



Health practices of speech therapists of Specialized Care in Rio Grande do Norte

Práticas de saúde de fonoaudiólogos na Atenção Especializada no Rio Grande do Norte

Prácticas de salud de terapeutas del habla en la Atención Especializada en Rio Grande do Norte

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Abstract

Introduction: The Specialized Care in the Brazilian Unified Health System (SUS) offers specialized services on an outpatient and at hospital level, with technological density at intermediate level. Regarding the organization of services and characterization of practices, there are different models of care that can support the performance of professionals. **Purpose:** To identify the health care model on which the speech-language pathology practices of a Specialized Care SUS service in the state of Rio Grande do Norte are based. **Method:** This is a case study with a qualitative approach that included interviews with speech-language pathologists working in this service through questions about their conduct in clinical practice and other work environments. The interview was recorded, transcribed and analyzed using the Content Analysis technique. **Results:** Three categories of analysis were developed based on the data obtained: disease and rehabilitation as the object and purpose of the work conducted by the speech-language pathologist; limitations of therapeutic resources and physical structure of the workspace; and organization of Specialized Care in the State health system. **Conclusion:** Elements of “expanded clinic”

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Authors' contributions:

EGPC - study design, methodology, data collection, and study outline.

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MWPT - study design, methodology, study outline, critical review and supervision.

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and prevalence of the “hospital-centered medical-assistance” mode were observed, with practices mainly focused on speech-language disorders and seeking rehabilitation and cure of the patient.

Keywords: Speech, Language and Hearing Sciences; Public Health; Unified Health System; Health Care Models; Secondary Health Care

Resumo

Introdução: A Atenção Especializada do Sistema Único de Saúde (SUS) oferece serviços em nível ambulatorial e hospitalar, tendo sua densidade tecnológica no nível intermediário. Quanto à organização dos serviços e caracterização das práticas existem diferentes modelos de atenção que podem subsidiar a atuação dos profissionais. **Objetivo:** Identificar em qual modelo de atenção à saúde se baseiam as práticas dos fonoaudiólogos de um serviço da Atenção Especializada da Rede SUS no Rio Grande do Norte. **Método:** Estudo de caso de abordagem qualitativa, onde foram entrevistados fonoaudiólogos atuantes no serviço através de questões sobre sua conduta na prática clínica e demais ambientes de trabalho. A entrevista foi gravada, transcrita e analisada por meio da Análise de Conteúdo. **Resultados:** A partir dos dados obtidos, foram elaboradas três categorias de análise: a doença e a reabilitação como objeto e finalidade de trabalho do fonoaudiólogo, limitações dos recursos terapêuticos e estrutura física do espaço de trabalho e organização da Atenção Especializada no sistema de saúde estadual. **Conclusão:** Foram observados elementos da clínica ampliada e a prevalência do modelo médico-assistencial hospitalocêntrico com práticas voltadas, sobretudo, para os distúrbios fonoaudiológicos e na busca da reabilitação e cura do paciente.

Palavras-chave: Fonoaudiologia; Saúde Pública; Sistema Único de Saúde; Modelos de Assistência à Saúde; Atenção Secundária à Saúde.

Resumen

Introducción: La Atención Especializada del Sistema Único de Salud (SUS) ofrece servicios especializados a nivel ambulatorio y hospitalario, con su densidad tecnológica en el nivel intermedio. En la organización de los servicios y la caracterización de las prácticas, existen diferentes modelos de atención que pueden apoyar el desempeño de los profesionales. **Objetivo:** identificar qué modelo de atención de salud se basa en las prácticas de los terapeutas del habla en un servicio de Atención Especializada del SUS en Rio Grande do Norte. **Método:** Estudio de caso de enfoque cualitativo, en el que los terapeutas del habla que trabajan en el servicio fueron entrevistados a través de preguntas sobre su conducta en la práctica clínica y otros entornos de trabajo. La entrevista fue grabada, transcrita y analizada según la técnica de análisis de contenido. **Resultados:** a partir de los datos obtenidos, se desarrollaron tres categorías de análisis: enfermedad y rehabilitación como objeto y propósito del trabajo del terapeuta del habla, limitaciones de recursos terapéuticos y estructura física del espacio de trabajo y organización del Atención Especializada em el sistema de salud estatal. **Conclusión:** se observaron elementos de la clínica ampliada y la prevalencia del modelo de atención centrado en el hospital, con prácticas dirigidas principalmente a los trastornos del habla y lenguaje y en la búsqueda de rehabilitación y cura del paciente.

Palabras-clave: Fonoaudiología; Salud Pública; Sistema Único de Salud; Modelos de Atención de Salud; Atención Secundaria de Salud.

Introduction

The Brazilian Unified Health System (SUS) was established based on the Brazilian Health Reform movement from a proposal to create a universal, equal and comprehensive system in order to overcome the prevailing “preventive” and social security health practices in public health services^{1,2}.

With regard to the levels of care, SUS has networks in its organizational structure that articulate the services and the health system, in addition to matching the need with the active professionals. The articulation of these networks depends directly on the attributes of the population, the region and the current care model³.

The object of this study, Specialized Care is established by outpatient and hospital services, with technological use at an intermediate level. This method includes specialized medical services, such as diagnostics, therapies and emergency and urgent care⁴. Services such as the Specialized Rehabilitation Centers (CER), Mobile Emergency Service (SAMU), Center for Psychosocial Care (CAPS), Emergency Care Unit (UPA) and Polyclinics are also included.

With regard to the organization of services and practices in the work process in the SUS it is possible to identify subsidies in different models of health care. These models provide different relationships between the elements, which are mediated by technologies used in the health work process, aiming to impact in historical social problems and needs⁵. The “hospital-centered medical-assistance” and “sanitary” models may be identified as hegemonic in the SUS.

The hospital-centered medical-assistance model consists of private contracted and insured services, focusing on the pathology already expressed, the use of medical technologies and the hospital as the main means of action. On the other hand, the action in the sanitary model is aimed at the production and insertion of “special programs” for the management of conditions and other diseases, with the Sanitarian as the main agent. These professionals aim to investigate the transmission of pathologies and their risk factors and work through health campaigns, epidemiological, sanitary and environmental surveillance system^{5,6}.

Alternative proposals were developed to overcome the hegemonic models and in order to redirect health practices in the context of SUS. Health

surveillance stands out among these alternatives, which aims to deal with health adversities that affect the population of a specific territory, including protection, promotion, prevention and recovery actions through a multidisciplinary team^{6,7}.

In addition, the expanded clinic is also an alternative proposal that aims to help understand health problems through the organization in reference teams and matrix support that, in a coordinated way with the population, design the unique therapeutic project, according to the needs of health service users^{6,8,9}.

Speech-language pathology is included in the SUS in this context of creation, modification and evolution of the public health system, and through public tenders carried out by the Secretaries of Health¹⁰ and also by contracts via social organizations. Historically, the profession is guided by an action that takes the individual and the pathology as an object, focusing on treatment, control and prevention¹¹.

Although speech-language pathology has established itself in a clinical model that focuses on pathology as an individual event, its practices in the public health system must be based on the SUS principles and guidelines, and organized according to the needs and attributes of each location. The speech-language pathologist should encourage health promotion, as well as health protection and recovery, being aware that the individuals are inserted in their communities, participating in their construction and government decisions¹¹.

In addition, the professional must have a general knowledge, being a facilitator for the subjects and their social group, understanding political, economic and cultural aspects of their means, being an articulator and helping in solving problems and preventive measures. These characteristics may be adopted at different levels of health care, from Primary Care to Specialties Outpatient Clinics, Hospitals, Educational Units and home care^{11,12}.

In view of these changes, many concepts and practices have been reevaluated, aiming at offering a quality service, following the definition of public health¹³. Given the relevance of the possible actions in professional activity, this study aims to identify the health care model on which the practices of speech-language pathologists from a Specialized Care service of the SUS network in the state of Rio Grande do Norte are based.

Material and method

This is a case study with a qualitative approach whose center of study is a CER, a Specialized Care service of the SUS Network in the state of Rio Grande do Norte that provides care to children and adolescents with disabilities. The professionals were invited to this study through the service's Human Resources department.

This study included seven speech-language pathologists who work at the CER and who agreed to participate by signing the free and Informed Consent Form.

A semi-structured interview based on a script with previously prepared questions was conducted to collect data. The designed script was based on the understanding of health care models⁵, seeking to obtain information that could clarify the organizational form of the working process of speech-language pathologists, including the material and immaterial means used by these professionals in their daily work. The interviews were conducted in the work environment of the speech-language pathologists, according to their availability of day and time. The interviews were audio recorded for later transcription.

The Content Analysis technique¹⁴ was used for data analysis, which allows to discover clusters of meanings that make up a communication, in which the presence or frequency have a meaning for the analytical object¹⁵. In this way, a floating reading of the empirical material was carried out after the interviews were fully transcribed in order to identify the units of meaning, thus defining three thematic categories: (1) the disease and rehabilitation as the object and purpose of the work conducted by the speech-language pathologist; (2) the limitations of therapeutic resources and physical structure of the workspace; and (3) the organization of Specialized Care in the state health system.

This study was approved by the Research Ethics Committee of the Onofre Lopes University Hospital at the Universidade Federal do Rio Grande do Norte under the opinion no. 2,052,748, complying with resolution no. 466/2012 of the Brazilian National Health Council.

Results

The results obtained in the interviews will be presented through the three analysis categories that emerged from the data analysis to allow a better understanding and exposure of the results, that is: (1) the disease and rehabilitation as the object and purpose of the work conducted by the speech-language pathologist; (2) the limitations of therapeutic resources and physical structure of the workspace; and (3) the organization of Specialized Care in the state health system.

The disease and rehabilitation as the object and purpose of the work conducted by the speech-language pathologist

The speech-language pathologists who participated in the study have been working at this CER for more than six months, including subjects who have been in charge since its foundation. All speech-language pathologists passed a civil service entrance examination, have specializations in different areas of speech-language pathology, such as language, dysphagia and orofacial motricity, and also work in private clinics.

This first category will present the professionals' perceptions on the object and purpose of the work developed in this service, in addition to explaining the demand of users attended by speech-language pathology professionals in the institution.

The therapeutic care provided aims at the rehabilitation or qualification of individuals with underlying pathology associated with communication and swallowing disorders, focusing on the complaints of the patients and their family. The perspective of the participants is focused on the disease and the patient, merely to explain the pathologies that involve the user assisted by the service:

“The patient profile includes syndromes, autism; (...) nowadays, syndromes are not alone, they emerge associated with Down syndrome and autism, Down and West syndrome, cerebral palsy, syndrome... it is a wide scope of practice, really wide (...). We (...) cannot assist when the patient has only a phonological disorder. They must have something associated with it. The patient may have an associated disorder, but when they have a syndrome and it causes a deviation, then we can assist. But when the patient has only one phonological disorder? No.” (C3)

Despite not being established by the institution, professionals are divided into their specialties to meet their preferences and areas of greater knowledge. However, this division results in some overworked workers who need to monitor patients that other colleagues claim to have no knowledge/expertise to assist, as reported below:

“So, I’m getting overwhelmed with chronic patients, right? (...) there are some specializations (...) that they report that they don’t know how to assist, (...) as it is not their area of expertise.” (C4)

Regarding care planning, the need to understand the conditions in which the individuals are inserted to adapt the therapy to their needs and that of their family is highlighted, in order to provide a personalized session with qualified listening and multidisciplinary care:

“(…) you need to understand the social issues of the patient, not only the speech-language pathology issue, but also the family issue (...) which is quite complicated... so, we do not think about the patient not only as an area of expertise, but covering the family context in general.” (C2)

Even with the emphasis on the family issues reported by C2, the families of the users assisted may choose to participate in the service. The presence of the guardians is mandatory only if the children or the family need guidance. It should be noted that therapy sessions take place once a week or fortnightly, depending on the availability of the therapist and the need of the patient, and last an average of thirty minutes.

The limitations of therapeutic resources and physical structure of the workspace

This category describes the main critical nodes regarding the physical structure and the lack of material to conduct the therapy, which includes material and immaterial resources that make up the work process of speech-language pathologists at the CER. The report below highlights which materials are used in the daily work of the subjects:

“(…) games, toys that are specific for early stimulation, others for language and PPE, right? That is, hand sanitizer, alcohol 70%, and mask.” (C5)

Regarding the physical structure, the professionals report that they themselves had to carry out the renovations of their care rooms, which

were in poor conditions. In addition, workers had to buy materials for the therapeutic and biosafety resources to the sessions or to bring these materials from their practice in other private health services in which they work.

“(…) this room is in very good condition to belong to the State network, but I did the renovation, I also paid for the painting of the bureau, the shelves, the walls (...), I put this sink in, you know? The State management had spare air conditioning equipment, but there was no one to install it, so I also paid for the installation of the air conditioning (...).” (C4)

Finally, a strength reported by the participants was the offer of refresher courses in several areas of knowledge that are funded by the State Department of Public Health. However, the speech-language pathologists reported that they cannot always apply the new knowledge in their daily work due to the lack of materials or limitations in the physical structure.

The organization of Specialized Care in the state health system

Regarding the organization of demand at this CER, there is a multidisciplinary team in charge of screening users who are referred to the service. After screening, if these patients are classified as eligible for care, they are directed to a waiting list to wait professional monitoring. Most users are referred by the Family Health Strategy (ESF) of their region:

“The patient is usually referred through (...) the ESF of their municipalities (...). So (...) the patient comes [to the institution], (...) and is submitted to an appointment and global evaluation. The global assessment is multidisciplinary and assesses (...) whether the patient is fit or not [for the care provided].” (C1)

“Patients are referred to the outpatient clinic and undergo a screening process called ‘global assessment’, then the patient is assisted by social services, a doctor (...), physiotherapist, speech-language pathologist, psychologist in this global assessment and, according to their condition (...) [the patient] leaves the outpatient clinic with the necessary referrals for rehabilitation, which is the sector that we work (...).” (C7)

As the appointments are made on specific days, this results in waiting lines at the institution to await the doctor’s assistance for screening or consultation. Thus, there is no continuous network of care

in the organization and patients need to build their own therapeutic itinerary, seeking the required care in several places.

Regarding this issue, one of the participating speech-language pathologists reported the need to tackle the waiting lines by hiring more medical professionals, understanding the solution with a focus on more workers and not on reorganizing the flows and schedules:

“At the [service] level, it must improve, we need more doctors, we need more doctors to facilitate the day of appointments. They are trying to change, but sometimes there are so how many people waiting... 200, 300 people who arrive here at 3:00 am (...).” (C7)

Users who live in the interior of the state depend on transportation provided by their municipal government to go to the CER. In many cases, this transport is not available and families are required to hire a private service to go to the institution. If the patient misses the therapies for three consecutive times without justification, he will be removed from the service and directed to the initial waiting queue.

The lack of continuity of treatment hinders the evolution of the patient and discourages the professional, being reported as a weakness of the system, as many families are unable to call to notify the absence in advance or to pay for transportation and are left without care and the professional is not able to monitor the evolution of the case.

Discussion

The disease and rehabilitation as the object and purpose of the work conducted by the speech-language pathologist

Regarding the object of work, it was noticed that the professionals have the pathology and the patient as the focus, which is a characteristic of the hospital-centered medical-care model⁶. As shown in the results, the care is centered on the pathology and complaint of the individuals and their family, and the treatment of the patient is provided according to the knowledge of the speech therapist about the area. This results in fragmented care that analyzes the subject only according to the part of

the body affected by the disease. The similarity of the service organization with the training of the professional is evident.

The training of the speech-language pathologist has aspects in technical practice, which is centered on individualized care and fragmented care for subjects¹⁶. The training of these professionals is also directly influenced by the biomedical model, which has a restricted view of the health-disease process and with a program organized in isolated disciplines, in which the student is led to specialize early and become a professional with a restricted view to the clinical potential¹⁷. In this way, there are also difficulties in incorporating the perspective of the expanded clinic in daily practices in order to ensure comprehensive care for users.

In recent years, the number of courses and places in undergraduate courses in speech-language pathology has grown, especially in Private Higher Education Institutions¹⁸. This is an issue, as the logic of the market prevails in the privatization of courses in the health area, aiming at profitability for private educational institutions and directly reflects in an education sector that is not connected to health issues, without addressing the health needs of socially vulnerable communities¹⁹.

Current scientific research strives to carry out studies that analyze speech-language pathology practice, but that also address the importance of inserting more professionals both in SUS and in multidisciplinary teams²⁰. Advances in scientific production may show new paths that raise awareness of the critical and reflective perspective, but may also require a movement to change perspectives that strengthen the speech-language pathology work within the scope of the SUS.

However, it is clear that actions of a therapeutic-rehabilitative nature have been reproduced in a hegemonic way since the emergence of the profession in Brazil. Originally, speech-language pathology focused on the rehabilitation of students who had language problems. Over time and, consequently, with the consolidation of the profession in the country, speech-language pathologists have been expanding their actions in the health area, remaining with essentially curative practices, focused on the treatment of communication, swallowing and balance disorders¹⁷.

The limitations of therapeutic resources and physical structure of the workspace

Admission to health services is related to the principles of equity, comprehensiveness and universality of SUS and establishes actions related to social justice. Therefore, ensuring access to health services is to ensure that users find a System with conditions to solve their demands, also verifying that the service offer is induced by elements, such as: structure, type, quantity, resources, payment capacity, continuity and accessibility²¹.

The lack of material resources and the depredation of the physical structure of the institution in this study were directly associated with the quality of the service provided in the rehabilitation and its results, as well as a contributing factor to the lack of motivation of the professionals. In addition to the low budget for new products and lack of structural maintenance, the great demand of patients and the frequent use of materials are not accompanied by replacement, so the equipments used are often broken or worn out by overuse. Due to these facts, it is common to organize bazaars to raise funds for the purchase of new materials and donation campaigns, or even for professionals to bring products from their homes to work.

Specialized Care, which is the object of this study, may experience problems in service quality due to underfunding²¹. The deficit in work tools and inadequate physical area are some of the aspects that hinder rehabilitation²² and create unwanted situations, such as those highlighted by participant C4, who reported having been responsible for reforming his work environment and providing a space with minimal conditions to welcome users and their families and ensure hygiene and biosafety procedures, such as the installation of a sink for hand washing before, during and after the visits.

In summary, with regard to material and immaterial objects used, on the one hand, speech-language pathologists reported mainly the lack of instruments and structure to work, but, on the other hand, they also reported courses promoted by the State government for professional training, favoring the expansion of knowledge. However, even considering the physical structure and academic knowledge as a primary factor for the patient's positive prognosis, for the comprehensiveness principle to be effective, it is important to understand that the results of the intervention in the

scope of health depend directly on family, social, psychological, motor and educational aspects that involve the patient. In this context, it is essential to analyze the patient in addition to their pathology, as the pathology is not the only factor that affects the behavior and speech disorders of the individual²².

The organization of Specialized Care in the state health system

Given the above, it can be inferred that this CER is not integrated into a health care network in a coordinated manner, in view of the organizational form of scheduling appointments and referrals, highlighting the waiting lines due to the high demand from users who undergo screening and cannot be assisted by the service. Even with the participants reporting that the patients are referred by the ESF, this communication between Primary Care and Specialized Care does not seem to occur effectively.

One of the challenges in SUS is to establish specialized health care in order to consolidate the comprehensiveness in the whole system. Therefore, it is essential to establish networks that coordinate the levels of care to move information and users without barriers. A high response efficiency of Specialized Care is necessary for the proper functioning of the health network, thus identifying the events that need assistance and ensuring access to all levels of complexity, also allowing continuity of care and referral back to the original care²³.

Professionals who provide services to users are expected to have a feedback on the work performed and communicate with each other, to ensure continuous and effective monitoring. However, there are problems in referrals back by specialists who do not communicate with the Primary Care that referred the same patient. So the patient remains in the network creating their therapeutic itinerary in case they need access to highly complex services²⁴.

Some participating speech-language pathologists do not seem to have a clear understanding of the concept of health care levels in the SUS, as they did not know how to answer questions on the topic. Therefore, there is only a superficial knowledge that patients are referred by Primary Care, but the consultations are carried out separately. According to the speech-language pathologists of Specialized Care, they are meeting the needs of users in this area and, when the patient is discharged, they are no longer their responsibility.

Speech-language pathologists who works at SUS are expected to know the precepts, administrative profile and that the result of their work involves a broader context¹¹. According to these authors, speech-language pathologists must be aware of the issues related to the SUS in order to be able to organize their work and drive actions that have an effect on the public institution and the community. At the same time, they must keep up to date on the public policy proposals of the Ministry and the State and Municipal health secretariats according to the different health needs of the population.

The understanding of these concepts qualifies the work of the professional within the scope of SUS and allows critical analysis of the processes developed in daily life. In addition, this understanding promotes reflections on the importance of incorporating alternative proposals with a health care model matching normative, curative and rehabilitative practices that, alone, cannot achieve a comprehensive care.

Conclusion

This study allowed to understand how speech-language pathologists who work at a CER in the state of Rio Grande do Norte organize their activities according to their object, potentials and difficulties in the public sphere of health and which health care models are influencing their practices.

There is a clear weakness in rehabilitation in the state due to the lack of structure and financial support. The building of the institution that served as the study center is physically damaged (lack of specific material for rehabilitation, chairs, tables and stretchers suitable for work) and this reflects on the health of patients, who have frequent allergic crises due to the poor conditions.

It can also be noted that the speech-language pathologists who integrate this service adopt health practices that are centered, above all, in speech-language disorders and in the search for rehabilitation and healing of patients. The participants in this study did not show a broader view of the speech-language pathology practice in SUS or a clear understanding of the operation of this system.

Given this, it is necessary to rethink the practices of speech-language pathologists in Specialized Care, as well as their professional training in order to align these practices and learning path with the principles and guidelines of the SUS so that the

quality of services and application of knowledge are effective and in favor of the community, taking into account its complexity and characteristics as a central focus of the work.

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APPENDIX

Research questionnaire "Health practices of speech-language pathologists in Specialized Care in Rio Grande do Norte"

1. How long have you been working at the Child Rehabilitation Center?
2. What is your employment relationship?
3. In your opinion, what are the objectives of the Child Rehabilitation Center?
4. What is your role and activities performed at the Child Rehabilitation Center?
5. Do you perform any group activities?
6. Do you have any relationship with the primary and tertiary care service?
7. How speech-language pathology patients are referred to the Child Rehabilitation Center?
8. How is the Child Rehabilitation Center service organized in relation to speech-language pathology?
Are professionals divided by specialties?
9. Is there an articulation of speech-language pathology with other sectors?
10. Do you organize meetings to discuss cases?
11. How is the management of the Child Rehabilitation Center organized?
12. Who coordinates the work of speech-language pathologists?
13. What instruments (material and immaterial) do you use in your work?
14. What difficulties do you face in your work at the Child Rehabilitation Center?
15. What are the potentials to carry out your work?