

The client's perspective regarding their welcoming at a rehabilitation clinic

O olhar do usuário sobre o acolhimento em um serviço de reabilitação

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ABSTRACT

The new healthcare measures proposed by the Brazilian National Humanization Policy stress the patients' welcoming, which constantly seeks to recognize the needs of clients and the forms of satisfying these needs. Studies have demonstrated the importance of humanized care, in which listening to the client is a valuable tool for assessing the efficacy of the service offered to a particular population. The aim of the present study was to describe how clients perceive the manner in which they are received at a hand rehabilitation clinic and to analyze the most important factors. A qualitative approach was adopted, with semi-structured interviews in which clients were asked about how they were received at the clinic in terms of access, posture, and technique. Content analysis consisted of arranging, classifying and analyzing the results. Twelve patients from a public hospital in the city of Belo Horizonte, Minas Gerais, Brazil, participated

in the study. The patients considered good reception to be the most humanized manner of being received— with care, politeness, and fondness. Communication between therapist and client proved to be important in building a trusting relationship, generating client satisfaction and favoring progress in the treatment. It was evident that a warm reception was a valuable therapeutic instrument for the rehabilitation professional. Having listening skills and revealing oneself to be sensitive to the needs of the client helps reduce the natural fear and anxiety experienced at the beginning of physical therapy treatment and facilitates the entire process.

Keywords: Rehabilitation Services, Occupational Therapy, Hand Injuries, User Embrace

RESUMO

Dentre as novas medidas de atenção aos usuários propostos na Política Nacional de Humanização, destaca-se o acolhimento, que consiste na busca constante do reconhecimento das necessidades dos usuários e das formas possíveis de satisfazê-las. Estudos têm demonstrado a importância de um atendimento humanizado, onde a escuta do usuário torna-se um valioso instrumento para avaliar a efetividade do serviço oferecido à determinada população. O objetivo deste estudo foi descrever, a partir da perspectiva dos usuários, como é realizado o acolhimento em um serviço de reabilitação da mão e analisar os fatores mais relevantes. Foi adotada abordagem qualitativa e o recurso metodológico utilizado foi a entrevista semi-estruturada onde os usuários foram questionados em relação ao acolhimento, considerando suas três dimensões: acesso, postura e técnica. A análise de conteúdo foi o método escolhido e consistiu em ordenação, classificação e análise final dos resultados. Participaram do estudo 12 usuários de um hospital público da cidade

de Belo Horizonte, Minas Gerais. Os usuários consideraram que um bom acolhimento refere-se à forma mais humanizada de ser recebido, isto é, com atenção, educação e carinho. A comunicação entre terapeuta e usuário demonstrou ser importante para se criar um vínculo entre ambos, construindo uma relação de confiança, gerando a satisfação do usuário e favorecendo a evolução do tratamento. Evidenciou-se que realizar um bom acolhimento é um valioso instrumento terapêutico para o profissional de reabilitação. Apresentar boa capacidade de escuta e mostrar-se sensível às necessidades do usuário ajuda na redução dos medos e ansiedades naturais no início da reabilitação, facilitando todo o processo.

Palavras-chave: Serviços de Reabilitação, Terapia Ocupacional, Traumatismos da Mão, Acolhimento

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INTRODUCTION

Studies have demonstrated the importance of a humanized care in the health area that encompasses the care relative to specialized treatments as much as the social and psychological characteristics of the patients.¹⁻⁴ According to Ferreira,⁵ health professionals have given more emphasis to technique and are less prepared to attend to the social and subjective questions of the patients, which weakens their care practices.

Humanization of the service and management of the *Sistema Único de Saúde* (Unified Health System) proposes to empower the individuals so that they can analyze, evaluate, and act according to the determiners of their life and health conditions.⁶ For this it is necessary to develop closer relationships with the patients that surpass the exclusive use of technique in the rendering of assistance.⁷ In this way, listening to the patient becomes a valuable instrument to evaluate the effectiveness of the service offered to a given population.

Among the new measurements of attention to patients proposed by the National Policy for Humanization from the Ministry of Health, welcoming stands out, being understood as a techno-assistance action that presupposes the change in the professional/patient relationship, gauged by means of technical, ethical, and humanitarian parameters.² This new culture of care emphasizes the importance of the interaction between health professionals and patients, and seeks to bring together those who offer or render the service with those who receive it, thereby personalizing the relationship.⁸ The patient is recognized as the subject of and active participant in the health production process. Therefore, the responsibility for the health problem goes beyond the care service itself—that is, it also relates to the necessary bond between the service and the patient populations.^{9,10}

For Silva Júnior & Mascarenhas,¹¹ the welcoming can be divided into: *access* (geographical and organizational); *general attitude* (listening, professional-patient attitude, and intra-team relationship); *technique* (team work, qualification of professionals, acquisition of technologies, knowledge and practices); and *re-orientation of the services* (institutional project, supervision, and work process). From this perspective, welcoming is not necessarily an activity per se, but the core of all service activity, which consists of constantly seeking better recognition of the needs of the patients and of the possible ways to fulfill them.¹²

Merhy¹³ proposes a reflection about how our practices have been at different moments

of relating to patients. In the specific case of hand traumas, despite extensive literature on the aspects related to the care of these patients, no studies were found directly discussing the entrance of these individuals in the rehabilitation services. It is known that hand lesions are common and serious, and generally need specialized rehabilitation,¹⁴⁻¹⁶ and that the active participation of the patients from the beginning of rehabilitation is indispensable for the success of the treatment, it improves the motor function, and it accelerates their return to work.¹⁷⁻¹⁹ It is through the understanding and good communication of the therapist that the patient will become an active member of the rehabilitation team.²⁰ Considering that the rehabilitation process of a patient who has suffered hand trauma can be difficult and lengthy, the team involved must show availability and sensitivity towards the patient's situation and be appropriately welcoming. It is understood that through careful listening the health professional can fulfill a large part of the patient's expectations.¹¹

OBJECTIVES

The present study sought to describe, from the perspective of individuals with hand trauma, how they are received by a specialized rehabilitation service and to analyze the most relevant factors.

METHODS

The qualitative approach was utilized to obtain a better understanding of how individuals with hand trauma perceive their welcoming into a rehabilitation service. It is known that the object of this study presents complexities and dynamics that will be better understood by its qualitative dimensions.²¹

This study was done at the *Hospital Maria Amélia Lins* (HMAL) (Maria Amélia Lins Hospital), an institution that belongs to the *Fundação Hospitalar do Estado de Minas Gerais* (FHEMIG) (Hospital Foundation of the State of Minas Gerais), which renders specialized care for the highly complex elective surgical treatment in musculoskeletal lesions. Most patients receive their first consultation at the Emergency Room of the *Pronto Socorro do Hospital João XXIII / FHEMIG* (João XXIII Hospital), and are later sent to the HMAL for continuation of the polyclinic treatment and, if necessary, for new surgeries.²²

Aguiar et al²³ did a study at the Hand Surgery Service /HMAL and identified its importance as a reference in the treatment of these

lesions for Belo Horizonte and the metropolitan region. After consulting with the hand surgeon, the individuals who presented some disability were sent to the Hand Rehabilitation Sector of the HMAL (HRS). On average, this sector attends to 605 people per year and its team is made up of five female occupational therapists specialized in the rehabilitation of the upper limb.²⁴

The information in this study was collected from May to August of 2008 and the resource utilized for the collection of data was the semi-structured interview. The themes discussed were: access to rehabilitation (referrals, making appointments); attitude of the professional (first contact, attention, listening), and technique (professional qualification, orientations received).

The interviews were set up by telephone for the day after the initial evaluation at the HRS, and performed in a private room by a therapist not involved in the rehabilitation process of the interviewee. Three pilot interviews were made to evaluate the adaptation of the questions formulated for the script and the necessary alterations were made later. Twelve (12) adult patients were interviewed, selected randomly through drawing. The participants were in the beginning of the treatment, that is, between the first and second week of care. The saturation criterion was utilized to define the number of participants; this occurs when, in the evaluation of the researcher, the volume and quality of information become repetitive and do not generate new data.²⁵ All the interviews were recorded and fully transcribed, becoming document and data base for the analysis.

The analysis of the content was the chosen method and consisted of ordination, classification, and final data analysis.²⁶ The semi-structured interviews facilitated the categorization process through the grouping of reports by specific affinity, allowing the thematic organization of the results. In accordance with the objective of this study, the more relevant themes were prioritized and organized into categories.

All the ethical procedures involved in a research with human beings were observed, in conformity with what is proposed by Resolution No. 196/96 from the National Health Council. The individuals selected who agreed to participate in this research were informed of the data collection procedures and of the confidentiality of the information. They all were invited to sign Free and Informed Consent Form before the interviews were performed. The project was approved by the Ethics and Research Committee of the *Fundação Hospitalar*

do Estado de Minas Gerais/ FHEMIG (Hospital Foundation of the State of Minas Gerais) in May of 2008, Opinion 0069.0.287.000-07.

RESULTS

The results are presented in two blocks with the first being a description of the participants and, in the second, the result of the interviews, which were divided into three categories: access to rehabilitation, attitude of the professional in relation to the patient, and techniques utilized.

Participants

The study had 12 individuals with various hand traumas and their age bracket varied from 22 to 79 years old (mean=33.4), seven were males and five were females. Their educational level varied from incomplete junior high schooling to completed high school; most (n=8) had completed high school.

Categories

Access

Access represents the facility or difficulty the patient had to obtain the treatment desired from the health services network, in its different levels of complexity and modalities of care.¹¹ During the interviews the patients reported having no difficulty making appointments at the HRS. To offer rehabilitation at the same location as the medical care was a facilitating factor mentioned by a patient "To know that I could have the recovery sessions here at the hospital motivated me and made me very happy because at the health posts close to my house this was not always possible" (I3).

The complaints relating to access referred to the difficulty in making an appointment for a medical consultation (a pre-requisite to being sent to the HRS) and obtaining information at the hospital reception: "Ah, it was a bit confused, because you arrive and there are few people at the reception to help and so many people arrive at once" (I2). This aspect is discussed by Takemoto,⁴ and it refers to the reception of health services as being a traditionally haphazard place for it is responsible for receiving patients with different demands and forwarding them within the existing alternatives in the service.

Even though the geographical access-- characterized by the form of transit, the time spent en route, and the distance between the residence of the patient and the health service location²⁷-- has not been discussed directly in the interviews, it is possible to verify its relevance in the report of one patient: "Oh, some days I don't even have money to come, the ticket costs R\$4,00

every Tuesday and Thursday. So I do what I can... I didn't miss till today, but I've only been doing it for short time... But I make the effort. Now on the day I cannot come, it won't be my fault, it will be because I really couldn't manage it all." (I11).

The above report shows the importance of decentralizing SUS-supported health care as a necessary condition for improving their access²⁸ and their consequent adhering to the rehabilitation program.

Attitude

Welcoming denotes the attitude of the professional towards the health needs of the patients.²⁷ The interviews indicated some factors that facilitated the service, and some situations that created difficulties.

According to the interviewees, the factors related to a good welcoming refer to the importance of being received with attention, politeness, and kindness. Answering questions, a more humanized service, punctuality, and patience on the part of the therapists were also described. Some of these aspects can be observed in the speech of one of the patients when questioned about the concept of welcoming: "It's the attention, a benevolence, of you being cared for, of their not becoming indifferent because of the situation of being at the hospital everyday seeing bad things. It's you remaining human. It's treating the person with kindness and attention. We already arrive at the hospital shaken up, but then you get an attentive reception, in terms of humanity, from a person not being cold, I think that you feel more relaxed, trusting the treatment more, and also the work of the therapists who are there with you" (E2 I2).

The above report describes what Solla¹⁰ points out in his study about the reception at the municipal health system when he describes that the welcoming posture presupposes an attitude from the professional that allows for a good reception of the users and for listening properly and patiently to their demands, thus building a trusting and supporting relationship with them. In the perception of the interviewees, professional satisfaction also contributes to the welcoming of the user "(...) it shows that people like what they are doing and are fulfilled" (E3 I3).

Most interviewees considered their first contact with the therapist good due to their welcoming during the reception, which can be observed in the following reports: "It was great. Always ready to attend, with a smile, because we get here a little weakened by the seriousness of the accident. I am very pleased." (E3 I3); "The girls receive well, chat with us, try to distract us. She goes on talking until we are relaxed with them" (E5 I5). Despite the predominance of positive

reports, pointed situations of bad welcoming and a certain roughness in the reception were also described. Two patients reported that the first contact was bad, referring to the rude and unfriendly manner with which they were received: "...it lacked a little... she could have been a bit nicer, only that, but she did not treat me badly at any moment... It is because niceness I think is what helps the patient" (E10 I10); "I thought she was too serious, with a closed face" (E12 I12).

Most participants reported that the attendance met their expectations, and some even were surprised with the quality of the service rendered because of it being a public service. "It met-- actually, it surpassed my expectations, because I didn't expect something this caring in a public hospital" (E2 I2).

Of the twelve interviewees, eleven reported that the attention/listening offered by the therapist was good and pointed out the factors that contributed to the formation of that opinion: "When they removed the splint, she asked if I was feeling ill because I got very nervous. But it is an interesting observation, it makes us feel more tranquil" (E1 I1); "She is very kind to me, she answers any question that I ask" (E2 I2); "She doesn't hold my hand in just any way, and this is what I call attention" (E7 I7).

Starfield²⁹ describes that the relationship between the health professional and the patient is fundamental for the effectiveness of the interventions proposed. This was observed in the motives surveyed among the patients for the continuity of the treatment. The need for recovery was the most mentioned factor, followed by trust in the physician who indicated the type of treatment, then the expectation of recovery of movement, then the reception given by the therapist, the specificity of the sector, and finally the fact of having liked the hospital.

Technique

Technique is defined as the specific knowledge needed for the exercise of each profession.³⁰ The procedures and techniques for hand rehabilitation have scientific knowledge as prerequisites.²⁰ On the other hand, welcoming as a technique makes it possible to generate procedures and actions.¹¹

Based on these concepts, the patients were asked about safety and clarity of the information provided by the therapist. It was observed that most patients felt safe with the information provided. "I felt safe because everything he (physician) said, she (therapist) also said, and there was no arrangement between them. She knew what she was going to do. So it gave me a lot of confidence" (E1 I1). One patient declared his insecurity about recovery, another, his fear of beginning treatment.

The instructions about the treatment were considered satisfactory by most patients and only one expressed any doubts related as to clinical diagnosis. The guidance considered the strongest concerned activities that could either help or hinder the treatment, followed by the evolution of general symptoms and responsibility of the patient for his/her treatment.

Suggestions were also requested from the patients for improving the welcoming reception at the HRS. Half of the patients gave no opinion, alleging little knowledge of the service, and the others suggested improving the reception of the hospital, the work condition, and the acquisition of new equipment. *"What they need is work conditions and material. A better room organization. It depends on investment from the hospital"* (E2 I2). It is worthwhile to point out that the explanation given by the physicians about the diagnosis and treatment was mentioned by two interviewees: *"...To explain more at the time of surgery, what will really happen to you. We get very anxious. Like in my case, I have never had a surgery"* (E6 I6).

CONCLUSION

This study provided information coherent with that found in the literature about welcoming/reception. It was observed that the welcoming goes beyond what is offered by the attending professional, permeating the other encounters that occur during the patient's stay within the health service, from their admission through to their proper care. As is determined by the PNH, it is necessary not to restrict the welcoming to just the problem of the reception of spontaneous demand, but to treat it like something that qualifies a relationship and is therefore open to being understood and fine-tuned at each and every encounter and not just at a specific point as would be the case at the reception counter. The welcoming at the entry door only makes sense if it is understood as a passage to the welcoming into the health production processes, including the rehabilitation itself.

It became evident that to offer a good reception is a valuable therapeutic instrument for the rehabilitation professional. To demonstrate a good capacity to listen and to show sensitivity towards the needs of the patient helps in reducing the fears and natural anxieties at the beginning of rehabilitation, facilitating the entire process. To listen, it is vital to know who we are listening to, to know about what that person is speaking. Thus, the professional needs to reflect on the individuality and subjectivity of the patient, to whom the reha-

bilitation services are offered.

The communication between therapist and patient is important to create a bond between them, assuring that the problems and worries are understood by whoever is offering the care, and that the information, recommendations, and the treatment are performed by the patient, guaranteeing a more humanized service. In this way there is a mutual learning process, aside from the new possibilities of exchange during the rehabilitation program.

Despite the reports being from people who are at the beginning of the rehabilitation program, it was possible to notice that the interaction that is established in the relationship of the patients with the therapeutic staff has great influence on the satisfaction of the patient and on the evolution of the treatment. As a final note, it is necessary to point out the importance of making studies that analyze the qualification of the teams to welcome and assist individuals with hand trauma, focusing not only on the lesion from the clinical point of view, but also on the experience of living through this situation from the perspective of the people involved.

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