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Contributions of the Human Development Group to Matrix Support

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Abstract

Matrix support ensures specialized assistance for health teams, enhancing group practices in Primary Care. In this sense, Chapecó, in Santa Catarina, created an initiative that seeks to train professionals to attend groups. The aim of this study was to understand how the Human Development Group contributes to matrix support between Family Health teams and the Extended Family Health and Primary Care Center. Therefore, a qualitative research method based on the Freirean Itinerary was applied, based on the stages: thematic investigation, encoding and decoding, and critical unveiling. The information was obtained through four Culture Circles with 19 Family Health nurses, between April and June 2018. This study explored the general theme "relationship between professionals within the Family Health team and the Extended Family Health and Primary Care Center: The Human Development Group as a technology in the matrix process". Among the results, it was observed that the Human Development Group provides matrix support for mental health, which may be considered an effective action as it integrates the health team through working with groups and promotes the transformation of practices. With such potential, the Human Development Group entails an interprofessional relationship and collaborative work between the teams and enables a better understanding of one another's work, with respect to space, time and knowledge, while at the same time equipping professionals to work with Interactive Groups.

Palavras-chave: Primary health care. Mental health. Group processes. Interdisciplinary practices.

INTRODUCTION

In Brazil, Primary Health Care (PHC) is called Primary Care (PC) and is regulated by the editions of the National Primary Care Policy (NPCP), adopting the Family Health Strategy (FHS) as the main organization model, structured by general multiprofessional teams that develop person-centered care. Among the common duties of the Family Health team (FHt) is comprehensive care, which can be developed through support actions between professionals from the general team and specialized teams, using the expanded clinic and matrix support[1]. Therefore, given the PHC missions (disease prevention, health promotion and clinical care)[2], working with groups is one of the practices to be adopted.

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The Extended Family Health Centers and Primary Care (EFHC-PC) were included in PC in 2008, in order to expand the scope of health actions and the resolution of this level of care[1]. EFHC-PCs are made up of teams of specialist professionals, integrated with teams of general practitioners from FHt, in order to develop matrix support through specialized care to meet the demands and needs of the people and the territory. To do so, they make use of specific knowledge belonging to the information centers of the different disciplines they master, being able to develop interprofessional work with collaborative actions, using tools such as shared consultations, therapeutic projects, group development, among others[2].

Teamwork and negotiation of decision-making processes, based on a collective construction of knowledge and respect for the differences and singularities of the knowledge and practice nuclei of each profession, refer to the concept of interprofessionality[3]. This is a further step in relation to multidisciplinarity, which results from an association of disciplines, with a common project; interprofessionality requires exchanges and cooperation and can result in something organic[4,5]. In this sense, Matrix Support is configured as a co-management strategy to organize interprofessional work with teams, networks and health systems[6].

From an interprofessional perspective, matrix support also ensures a specialized back-up for health teams responsible for handling individual, family or community cases6 and is the main activity of EFHC-PC7. Matrix support can be developed into two dimensions: technical-pedagogical support, which aims to promote permanent education movements for FHt professionals; and clinical-care support, in which FHt members, upon specific demand, provide individual or collective clinical care6. In both dimensions, it is up to the Centers to develop actions with the perspective of prevention and health promotion, in addition to clinical care given to users[1,2].

In PC, the implementation of actions aimed at health promotion, disease prevention, rehabilitation and maintenance of life requires the use of methods such as groups. The Ministry of Health recognizes them as an important tool that provides the link, the accountability, the expansion of care and its effectiveness, in addition to not involving high-cost technological resources, which contributes to the reduction of health expenses[1]. Users feel motivated to participate in the groups offered by the Family Health Support Center (currently known as the Expanded Center), recommend it to friends and family, modify their attitudes, and acquire autonomy in health care[8].

However, the development of groups within the scope of PC constitutes a challenge experienced by the FHt and EFHC-PC itself is a barrier, resulting in the isolation of professionals and a low degree of communication between teams to meet the demands for mental health9. The technicians do not feel prepared to deal with the connection and the continuity inherent to PC, as this management requires knowing how to deal with suffering; that is, accepting the demands on mental health and, therefore, it is primarily the responsibility of the municipality to promote professional training in such services through permanent education8. This prompted the investigation about what has been developed in the context of the city where this study was carried out, in order to recognize the existence of initiatives that seek to overcome this problem.

In the municipality of Chapecó, Santa Catarina, an action called the Human Development Group (HDG) was created, which aims to train professionals from different areas of training who work in public policies, such as health and social assistance, to provide services in groups starting from a theoretical-methodological

proposal called the Interactive Groups (IG)[10] while acting within the scope of matrix support. Thus, the present study assumed the guiding question: how does matrix support, promoted through the HDG action, enhance the interprofessional relationship between FHt and the professionals of the EFHC-PC?

Therefore, the aim of this study was to understand how the Human Development Group contributes to matrix support between teams of FHt and EFHC-PC in the context of PC. It is expected that the results will contribute to deepen the knowledge about the movements that the HDG has been releasing for matrix support, as well as part of its repercussions on interprofessional relationships that are established in the daily practice of PC services. The dissemination of initiatives of this nature can contribute to the advancement of care strategies, especially through group practices.

METHODOLOGY

This study is part of the multicentric research "Care and management in nursing as knowledge in the Health Care Network: propositions for the best practices", which is proposed by the Study Group on Health and Work (GESTRA) of the Nursing Department at the Santa Catarina State University (UDESC) and has the support of the Brazilian Nursing Association - Santa Catarina Section (ABEn/SC).

This was a qualitative study that used the Freirean Itinerary as a methodological strategy, which involves three stages: 1) thematic investigation, 2) encoding and decoding, and 3) critical unveiling, through the Culture Circle (CC), in which researcher and participants talk about reality and collectively seek to identify possibilities for intervention. The CC is a dialogical space in which the exchange of knowledge happens naturally between researchers and participants, and those involved gain respect and ethics[11].

The study site was the municipality of Chapecó, located in the western region of the state of Santa Catarina, where the FHt and EFHC-PC teams develop group practices through active participation in the HDG action. The HDG was created in 2012 and is organized from the perspective of support and training for the coordination of groups, which is recognized as a space for permanent education.

The operation of the HDG action comprises a sum of different strategies that include: Interactive Groups, which are developed with users, weekly; post-group seminars, used to understand the group phenomenon, held immediately after the group; collective theoretical studies, called Permanent Education (PE) meetings, which take place every three weeks; supervision for the coordinators of the Interactive Groups, with professionals who are experts in this methodology, weekly; and the support group for professionals who work with Interactive Groups[10]. Thus, in the HDG, the specialized support is developed through technical-pedagogical support, which occurs in PE and supervision meetings and by clinical-assistance support, through the collective attendance held in Interactive Groups and in post-group seminars.

It is worth clarifying that Interactive Group is a theoretical and methodological proposal developed through a horizontal interaction, so that the participants deal with situations that cause psychological distress that are part of human existence and that make up a large part of the mental illness demands in PC. It is founded on a theoretical tripod based on the interaction between knowledge arising from operating groups, psychoanalytical theory, and complex systemic thinking[12].

All EFHC-PC teams have some of their members inserted in the HDG, as well as most

of the municipality's FHt. The Interactive Groups do not have a specific theme, since the objective is to work with the emerging group. However, the professionals define in advance if they wish to form a homogeneous group, that is, with users who have some common characteristic, such as a mild mental disorder or with heterogeneous groups. Supervision for the coordinators of the Interactive Groups is carried out by a psychiatrist, who is technically responsible for the HDG, or even by one of the health professionals who is already qualified for this activity, like some of the psychologists at the EFHC-PC; however, there are no impediments to professionals from other categories becoming supervisors[10].

The participants in the present study were nurses from the municipality's FHt. The inclusion criteria for the participants were: being a nurse and working in the FHt for at least six months; maintains a professional relationship with the EFHC-PC team; and participates in the HDG. The exclusion criteria of the participants involved: those on leave or vacation during the period of information collection. In this period, Chapecó had 53 FHt in 26 Family Health Centers (FHC), all with registered nurses, of which 19 met the inclusion criteria. The invitation to participate in the CC meetings and a summary of the research project were sent by email. Subsequently, telephone contact was made to reinforce the invitation and confirm participation. The 19 nurses accepted, all of whom were women and, in their majority (n = 15), coordinators of the FHCs.

The three stages of Paulo Freire's Itinerary, namely: Investigation of Generating Themes (GT), Encoding: Decoding and critical unveiling of the reality found occurred through four meetings (CC) held at the UDESC Department of Nursing, between April and June 2018, at 3:00 pm and 5:00 pm. The meetings had an average participation of five nurses each.

In the first CC, two triggering questions were used in order to identify generating themes according to the objectives of this research. The questions were: 1) "how is the relationship between nurses and EFHC-PC professionals?"; 2) "what practices favor collaborative (interprofessional) work between nurses and EFHC-PC?" From the nurses' responses, 22 GT emerged, which were encoded and decoded during the other meetings, by means of reflections and the group dynamics. They were gradually reduced until they reached four main themes, among which one was selected that met the objectives of this study: "relationship between nurses from the FHt and EFHC-PC: HDG as a technology in the matrixing process"; which was critically unveiled in the information production process.

Notes about the meetings were taken in a diary for the researcher's personal use, in addition to audio recording, providing the complete record of information.

The information analysis procedure took place through a thorough reading of the records. The significant themes of each meeting were identified, relating them to the objective of the study. The analysis occurred concurrently with the production of information through an aligning process, in view of the theoretical-methodological framework that advocates a dialogical, critical, and active construction among those involved. Thus, in all stages of the thematic investigation, the researcher transcribed the recorded material and organized the diary records, seeking to systematize the information (thematic reduction) and present it in an organized manner to the participants at the beginning of each new meeting[11].

The study was approved by the Research Ethics Committee under number 2.380.748/2017. At the first meeting, the theme and objectives of the study were shown and the Informed Consent Form (ICF) was presented. To guarantee anonymity, the participants were identified with names of figures from Greek mythology, according to their choice, at the first meeting.

RESULTS

This article discusses the GT "relationship between FHt and EFHC-PC professionals: HDG as a technology in the matrixing process". In order to value the Freirean method as an educational and liberating action, the results that originated this theme are presented in the context of its production during the CC. Chart 1 shows the steps followed to arrive at the critical unveiling of the GT.

Chart 1 – The steps for elaborating the GT "Relationship between professionals of the Family Health team and Extended Nucleus of Family Health and Primary Care: Human Development Group as a technology in the matrix process". Chapecó, 2018.

Encoding	Decoding
HDG as a effective action in PC;	Care model that influences accessibility and resolvability of care;
Integration of teams (FHt and EFHC-PC) in collective activities;	FHt's resistance to the work of EFHC-PC and the HDG;
Contribution of the HDG to the collaborative development of activities.	Inter-professional relationship between FHt and EFHC-PC.
Critical Unveiling	
HDG enhances the relationship between FHt and EFHC-PC, more resolute than individual care;	
HDG as a technology for matrix support: one of the objectives of EFHC-PC;	
Team maturity to resolve their conflicts and overcome challenges;	
Understand one another's work process, respecting spaces, time and knowledge.	
The HDG promotes the transformation of practices, including nursing (integral/fair).	

DISCUSSION

Thematic Research

In this stage, meaningful words or phrases were extracted from the vocabulary universe of the participants, composed of their life history, constructed knowledge, and experiences. These words or phrases are called generators because, through the combination of their elements, they trigger the formation of others and the elaboration of critical concepts and ideas and are no longer naive[11]. As a result, as the nurses' statements illustrate, it was possible to establish some initial ideas (illustrated in Table 1), which were rescued in later meetings for encoding and decoding.

In the first meeting, the objective was to get to know the nurses, build a bond and identify problems emerging from the work process, which would give rise to GT. When talking about triggering questions, nurses mentioned HDG as a technology used in care, which favored an initial approach and, later, a more effective relationship between FHt and EFHC-PC. They emphasized that the care became more resolute, in addition to improving the inter and transdisciplinary relationship as well as the collaboration between professionals of the generalist team and matrix administrators; thus, so they challenged themselves to participate in the HDG.

> *[...] then the EFHC came in 2011 [...] the interdisciplinary work will be beautiful, wonderful, but that's not what happened [...] medical professionals were making the referrals, so there had to be some proposal to change this movement, and then in 2012 the HDG was proposed. It is a social technology that aims to add value as well as resolution in our services. So, it started with four professionals, today we are at 107. The focus is on the groups and*

the service is inter and transdisciplinary, because not only are there several professionals who meet there, but the magic happens, the energy circulates, everyone works together and we collaborate with each other. (Artemis)

[...] it is ideal [group activities] because if they [EFHC professionals] are there making a group for patients in our area, at least we have to collaborate, right?! And then I heard about it, I don't know if I'm the most suitable person to work on mental health in the HDG, but I got ready and now I'm at the third meeting, with no experience, working with a group of beginners and I'm very happy, it's very good! It opened up horizons, to see that professionals, they are eager to work to develop activities. (Gaia)

Coding and Decoding

The second and third meetings were aimed at encoding and decoding the GT, during which nurses' considerations were resumed, based on a compilation built with the answers to the triggering questions. The themes of the first meeting, extracted from the limit situations, understood to be hypothetical or challenges in the context of the relationship between nurses and EFHC-PC professionals, were transformed into the GT and presented in cards distributed in the room where the meeting took place, for encoding. The nurses selected topics that they considered appropriate to be discussed. The most relevant issues from the previous meeting came up and the reality was decoded.

The statements below illustrate the evolution of group practice developed from the HDG and its gradual incorporation into the teams' daily lives after initial resistance from some, as well as the acceptance of the community that starts to recognize this model as accessible and resolute.

In the beginning, when we came up with the HDG, the EFHC people developed a group and nobody knew what was happening, then I was challenged to participate and to rethink my care together with EFHC [...]. (Artemis)

[...] there has been a movement, thinking a little about the HDG, of the teams and professionals, especially the nurse, also in the medical field, we have dentistry participating [...] The patient comes, schedules, comes once, twice, three, four times, almost every month, he/she is there at the unit, whether for prescription, dentistry, or the nurse, and then the group is becoming the only way to access and resolve, they [users] are viewing [...] Who helps us a lot in this group issue are the EFHC professionals. (Aphrodite)

[...] in this matter of starting with demand, individual consultations, EFHC was already doing it, then the group came. But there was a group, many times, only with the EFHC staff, because the nurse, doctor, dentist, did not have time to participate. This issue of HDG came to add to it, but we still find professionals from the multidisciplinary team who do not understand the role of the group, the role of EFHC, why everyone enters, sits there in the group and is not attending [individually], because for them not attending is to be doing nothing. (Themis)

They highlighted the influence of participation in the HDG for interprofessional work, surpassing the individualized model of care. However, they also expressed their impressions about the co-responsibility between the Nucleus and the FHt and concerning the challenges encountered in this relationship, for the development of group therapy:

We did a survey, that 30% of the population of [name of FHC] uses 75% of the resources, consultations, of what we do, so these would be the hyper users. The HDG embraces these people, it is wonderful, it has this value, it is helping us in what is hurting us. Not that the person does not need it, they do need individual assistance, for example, from the psychologist [...] but when there is someone else in the unit, it is easier, because you identify as a reference, in addition to that other professional [specialist] who will also be a reference. (Ivy)

It is not easy, it is not being and it will not be, because it is a continuous movement, there are days that we also prefer to go there, attend and go home, we do not want to get too involved, but there are days that we see that that's not how it is, that you share with another professional, add knowledge, in short, it will only grow, it will only help. This is not

seen in the short term, but in the medium and long term you see the result. (Demeter)

There are always professionals who resist, who do not want to know about EFHC-PC and do not want to know about the group, they want individual standard care. But there is a majority that is open. (Artemis)

Critical Unveiling

In the critical unveiling of reality, held at the last meeting, the problematization or thematic reduction phase, the participants' awareness was developed through the problematization of concepts. The participants were led to abstract and, from there, go to the concrete, which consists of observing the parts of a problem to look at the whole and then returning to the parts of the question[11].

In this sense, the analysis of the testimonies converged with the nurses' understanding of the HDG as an enhancer of the collaborative work between FHt and EFHC-PC, in addition to being a more effective practice in the context of PC. They demonstrated an understanding of the Interactive Group, a theoretical methodological proposal used in the HDG, by illustrating with cases that were conducted through the groups:

The group is empowering, it is much more resolute than individual service, both for the issue at hand and for the question of the human beings themselves, because we mirror ourselves in one another. There was a patient who was quiet, never said anything [...] but in all groups she paid close attention and she was cured in that process, so sometimes people have difficulty speaking, but others speak for her. And the HDG is where we meet and develop our actions closer to the EFHC members. It was the way we found to make an interprofessional, integral, equal practice. (Artemis)

The nurses considered that the EFHC-PC's clinical care support for the development of groups, that is, the matrix support developed at the HDG, solidifies the interdisciplinary activity:

[...] I really believe in collective building, in groups, which is one of EFHC's goals in the area, to support the team so that we can develop groups. Because I see that if it is only the team, just the strategy trying to develop a group, it cannot; it does not have time to organize itself, and an interdisciplinary view is essential to develop the group. (Gaia)

The reflection on the need to assess the reality of the team, its maturity and its state of health was presented in the nurses' statements as necessary for the team to understand the changes, to accept and adapt to the new challenges:

[...] what level is the team at? In what process of maturity, what problems are you facing at that moment, suddenly a lack of professionals, how is this team, how is the health of this team, emotionally, at work? Because it will depend a lot on accepting new challenges. (Demeter)

The participants unveiled the reality, realizing the causes of possible resistance to interprofessional performance, highlighting the lack of space and, consequently, the recognition of EFHC-PC professionals concerning their professional identity. They pointed out the need to know the knowledge and practices of EFHC-PC professionals, as well as their work process, in order to act collaboratively, "speaking the same language".

The team was not even aware of the work of EFHC-PC, so I think that one of the reasons [of resistance to working together] may also be the issue of not having a space to develop their practices, and this issue really hinders their own their identity [...] they may not have a participation within the team, nobody knows that job. [...] So, to work, everyone has to be speaking the same language. (Hera)

On the other hand, it was proven that, in

the teams in which these challenges were overcome, there is a potential relationship between EFHC-PC and FHt present. In addition, they highlighted that participating in the HDG has transformed nursing practices and generated pleasure in the work process in PC:

> *[...] we also had this problem, that "oh, it's the EFHC group and not the Primary Care!" There is a rule in the unit: EFHC does not make a group alone, there has to be someone from the unit, so I make a group, my colleague nurse makes another, the doctor makes one for Hiperdia [program for hypertensive patients], the other goes for teenagers, so it ends up involving more people [...] because it is in our blood, the heart beats HDG, HDG [laughs], because it is something that gives results, it transforms nursing practices in every way, not only in the group. (Artemis)*

DISCUSSION

The results reveal that the HDG action supports health professionals, enabling them to carry out group practices with users, through the theoretical-methodological proposal known as Interactive Groups (IG). The action contributed to integrating health teams for the development of groups in PC, in order to overcome the resistance present in the working relationship between EFHC-PC and FHt. This movement triggers collaborative actions, co-responsibility among professionals and recognition of the EFHC-PC's professional identity; recognizing it as a team that assists FHt through matrix support.

Most of the nurses who participated in the study were FHC coordinators, that is, they played a leadership role, which implies stimulating the participation of all in order to reach the resolution of the PC. For nurses, the action contributed to the transformation of nursing practices, in addition to working with groups, generating a pleasurable work process, and favoring the approximation between professionals.

The IGs were mentioned as more effective than individual care, because they allow for mirroring, identification among participants and feeling present in the speech of the other, as they share similar situations which produce suffering. This experience collaborates with the approximation between professionals, enhancing the unfolding of an interprofessional practice and boosting matrix support by EFHC-PC.

The matrixing activity of the specialized team to general team is highlighted in European reforms, converging with the Brazilian model. Thus, the collaboration between generalists and specialists has been proposed in several countries as a strategy to qualify care; however, only in Brazil is the specialist team considered part of this point of the care network[13].

The diversity of professions, with centers of specific knowledge that can be integrated into the field of collective health, especially the generalist teams that work in the FHt or PC, gives EFHC-PC the possibility of performing interdisciplinary activities[2]. Moving towards an interprofessional role implies collaboration between professionals, a reevaluation of the relationships between their professions and persistence in means that combine different knowledge in order to improve the quality of care[3].

The HDG offers a comprehensive training and support process to carry out the IG in the services, integrating the FH or PC multiprofessional team with the EFHC-PC specialists for a collaborative action. Thus, the matrix support in mental health offered through the HDG includes both the supervision and support of trained professionals, as well as joint case care. Longitudinal and interdisciplinary mental health practices in PC have good results because they are more comprehensive and connected to people's daily lives[14].

Participants such as Gaia, describe the mental health groups as a challenge, but when they are developed together with EFHC-PC through the HDG, it makes it possible to open the horizons. Evidence shows that mental health interventions in PC have contributed to the treatment for mental disorders and the quality of the treatment. In this sense, primary care in mental health generates good results at this point in the care network; as long as professionals have training and support and feel prepared to recognize and deal with psychological suffering, and are able to see common problems such as anxiety and depression[15].

Group activities, when well conducted, are considered a means for health promotion in PC, bringing a positive result on the physical, psychological, and social conditions of the participants and can, therefore, contribute to their quality of life. They also reveal themselves as a potential tool to meet the attributes of accessibility, comprehensiveness, and resolvability of PC[16]. They can be considered a non-material technology, a path for health promotion, towards the construction of a bond between professionals and users, characterized as longitudinality (essential attribute of PHC/PC) and allowing them to share how they perceive life and organize it in a way that makes sense[17].

With the emphasis on improving skills such as listening, a unique technical resource for dealing with psychological distress and integration among professionals, the HDG seems to contribute to the expansion of the care capacity of the FHS. It is essential to achieve this goal to build and strengthen fruitful relationships between health system actors (specialists, doctors, nurses, social workers, among others), in order to improve the coordination of care, based on joint understanding and efforts[18].

The way these relationships are produced through the HDG increases the resolution of mental health actions as expressed by Artemis. Understanding one another's anxieties and reacting appropriately to what he/she feels and thinks, reflects empathy and identification[19], which translates into positive affective bonds and contributes to psychic development and the relationship of trust. This is made possible by the mediation of a professional in group meetings that take place in the perspective of the theoretical-methodological proposal called IG.

However, there are challenges, such as the resistance of FHt professionals, expressed by nurses in this study, which were found as the weaknesses in PHC services in the United Kingdom. In studies concerning this topic, difficulties in working in groups are related to adapting to collaborative work between teams and users. To circumvent such situations, it would be necessary to change principles, values, and attitudes, with a view to transforming the model and reducing hierarchical work, in addition to appreciating the actors involved[17,20,21].

The experience of the HDG encourages a reflection that the gradual change of model requires support from leaders, managers, and staff. The preparation and involvement of people in organizational development ensures the necessary arrangements for personnel and support teams to work collaboratively. It is necessary to pay attention, however, to the dimension of creativity, in defense of the homogeneity of positions, which means allowing the free movement of the participants from their points of view, establishing more fruitful relationships[22]. This investment is necessary for integrated care to take effect and to generate changes in the population's health[20].

As a limitation of this study, the selection of only one of the four GT and the intentional presence of participants

from a single professional category can be considered. Despite this, it is believed that, as they are coordinators of the FHC, their speeches may reflect, to some extent, the daily interaction between FHt and EFHC-PC. It is suggested, in future studies, that other professional categories and users should be invited, in order to investigate more deeply the influence of HDG on accessibility and effectiveness of PC.

CONCLUSION

The matrix support promoted through the HDG enhances the interprofessional relationship, because it provides for the integration and collaborative development of activities between the EFHC-PC and FHt teams. This movement makes it possible to understand the work process of one another, promoting respect for spaces, times and knowledge and transforming professional practices, including nursing, as it equips professionals for working with IG.

The incorporation of the HDG into the professional routine implied overcoming initial limits and resistance as well as developing the teams' maturity to overcome challenges. Having overcome the initial obstacles, the matrix support in mental health in PC, leveraged by the HDG, contributed to the professionals feeling empowered for the development of group practices with this focus.

The HDG was considered as a social technology, a reason for professional satisfaction and assumed by nurses as a transformer of practices, both for being an efficient model for care and for improving their professional performance. Group practices are an important working technology for FHt and EFHC-PC, and are considered more resolute than individual care, especially in mental health.

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