

# Challenges and opportunities to rethink the Health Surveillance work process: an experience report

## Desafios e oportunidades de repensar o processo de trabalho em Vigilância Sanitária: um relato de experiência

### ABSTRACT

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**Introduction:** This is an experience report based on the learning process at work as a tool to overcome difficulties experienced by health surveillance workers. **Objective:** To list the challenges and possibilities for improving health surveillance actions, based on a critical reflection of the work process itself. **Method:** The report was prepared from records and observations of debates conducted at meetings held between workers. **Results:** The group meetings created a dialogical space within the daily workspace, allowing enriching discussions about the health surveillance work processes. **Conclusions:** The dialogue spaces enabled a critical reflection of the work process and made health surveillance workers able to recognize the challenges and propose alternatives for their own professional performance.

**KEYWORDS:** Health Surveillance; Worker; Health; Education

### RESUMO

**Introdução:** Trata-se de um relato de experiência pautado no processo de aprendizagem no trabalho como ferramenta para superação de dificuldades vivenciadas por trabalhadores da área de vigilância sanitária. **Objetivo:** Elencar os desafios e as possibilidades para o aprimoramento das ações de vigilância sanitária, a partir da reflexão crítica do próprio processo de trabalho. **Método:** O relato foi elaborado a partir de registros e observações de debates realizados em reuniões realizadas entre os trabalhadores. **Resultados:** As reuniões em grupo criaram um espaço dialógico dentro do espaço cotidiano de trabalho permitindo discussões enriquecedoras sobre os processos de trabalho em vigilância sanitária. **Conclusões:** Os espaços de diálogos possibilitaram uma reflexão crítica do processo de trabalho e fizeram com que os trabalhadores de vigilância sanitária fossem capazes de reconhecer os desafios e propor alternativas para a sua própria atuação profissional.

**PALAVRAS-CHAVE:** Vigilância Sanitária; Trabalhador; Saúde; Educação

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## INTRODUCTION

Recent changes in the mode of production of goods and services in the contemporary world, with the emergence of new technologies and easy access to information, require that professionals be better prepared to handle increasingly complex issues. Some authors reported that learning at work is of the utmost importance to meet these challenges. The learning process can often be associated with experiences of people development based on real problems as a way to improve knowledge and influence group and organizational work.<sup>1,2</sup>

Questioning reality is important because it awakens a feeling of discomfort as individuals realize that their practice is not fully meeting people's health needs. This discomfort can only be awakened when it is perceived and intensely experienced. Experiencing and reflecting on work practices are good strategies to produce dissatisfaction and the consequent willingness to come up with solutions to meet the challenges.<sup>3</sup>

The work of health surveillance has some particularities due to the nature of its objects of intervention and the exclusively state-run and disciplinary character of its work. Its objects of intervention can be understood as complex objects situated between science, health, and the market.<sup>4</sup>

According to Souza e Costa,<sup>4</sup> the elements that make up the work process of health surveillance can be systematized as follows: 1) object of work - products, services, processes, and environments of interest to health; 2) means of work - material instruments, technical and legal standards, and knowledge used to do health control work; 3) agents of the work - state agents who work in the health surveillance institutional apparatus; 4) product of the work - control of health risks in products, services, processes, and environments of interest to health; and 5) purpose of the work - protection and defense of public health.

In this way, health surveillance workers intervene in health risk through regulation, control, and inspection of the production and consumption of health-related goods and services. Considering the plethora of risks in this area, these professionals are responsible for the permanent and attentive analysis of the risks' determining factors, as well for frequent interactions with producers, service providers, and the population.<sup>5</sup>

The traditional teaching methodology adopted with health surveillance workers not only limits dialogue between them, but also fails to encourage reflection on their local reality, that is, it fails to drive significant change to improve health surveillance work.<sup>6</sup> In other words, current education processes in the area of health surveillance are still based on one-off training programs and not focused on the continuing education of these professionals. To change that, we have to think about new models and learning strategies.

Considering the challenges and strategies to meet them listed by the Cycle of Debates on health surveillance conducted by Brazil's National Health Surveillance Agency (Anvisa) in 2015,

the following challenges stand out: shortage of professionals, overwork, and lack of a policy for continuing education in work processes to keep up with the changes in the regulated sector and new technologies. The strategies listed by the Cycle include establishing a public human resources policy to guide the training and education of inspectors, with a systematic continuing education program and technical qualification, in addition to training plans for the workers, and the engagement and accountability of the three entities of the National Health Surveillance System (SNVS).<sup>7</sup>

However, as remarked by Oliveira and Lanni,<sup>8</sup> the everyday routine of municipal health surveillance workers requires immediate action. Proposals must be put into practice right away to ensure the access of these workers to education. Ceccim and Feuerwerker<sup>9</sup> noted that new planning and management mechanisms will be necessary to turn these services into places of learning.

In this context, the objective of this study was to promote critical self-reflection on work processes to identify existing challenges and opportunities, using work meetings as spaces for dialogue between health surveillance workers.

## METHOD

This work is part of one of the activities of the specialization course in Work Management and Health Education (CEGTES) offered by the School of Public Health of the State of Minas Gerais (ESP-MG). The course was created to follow a policy guideline from the Secretary of Work Management and Health Education and the Department of Regulation and Management of the Ministry of Health. It was prepared under the Qualification and Structuring Program for Work Management and Education of Brazil's Unified Health System (ProgeSUS) and aimed to qualify the areas of work management and health education in the municipal and state health departments at the national level, in partnership with the Sérgio Arouca National School of Public Health of the Oswaldo Cruz Foundation (ENSP/Fiocruz).<sup>10</sup>

The activity consisted of an experiment performed in a work environment to check the results of an educational initiative. The text only brings reports relayed by the authors, without identification of names, sentences, data or any other information about the participants, as well as no exposure to risks and harm.

The technique was based on the method set out in the Creative and Illustrated Manual of Brainstorming for Organizational Communicators<sup>11</sup> (own translation), which proposes activities to encourage free thinking, stream of ideas, unlikely solutions to everyday problems, and to promote a series of ideas that, when combined, may suggest feasible and creative answers to the problems of the organization.

The report was based on the records of the meetings of a group of health surveillance technicians who work in one of the 28 regional health units of the Minas Gerais State Department of



Health. This body is responsible for extensive health surveillance work, including handling complaints; inspections; information, communication and health education initiatives; authorization for dispensing controlled drugs; authorization for marketing retinoids; among others. None of these units has a department that carries out education or training activities for these workers, who sporadically participate in one-off training programs according to the interests of the administration.

The meetings related to this experience took place in the same unit where the professionals worked, from May to September 2016. In total, four meetings were held, with two to four hours each, one per month. All participants were aware of the objectives of this experience. They agreed to join the meetings, as well as with the subsequent disclosure of the results.

The participants were six health surveillance professionals who work at the Health Surveillance Center (NUVISA). Four were health authorities in charge of health inspections at businesses and services in the area, and the other two were responsible for technical and administrative activities in the sector.

Initially, a brainstormer or facilitator was chosen among the participants to be responsible for recording the information. According to Menezes,<sup>12</sup> the facilitator's job is to apply methodologies that encourage change and contextualized reflection on people's relationships with work and at work. The report was based on records and observation of the discussions occurred during the workers' meetings for critical reflection on the work process itself.

Participants were asked questions about the challenges they face at work and about how to improve the work process in their area of expertise, based on their experience. According to this technique, all ideas are valid, that is, no idea is ruled out—let alone judged—and all of them are noted down for further analysis. The first two meetings intended to spark the debate about the challenges that affected the quality of the service and the last two were to discuss and propose alternatives to face these challenges.

## RESULTS AND DISCUSSION

The group meetings enabled the interaction between the participants and very fruitful discussions about health surveillance work processes. During the debates, workers talked about the barriers that directly affect the effectiveness of health surveillance in the identification, control, and elimination of health risks. Of the main problems they listed, five stand out: 1) prioritizing spontaneous demands; 2) lack of standardization of health risk monitoring and assessment procedures in inspections; 3) postponement of activities to fulfill other demands; 4) lack of procedures and workflow to handle the complaints filed in the sector; and 5) errors in the documents submitted to request controlled drug prescriptions by health secretaries and prescribing doctors.

According to the workers, the health inspection body tends to prioritize permit requests submitted by companies, regardless of the degree of risk found in each activity. The participants agree that priority should be given to higher risk activities, like medical

offices with invasive procedures, compounding pharmacies, hospitals, and emergency services. As activities of medium health risk, most workers mentioned food manufacturing and clinical analysis laboratories. One can notice that the businesses considered as having greater risks by the workers also have greater technological and structural complexity.

It is important to highlight that Anvisa recently published Joint Board Resolution (RDC) n. 153, of April 26, 2017,<sup>13</sup> which provides for the classification of the degree of risk for economic activities subject to health surveillance. One of the objectives of this resolution is precisely to guide work processes in health surveillance as to the prioritization of activities based on health risk. However, we should also remark that health risks are not always directly related to the complexity of the activity, since potentially harmful irregularities can be found in both low and high complexity activities subject to health surveillance.<sup>14</sup>

For the technicians, the lack of monitoring and assessment of health risks hampers the resolution of risk situations found during inspections. They consider the following factors to have a negative impact on their work process: 1) no return to the inspected premises within a year after the first inspection; 2) lack of evaluation of the previous inspection report; and 3) high turnover of professionals in the inspections of the same producer or service provider. Other studies have shown that the challenges of health surveillance professionals include heavy multitasking, lack of transportation vehicles, and understaffing.<sup>15</sup>

The experiences reported by the group revealed that the absence of a clear agenda and health risk management procedures is the factor that most affects the effectiveness of health surveillance work. Furthermore, these two problems entail high governance costs.

The workers also discussed the concept of health risk based on their experiences and knowledge. According to most health surveillance workers, health risks have been associated with the idea of probability, which demonstrates the degree of uncertainty it has in health surveillance activities. In this sense, for some authors, the diversity of meanings the "health risk" category has among professionals is related to cause and effect. Most of the time, it is associated with an unwanted event that may or may not occur. There is, therefore, some level of subjectivity in the concept of risk. It involves the representations and the meanings that the stakeholders themselves give to this category, and is the result of the knowledge—both formal and informal—these professionals have about their context.<sup>16,17</sup>

Based on a critical analysis of the work process itself, the participants pointed out the need to prepare a schedule of health inspections with predetermined criteria. This should consider not only spontaneous demand, but also contribute to a more seamless and effective health surveillance routine. These criteria could consider scheduled inspections in premises whose health permits are expired or close to expiration and inspections based on the classification of the risks found in products and facilities as a way to systematize the enforcement of the standard.



To inform decision-making processes, monitoring, reporting, and assessing risks and risk situations were cited by workers as activities to be improved in the health surveillance body to help produce data on the health risks found during the inspections. This would enable, for instance, the creation of risk classification instruments to support the planning of future health inspections.

Having a schedule of short planning and evaluation meetings aimed at analyzing and discussing the inspection reports was also pointed out by the workers as an important strategy for improving their work process. This statement corroborates the study by Guimarães and Corvino,<sup>6</sup> done with municipal health surveillance technicians, who pointed to the need to build a space within the service to discuss issues related to the work process. The study states that this could be a way to seek feasible solutions to the problems faced in their routines.

The need to encourage dialogue between the health surveillance body and service providers or businesses was also discussed. This can improve the communication between health surveillance and regulated sector, favoring the exchange of information, health awareness, and shared accountability for the control and prevention of health risks. We believe that health surveillance is all about health promotion, fundamentally because promotion entails the participation of the stakeholders the resolution of their own problems, as subjects capable of thinking critically and acting responsibly to improve their own reality.<sup>18</sup>

Of the opportunities proposed by the technicians, the following can be highlighted: 1) preparing a schedule of health inspections considering health risks; 2) reporting risks and risk situations; 3) creating instruments for risk classification; 4) creating a schedule of brief inspection planning and evaluation meetings; 5) promoting dialogue with service providers and businesses.

We believe that the opening of discussion spaces in health surveillance bodies can be a strategy to improve the work and the activities that are inherent in these professionals' routine.

It is worth mentioning that one of the main challenges of this study was to ensure the attendance of all participants in all meetings. This only shows how much this type of initiative is not yet institutionalized in health surveillance's daily work.

Finally, experience has shown that most of the health surveillance work still maintains its notary-like and bureaucratic characteristics, focused on spontaneous demands. For this reason, this study emphasizes the need for alternatives to reorganize work processes from the perspective of the professionals who work with health promotion, protection, and recovery.

## CONCLUSIONS

The results of this experience indicate that the creation of spaces for dialogue between health surveillance workers is a feasible strategy for the exchange of knowledge between professionals and promoted critical reflection on the work process at the local level. Health surveillance workers have demonstrated that they are able to recognize the obstacles to their professional performance and to propose alternatives for the improvement of their work routines, based on their own experiences, thus creating opportunities for change.

Finally, the study reinforces the importance of new strategies to encourage learning at work, real initiatives aimed at meeting historical challenges in the process of building a more comprehensive and effective health surveillance system with the participation of its workers.

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#### Authors' Contribution

Ribeiro MC, Bedoya AO - Conception, planning (study design), data acquisition, analysis and interpretation, and writing of the manuscript. Ferreira VA - Data analysis, interpretation, and writing of the manuscript. Oliveira AMC - Conception, planning (study design) and writing of the manuscript. All authors approved the final draft of the manuscript.

#### Conflict of Interest

Authors have no potential conflict of interest to declare, related to this study's political or financial peers and institutions.



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