budgetary instruments. There is also difficulty in implementing principles of universality, comprehensiveness, and equity, as emphasized by Marques, Piola, and Roa (2016).

Thus, the system still faces one of its greatest and constantly criticized challenges: the quality of health services, as highlighted by Roa, Cantón, and Ferreira (2016). In this regard, health education can be reformed through another instrument: the National Humanization Policy (PNH).

According to Temporão (2003), humanization also refers to the protagonism of the system's user and their right to health. Regarding immunization, vaccines are designed to provide specific protection for immunized individuals and are responsible for saving countless lives and preventing the spread of many vaccine-preventable diseases. Santos and Cazola (2008) conducted a study in Aquidauana, a municipality 140 kilometers from Campo Grande, Mato Grosso do Sul, and stated that fear was the most common reason for vaccine non-acceptance, related to low education levels and difficulty in understanding the risk/benefit of the vaccine. It was also observed that among the interviewees who adhere to vaccination, prevention was admitted as justification. Therefore, health education should be conducted at every opportunity for direct contact with users, imparting professional knowledge in an accessible and clear manner, aiming to preserve the lives and health of the community.

Opportunities to transform knowledge and professional expertise require practical action and training. According to Pinheiro and Ceccim (2006), it is necessary to consider professional training and the impacts of education occurring in two moments: by becoming part of the work routine and being reached through continuing education, and by breaking away from the academic teaching logic centered on technicism and prognosis, giving way to welcoming practices, innovation, and the possibility of dialogue with patients and colleagues, thus establishing links between health, education, and work processes.

5. FINAL REMARKS

It is observed that the activities carried out have allowed us to understand the insufficiency of the institution's material resources for public policies, necessitating an urgent search for educational health initiatives, both for the population and for the clinical staff on site.

The conduct of local investigation and subsequent development of the situational diagnosis provided an understanding of the needs of the patient community and the workers. It was possible to explore the characteristics of the environment, monitor their interactions, recognize challenges to be faced, and identify potential areas for intervention to enhance the healthcare experience for all involved. Therefore, the situational diagnosis allowed us to understand complaints related to the environment and will assist in proposing future changes for improved service.

It is worth noting the scarcity of research related to situational diagnosis in Secondary Care, and therefore, greater attention to this tool within Public and Supplementary Health is necessary.

The importance of encouraging interactions among professionals to promote transdisciplinarity is also emphasized, aiming for better engagement in feedback of information and educational health guidance. In conclusion, the situational diagnosis is an option as a tool for understanding healthcare management, encouraging

reflection on the environment in which patient and professional communities are inserted, and highlighting necessary changes to improve public healthcare.

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APPENDIX - FOOTNOTE

9. MAXQDA is an academic software for qualitative data analysis and mixed research methods and is available for Windows and Mac operating systems. MAXQDA can assist you in analyzing all types of unstructured data, such as content analysis, interviews, speeches, focus groups, audio/video/image files, Twitter data, among many other possibilities.

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