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Problematization methodology and use of the descriptor flowchart in the reorganization of the work process in health surveillance

Metodologia da problematização e uso do fluxograma descritor na reorganização do processo de trabalho em vigilância sanitária

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ABSTRACT

Introduction: The field of work in Health Surveillance in the Unified Health System (SUS) has undergone considerable strategic reformulations in recent years, marked, above all, by the increase in technological and informational aspects in the routine of the work process. Although they represent advances and potential benefits, different obstacles have been mentioned by the sector's work teams, which weigh on the training of workers to understand these transformations. **Objective:** To report the experience of developing a flowchart that describes the work process in health surveillance in a health district in Recife/PE. **Method:** The problematization methodology was used to guide the preparation and execution of the study. The methodology was carried out through collaborative practice and construction, involving professionals from the health surveillance sector, proposing the situational diagnosis of the work and the demands presented by the teams, associated with the role of the resident health professional as facilitator and driver of operationalization of the action described. **Results:** The construction and implementation of the descriptor flowchart in the reality of the health surveillance service enabled the reorganization of the work process and alignment between professionals, guided by teamwork in a collaborative and situational way. **Conclusions:** The proposal presents a pragmatic and pedagogical nature, by using the horizons of observation, action, and intervention directed to the field of work management in health surveillance, in order to seek the resolution of obstacles and critical formative knots that sometimes interfere in the full exercise of programmatic activities of the work field.

KEYWORDS: Workflow; Health Surveillance Services; Health Human Resource Training; Unified Health System; Internship and Residency

RESUMO

Introdução: O campo de trabalho em vigilância sanitária no Sistema Único de Saúde tem passado por reformulações estratégicas consideráveis nos últimos anos, marcadas, sobretudo, pelo incremento dos aspectos tecnológicos e informacionais na rotina do processo de trabalho. Embora representem potenciais avanços e benefícios, diferentes obstáculos têm sido referidos pelas equipes de trabalho do setor, em que pese a formação dos trabalhadores para a absorção dessas transformações. **Objetivo:** Relatar a experiência de desenvolvimento do fluxograma descritor do processo de trabalho em vigilância sanitária em um distrito sanitário de Recife/PE. **Método:** Foi utilizada a metodologia da problematização para nortear a elaboração e execução do estudo. A metodologia deu-se através da prática e construção colaborativas, envolvendo profissionais do setor de vigilância sanitária, com proposição do diagnóstico situacional do trabalho e das demandas apresentadas pelas equipes, associadas ao papel do profissional residente em saúde como facilitador e condutor de operacionalização da ação descrita. **Resultados:** A construção e a implementação do fluxograma descritor na realidade do serviço de vigilância sanitária

possibilitaram a reorganização do processo de trabalho e alinhamento entre os profissionais, orientada a partir da atuação em equipe de modo colaborativo e situacional. **Conclusões:** A proposta apresenta cunho pragmático e pedagógico, ao utilizar os horizontes de observação, ação e intervenção dirigidos ao campo da gestão do trabalho em vigilância sanitária, de modo a buscar a resolutividade dos óbices e nós críticos formativos que ora interferem no pleno exercício das atividades programáticas do campo de trabalho.

PALAVRAS-CHAVE: Fluxo de Trabalho; Serviços de Vigilância Sanitária; Capacitação de Recursos Humanos em Saúde; Sistema Único de Saúde; Internato e Residência

INTRODUCTION

Since the process of setting up the Unified Health System (SUS) in Brazil, based on the efforts of the Brazilian Health Care Reform Movement (MRSB) in the mid-1970s in conjunction with different actors from civil society, the political and academic segments and organized social movements, a wide range of transformations have been presented to the Brazilian reality, translated above all by the economic, epidemiological, health, and world of work aspects.

Throughout the implementation of SUS, strategic areas and sectors of action were designed, taking as a reference the socio-sanitary scenarios, the demographic and epidemiological profile, the territorial organizations and the health demands identified as priorities. In this sense, one of the fields that emerges in a strategic logic is health surveillance, here highlighting the specific work of Health Surveillance (Visa).

Resolution No. 588, of July 12, 2018, of the National Health Council (CNS), which established the National Health Surveillance Policy (PNVS), defines health surveillance as the set of actions capable of eliminating, reducing, or preventing health risks and intervening in health problems arising from the environment, the production and circulation of goods and the provision of services of interest to health. Therefore, it should include actions to provide services and control consumer goods, covering the production-consumption-disposal trinomial, which are directly or indirectly related to the health of the population[1].

However, despite the scope of the achievements and transformations brought about by the SUS, in spite of the construction of health surveillance actions and the understanding of the dynamics of the health-disease process in a broader way, with an emphasis on identifying and intervening in the conditioning factors of health, various obstacles have materialized in the course of its consolidation and operationalization. Among these obstacles, the chronic problems of underfunding, the permanence of health care models based on hegemonic and biomedical aspects, and the maladjustments in the work process in the field of public health stand out.

In Brazil, the development of work in health surveillance is marked by the technical and social division of this process, by adopting the health situation in its complexity as the object of action. The organization of the work takes into account the technical-scientific and political-administrative dimensions, which comprise the complexity of the meanings for work in (at) Visa, given its wide-ranging possibilities and competencies[2,3,4]. The remodeling of socio-work aspects, which aim to respond to the dynamics that emanate from social life and collective needs, is also the result of the accelerated globalization of the economy and the expansion of the incorporation of new technologies and technical processes, which promotes the appropriation and intensification of flows of information, materialities, and people. It is therefore worth questioning the place occupied by the labor force in adapting to this reality, which has become the new order of work, while at the same time posing an important challenge for managers in the segment.[5,6]

As a trend, the use of technological devices represents a potentially beneficial tool, since it optimizes the management of demands and allows aspects of work to be recorded, monitored and managed more effectively. However, this same movement can represent a space for confronting conflicts and imperative difficulties, given the existence of factors such as the habituation and training of the workforce to other modes of production and management of computerized services.[7]

Faced with the multiple dimensions of work in health surveillance, there has been a growing trend towards the social and technical division of labor, supported by neoliberal modes of production. In fact, the product generated by this phenomenon in the sector expresses a process of technical complexification that sometimes translates into the inclusion of digital and technological elements in the work routine. In this sense, the effect generated by these movements is more complex, specific, and standardized work processes, requiring workers to be more specialized and technically proficient[9,10]. In view of the demands announced by the new ways of conceiving health, as well as the organization and management of services to respond to these transformations, initiatives have been undertaken to reorient the training of the workforce that makes up the SUS. The Organic Health Law (Lei Orgânica da Saúde - LOS), No. 8.080, of September 19, 1990, which sets out the conditions for the promotion, protection, and recovery of health, the organization, and operation of services, includes as part of the SUS's field of action the organization of human resources training in health[11]. In this context, in order to comply with this premise, with an emphasis on the qualification processes of health training, we highlight the institution of Law No. 11.129, of June 30, 2005, and Interministerial

Ordinance MEC/MS No. 1.077, of November 12, 2009, which created the legal provisions for the institution of the Multiprofessional Health Residency Program (PRMS) and the Professional Health Area Residency Program (PRAP).[12,13]

By definition, the PRMS and PRAP are guided by the principles and guidelines that govern the SUS, based on local and regional needs and realities. From an organizational point of view, they are configured as *lato sensu* postgraduate teaching modalities in the form of specialization based on the teaching-service binomial, aimed at the health professions[13]. Equipped with a robust political-pedagogical element and committed to keeping up with the transformations and demands that the social and work world is facing, health residencies denote vigorous constructs of professional training-action, through the exercise of teaching-learning in the *modus operandi* of the reality of public health services, while making it possible to experience a great diversity of meanings and didactic organizations.[14]

As one of the strategies for organizing health surveillance, the PNVS points to support for the development of studies and research, so as to presuppose coordination between services and research institutions and universities, involving the entire SUS network in the construction of knowledge, technologies and tools aimed at producing responses to the problems and needs identified by the services and their actors[1]. In view of this, the resident is a strategic element in the health services in which they work, as they add an external view to those who are already part of the work process, while observing, analyzing, and systematizing the dynamics of the organization and functioning of the practice sectors, making it possible to diagnose the organizational-operational status and then propose strategies for dealing with the situations encountered.

At the confluence of these scenarios, movements to change the work process in the health sector have triggered obstacles between the interests of management and the situational reality of workers. In the field of health surveillance, a sector that has historically had important functions within the SUS, these transformations are intensified by the sector's dynamics, which involve workers in their own technical-operational scenarios. When thinking about the political-institutional movements discussed at municipal level, where health policy is actually operationalized, it is important to understand that the category of the work process is more dynamic and intense, while workers experience different realities.

Based on the above, and in view of the potential that exists in teaching-service integration as an element that promotes substantial and profound changes in the organizational reality of health services, this paper aims to report on the experience of building a descriptor flowchart (FD) of the health surveillance work process in a health district (DS) in Recife/PE, as a product generated from the situational analysis of existing flows and demands in the work and training sector.

METHOD

This article is an experience report on an observation-action-action activity developed in the context of the District Health Surveillance Directorate (DDVS) of a health center in the municipality of Recife/PE between May and July 2023, based on the situational diagnosis of the work process. It is part of the scope of actions carried out as part of the PRMSC internship at the Aggeu Magalhães Research Center (CPqAM), a unit of the Oswaldo Cruz Foundation in Pernambuco (Fiocruz/PE). In this sense, the theoretical framework adopted is the problematization methodology (MP), described through the Maguerez arc. As a guiding resource for understanding service needs, it is organized into five stages that make up the methodology's didactic path.

Aimed at the perspective of observing reality and then getting to know the founding elements of the scenarios, it can propose possibilities for resolutive and appropriate intervention, which allows the actors involved to make dialectical progress in action-reflection-action, always taking social reality as the starting and ending point[15]. The stages are developed through a broad movement,

STAGE	DESCRIPTION
1. Observation of reality	• Establishment of a new dynamic for the work in HS; • Implementation of Digital Unified licensing; • Using active listening to identify the team's demands
2. Key points	• Inadequacy of the HS team with the established workflow; • Lack of visual material to help understand the workflow
3. Theorizing	• The insertion of health workers into new ways of working, marked by computerization and digitalization, which can be enhanced by drawing up descriptive flowchart schemes that promote a better understanding of demands and *modus operandi*.
4. Solution hypotheses	• Development of the FD of the new way of organizing demands and flows
5. Application to reality	• Construction of the flowchart, based on a collaborative scheme; • Presentation to the health surveillance team and the Health Surveillance Executive Board (SEVS/SMS/Recife)

Source: Prepared by the author, 2023.

Figure 1. Procedural description used to compose the Maguerez Arc. Recife/PE, 2023.

requiring the appropriation of the scenarios by those who want to know in order to intervene, by understanding the items: 1. observation of reality and identification of the problem; 2. key points; 3. theorizing; 4. solution hypotheses; and 5. application to reality.

For the development of the work, the postulations brought by Berbel's reference[15] were followed, so that the items set out in the MP were understood based on the explanation presented in Figure 1.

There is an urgent need to emphasize the role played by the municipal level in the management and development of the public health system. On this point, Chapter III of the LOS defines, in Article 8, that health actions and services within the scope of the SUS will be organized based on regionalization and hierarchization, based on levels of increasing complexity. In view of this, in the field of organization, direction and management of the system, Art. 10 of the law makes it possible for health districts to be organized at municipal level, with a view to integrating and articulating resources, techniques and practices aimed at total coverage of health actions[11], in which health surveillance practices are operationalized.

As shown in Figure 1, the methodological process began with discussions raised by the Visa staff during internal team meetings, which took place weekly and were primarily aimed at discussing the critical nodes faced by the workers when carrying out their work. Observation of the situation brought to light the difficulty of aligning the team, with newcomers to the service, on the recent format for health surveillance work, mediated by the Unified Health Licensing, which in turn was unfolded in a series of technological interventions for its operationalization, such as the computerization of health licensing (LS) applications.

From then on, a working group (GT) was formed with the members of the Visa team in order to discuss, in the Theorization stage, the factors associated with the team's adaptation to the work process that could guide decision-making on an intervention proposal aimed at minimizing the impact of the change.

For this reason, in the next stage, after agreement within the GT, the use of the FD was adopted as a solution hypothesis, in order to explain all the stages involved in the development of the work process.

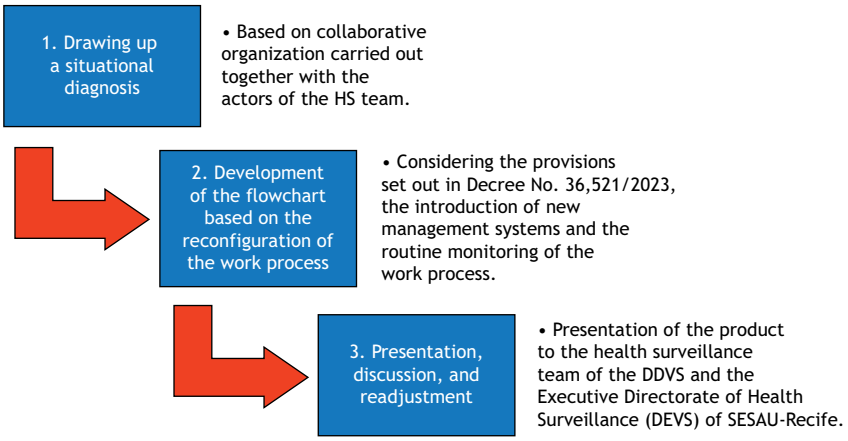
The activity was developed using the methodologies proposed by the aforementioned authors. Five thematic workshops were organized, mediated by the resident professional, under the supervision of the district head of Visa, in collaboration with the sector's technical team.

To guide the development of the material, the municipal legal provisions and the team's conceptual and practical alignment of the work process were considered. At the same time, the workshops also proposed handling the digital platforms used for the LS, to familiarize the team and develop didactics in a theoretical-practical way. At the end, the FD containing the theoretical and practical elements of the routine work process in the sector was produced in digital graphic language using schematics of textual items and images, which, in subsequent coordination with the Recife Health Department, will serve as a reference to be adopted in the eight health districts that make up the municipality's health organization.

RESULTS

As a methodological way of training active and active individuals, MP makes it possible to bring theory and practice closer together in the search for solutions to problems that vary in complexity, so as to trigger the search for explanatory factors for the realities encountered and propose appropriate intervention strategies. It thus involves collective construction through teamwork, considering the point of view of the players involved in this process, and the role of the health resident is to facilitate, reorganize and adapt this construction.[14,16,17]

Merhy and Franco[18] proposed the use of the FD tool as a means of observing and describing, based on a cartographic, visual, and imagistic conception, the dynamic processes that circumscribe the flows and work processes adopted in health services. Thus, this



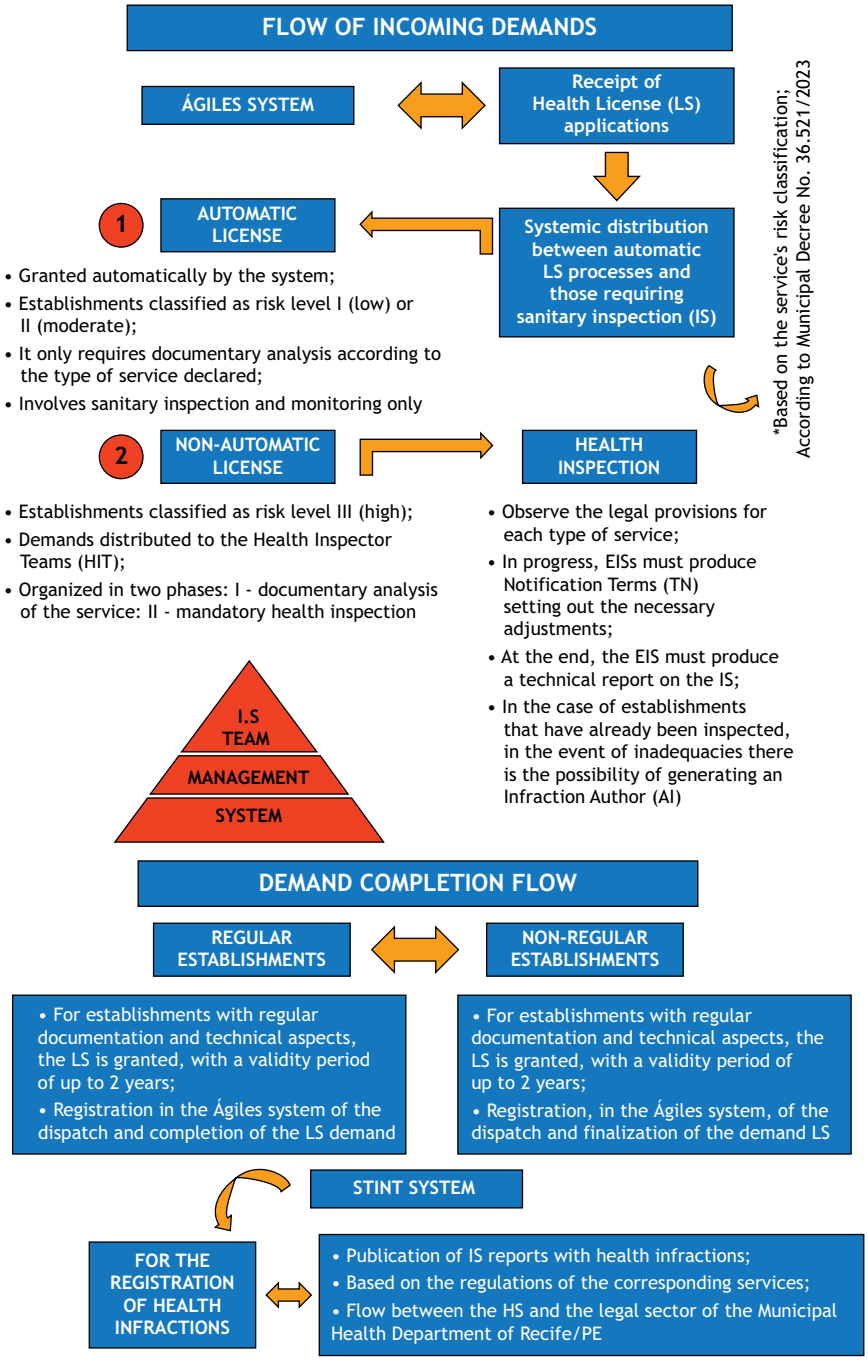
Source: Prepared by the author, 2023.

Figure 2. Stages in the development of the work process-oriented intervention. Recife/PE, 2023.

mapping and its publicization, based on graphic representation, is an important resource for organizing work, based on the identification of critical nodes, as well as enabling constant planning and reorganization for the teams. That said, it is important to emphasize the collaborative and collective nature of its development, to create a universal format that can be shared by all, as well as being an instrument for reflection and action aimed at working practices.

Also in this context, the use of organizational flowcharts and descriptors in health work management (GTS) is characterized as a powerful resource for qualifying the actions developed in the sectors where it is applied, by contributing to the saving of material resources, greater adaptation to work routines as well as the satisfaction of workers, users and managers. Because it helps to add meaning to the work produced, by pointing out the observation-intervention relationship in solving concrete problems found in work practices.[19,20]

Figure 3 shows the summarized version of the FD of the health surveillance work process, developed through collaboration with



Source: Prepared by the author, 2023.

Figure 3. Flowchart describing the computerization of the health surveillance work process (short version). Recife/PE, 2023.

the team. For presentation purposes, the elements of the new systems introduced (Ágiles and STINT) in the work practices of the Visa teams were prioritized in the visual scheme, since they represent the main initiatives to reorganize the sector's *modus operandi*, as well as being the central point of the demands mentioned by the workers.

The current report, in socializing the intervention experience based on the reality found in the health surveillance practice scenario, conceives that the educational process is part of the health workforce and adopts the ultimate goal of qualifying work practices and, consequently, the way in which health is produced. Therefore, it takes place under the aegis of meaningful and socio-humanistic learning, which includes these actors as protagonists in reflecting on activities based on a pedagogy that proposes the exercise of different skills for action in favor of transformation[3,14].

At the end of the development process and after the presentation and training of the Visa team to adapt to the flowchart, the proposal was sent to the Executive Directorate of Health Surveillance (DEVS) of Recife's Health Department (Sesau), which has the responsibility, among others, of coordinating the work process in the health districts, of coordinating the work process in the health districts, with the aim of suggesting the formalization and replication of the FD for use in the eight health districts that make up the political-administrative division of the municipal health system, since the operation of health surveillance services follows the same legal and normative basis.

DISCUSSION

The paths taken to develop the proposal, including elements of situational diagnosis, product execution and, finally, the implementation of the flowchart, reflect a process of reorganizing work practices based on the intersection between training and professional practice, which is the locus of the health residency. Although it represents a fundamental aspect for conducting the activities developed in the GTS, there are few reports found in the scientific literature on the implementation of strategies aimed at addressing the demands presented by the Visa work teams, a fact that reiterates the relevance of the report discussed.

The legal provision presented by Decree No. 36.521, of April 5, 2023[8], although it represents a significant advance for the organization and management of work, by allowing management and optimization that is closer to the dynamics of the services, has introduced important reconfigurations in the work of the Visa team, reflected in the modification of the flow of incoming and outgoing LS requests and demands, as well as the use of new platforms and information management systems. This innovation has had repercussions on the organic functioning of the team, by highlighting a scenario of lack of knowledge and inadequacy between the worker-work tool binomial, a fact that served as the starting point for the construction of the situational diagnosis of the work process and the subsequent proposed intervention.

The production of training and work in health, architected amid subjectivities and political-pedagogical praxis, involves the intersection between the health and education sectors. In this context, the basic premise of adapting the boundaries of teaching and knowledge production to the reality and demands presented by health services and, above all, the dynamics of the territories and populations involved[3,21]. The teaching locus, based on its configuration as the social legitimizer of training processes, assumes a central role in this context. However, this leading role must be aligned with the perspectives and realities experienced within the services and practice scenarios, involving the interests of all the actors involved, whether they are students, teachers, professionals, managers, or the population[22]. Consequently, teaching-service integration experiences add substantive value to the consolidation of health work, which is a privileged field for discussion, training and action to review health practices and management[23]. By using a theoretical foundation based on active methodologies, this intervention made it possible to involve different actors in its constitution, a fact that points to collaborative work as a relevant factor in assigning meaning to the practices developed in the field of work. It is therefore based on the premise that the Visa teams do not act as objects of intervention, but as active agents of the practices, since the product aims to contribute to optimizing working practices.

The area of GTS and the relationship between workers and the work they produce must be given priority attention so that problems relating to the management of health services, especially in the public system, can be overcome and work relationships fully regulated. Considering the work demands presented by the productive force of the SUS as a central element should guide strategic planning and decision-making, given the different challenges that are incorporated into the reality of work teams, despite the advent of the insertion of technological elements and the changes that accompany these movements[24]. Strengthening SHM actions requires professionals to take ownership of work processes and their responsibilities, with a convergence of efforts to operationalize the changes instituted in health services.[25]

Although the municipality of Recife has been a pioneer in adopting the processes of digitalization and computerization of the work processes in health surveillance, it is argued that important obstacles have been observed in the paths of this implementation, such as the lack of spaces for permanent education about the changes brought about by the new flows established, such as the use of the digital system for receiving Unified Health Licensing processes (Ágiles System) and the Non-Tax Infractions System (STINT), aimed at the Visa teams already working in the health districts, whose responsibility it is to operationalize the health policies in force. This fact reiterates that, although decentralization mechanisms within the SUS are essential, the municipality's management capacity, especially regarding aspects of work management and health education, remains incomplete, with the demarcation of limitations tangential to the full operationalization of policies aimed at qualifying the work process in the local context[26]. It also raises discussions about the importance of municipalization being linked to inter-federative cooperation, with a view to proposing systematized actions for health services.

For Kanan and Arruda[9], the organization of work in the digital age requires workers to move towards intellectual work, where the possibility of self-organization and self-creation are important hallmarks. It also requires openness to new learning as a way of overcoming traditional views of the production process as the fruit of human creation. According to the authors, the aegis of computerized contemporaneity proposes a paradigmatic revolution in work which, in turn, is not without its antagonisms, limitations and operational difficulties.

Organizational and managerial processes in the health field are considered strategic, and a work structure must be built that centralizes the working class and its demands, with adequate management for the full functioning of the sectors[24]. Although challenges persist in GTS, different strategies for diagnosing everyday problems and proposals for intervention can be developed, by giving space to the experiences accumulated by the teams and by professionals in training, such as health residents, with the aim of qualifying the actions developed and also strengthening the educational processes and reorganization of work in the SUS.[27]

Historically, the work process in health surveillance has been organized in a sectoralized and hierarchical way, and proposals to change working conditions, such as computerization initiatives, have been structured in a verticalized way and sometimes without the adequate provision of continuing education and adaptation strategies for workers in the sector. For this reason, there is an urgent need to strengthen a normative-organizational work base that creates paths for dialogue between the categorical components, with a view to strengthening the management capacity of the services[2].

The panorama of the reorganization of the GTS in the context of health surveillance work reflects important challenges, such as the production of knowledge and the development of technologies that are aligned with the improvement of policies and practices based on fundamental elements such as integrality and intersectorality. As a strategic area, health surveillance must be equipped with a proposal for action that enables decisions to be made about how to act in each specific reality, with the ultimate goal of strengthening the SUS.[10]

CONCLUSIONS

The report presented, based on the incorporation of MP into work scenarios in health services, revealed successes and potentialities in calling on workers and professionals in training to collectively compose strategies for confronting and resolving concrete demands presented at work.

There are various obstacles to carrying out health work, despite the hierarchical and verticalized paths sometimes adopted by management, and the fragmented ways in which workers' demands are met.

The use of the FD in health surveillance proved to be an adequate, resolutive, low-cost, easy-to-operate strategy that could be reproduced in health surveillance scenarios linked to other work reorganization loci, since it was built on a common basis and guided by a situational diagnosis, identifying the demands and critical nodes of health surveillance work. At the same time, it instrumentalized the concepts of permanent health education and SUS-oriented training, by proposing the inclusion of the health resident as a mediating actor in the reorganizing processes in the field of GTS.

It is therefore recommended that all actors involved in the construction of the health work process, be they managers, professionals, or residents, encourage the creation of spaces for dialog and matrix support, such as programmatic and institutional agendas, with a view to developing multiple and targeted situational diagnoses, with the aim of meeting and following up on the demands presented by the workforce, based on appropriate strategies that can be put into practice, prioritizing the full involvement of all participants and implementing the training and action premises geared towards the needs of the SUS, so as to legitimize the meaning attributed to health work based on its dialectical, pedagogical and revolutionary aspect.

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Authors' Contribution

Santos RC - Conception, planning (study design), acquisition, analysis, data interpretation, and writing of the paper. All the authors have approved the final version of the paper.

Conflict of Interest

The authors inform that there is no potential conflict of interest with peers and institutions, political or financial, in this study.