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Atenção Primária à Saúde: espaço potencial de criatividade.

Primary Health Care: potencial field for creativity.

Atención Primaria de la Salud: espacio potencial de creatividad.

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RESUMO: Nesse artigo discute-se a atenção primária à saúde no Brasil como espaço potencial de criatividade, favorecido pela implantação de um novo modelo de atenção. Apresentam-se expressões da criatividade no trabalho, entendendo-as como um processo social participativo originado a partir das potências locais, onde indivíduos agem integrados a coletivos de trabalho, movidos por desconforto intelectual que os impulsiona a enfrentar os constrangimentos do meio e a encontrar as reservas de alternativas presentes no contexto. Palavras-chave: Trabalho. Atenção Primária à Saúde. Criatividade.

ABSTRACT: This paper focuses in primary health care in Brazil as a potential field for creativity favored by the implementation of a new model of health care. It showcases expressions of creativity at work defined as participatory social processes rooted in the local possibilities, in which individual actions are integrated to work teams and are motivated by an intellectual discomfort that moves them to face environmental constraints and to find resources of alternatives available in the context. Keywords**:** Work. Primary Health Care. Creativity.

RESUMEN: En este artículo se discute la atención primaria de la salud en Brasil como un espacio potencial de creatividad, favorecido por la implementación de un nuevo modelo de atención. Se presentan expresiones de creatividad en el trabajo, entendiéndolas como un proceso social participativo originado a partir de las potencias locales, donde los individuos actúan

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integrados a colectivos de trabajo, movidos por una incomodidad intelectual que los impulsa a enfrentar las limitaciones del medio y encontrar las reservas alternativas presentes en el contexto. Palabras clave: Trabajo. Atención Primaria de la Salud. Creatividad.

INTRODUCTION

The Brazilian Constitution of 1988 associates health with living conditions, and states that health is a citizen's right and duty of the State guaranteed through economic and social policies. In this sense, the Brazilian National Health System (SUS in Portuguese) was established in 1990, having as cornerstones the universal access to comprehensive care, the equality of care and public participation in decision-making on health services.

The new health system arose as a response to the challenge of providing quality services that may resolve citizens' problems at a time of economic and social crisis, combined with the demographic and epidemiological transition towards an aging population. Several problems needed to be tackled: regional and social inequalities; increase in chronic diseases with coexistence of communicable diseases; growth of mortality from cardiovascular disease, cancer and external causes, among others; persistence of a biomedical care model and centered in hospitals that primarily take care of the disease and the individual isolated from their life context. Within the health system, these problems had to be faced with large public investment in the structure of primary health care (PHC).

Primary care is a set of health actions performed at individual and collective levels, covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health. These actions are performed by multidisciplinary teams of physicians, nurses, dentists, nursing and oral health technicians, and community health agents responsible for a defined number of families in a given territory. In the Brazilian context, the PHC model that is being implemented as a state policy since 2006 is called the Family Health Strategy (FHS).

These are new policies, new regulations and protocols to be applied nationally in each municipality and for each user, in a continent-sized country like Brazil, with great diversity and inequalities, posing a number of challenges to the work of professionals. How to manage the distance between the anticipatory labor standards and the possibilities that the environment offers? How to learn to be effective? How to make the work to for the benefit of health production of others and yourself?

A context as presented above requires an invention of everyday practice in health and makes a call for creativity.

Although creativity is a polysemic term, there is a consensus that it is a characteristic of the human being [1, 2]. From the beginning, humanity has used its creative potential to change the environment around it, turning it into a space that meets its needs, whatever they may be [3], being

that creative production a result of the set of individual, social, cultural and environmental related factors in which the subject is inserted [4].

It is difficult to precisely measure creativity due to the multiplicity of factors, which contribute to its manifestation. An environment may favor or limit creativity. Will workers have different ways to deal with this environment? What would be an enabling environment for creativity?

We discuss creativity as a participatory social process originated from the local powers, where individuals act integrated into collective bargaining, driven by intellectual discomfort that drives them to face the constraints of the environment and to find alternatives resources present in their context [5]. An environment always involves, to varying degrees, limits and potential for creativity, which will be managed by individuals and groups, through a discussion of standards and values that are present in every work situation.

In this sense, in the first part of this paper we present the primary health care in Brazil as a potential space of creativity, and in the second, we bring creativity of expressions in everyday collective work in APS.

PRIMARY HEALTH CARE - ENVIRONMENT FAVORABLE TO CREATIVITY

PHC is the preferred point of contact of users with the health system, using high-complexity and low-density technologies, to solve the most frequent and relevant health problems in their territory, inserted in a network of specialized services. To implement this new model, the Brazilian national policy defines the characteristics of the labor process and the roles of the teams and professionals: they must provide care in the unit, at home and in community spaces; identify needs and risks; plan and monitor actions and health conditions of the population; build bonds with each other and with users; seek to put in practice social control and intersectorality, among others.

PHC is guided by the idea that health is related to social determinants and economic processes. The multidisciplinary teams should articulate technical and popular knowledge as well as mobilize necessary resources to deal with health problems. They are responsible for individual, family and the community's care. They should adjust themselves to people's needs, prioritize risk situations and contribute to the empowerment of people and communities relying on the performance of actions that give natural and effective solutions to health problems.

In this challenging context, creativity is a key element, present in the daily work, either in the relationship between professionals and users, in the relationship between the professionals themselves, as in the organization and work management. Creativity can be at the same time an engine and an outcome for workers: the search for effectiveness of actions; of the health protection of themselves; the recognition and appreciation of their work, for themselves or for others; to

develop ways to make work more pleasant.

The literature on creativity [1, 2, 3, 4] points out that the individual factors influence their expression but consider the social environment as well as a determining factor, either limiting or potentiating it. However, the ones who act are individuals and groups according to their coping skills with the ever-challenging environment, also always providing alternative resources.

We believe that PHC sets an environment conducive to the expression of creativity of collective work, comprising two major dimensions that interact in order to favor the creative act of the professionals: the dimension of antecedent standards of work and the dimension of working conditions of professionals and of the lives of the users of health services.

The first dimension

The dimension of antecedent standards of work for PHC favor creativity by implementing the ongoing care model the Family Health Strategy, considered an incremental technological innovation of organization of work. It is an innovation by adding new care activities with organizational methods not previously used in the traditional model based on the positivist paradigm focused on curing the disease, in hospital care and the medical professional as the holder of knowledge in health. And it is incremental by not fully breaking with the practices of the traditional model [6].

The organization of work originated in the health needs of the population and in multidisciplinary teams is configured as a challenge and also a powerful factor of production of creative spaces. Challenging because it requires overcoming the fragmented work in professional Cores, and at the same time requiring the establishment of a common Field of collective assignments. The Core is understood as the set of knowledge and specific responsibilities of each profession or specialty. [...]The Field have knowledge and common or confluent responsibilities to various professions or specialties[7]. The Field is a space where each discipline and profession would rely on others to perform their theoretical and practical tasks, within a space of imprecise limits. Both the Core and the Field influence each other and are ever-changing [8].

The collective work that is established in this process can foster inclusion spaces, participation and learning, and the creation of alternative and complementary actions to biomedical practice, reconfiguring practices, knowledge and values with great creative potential in the ways to understand and provide care.

The linkage of the health team to a population of about 3500 people in a given geographical area enables professionals to know the health needs of their territory, make a comparison of needs with the actions they develop, and that may put themselves in a better position to qualify its operations. A significant part of the demands presented by users in primary care do not respond to an exclusive drug therapy and have “vague and diffuse symptoms”, “physical symptoms and/or multiple psychic symptoms that generate suffering in people and overwhelm health services, without corresponding

pathological diagnosis "[9]. This context requires that workers seek alternatives to link the knowledge that emerges from contact with the community with the one arising from the training of the different professional categories in comparison with the set of materials, manuals and standards available to guide action. The teams are tensioned to see the problems from a new angle, and this circumstance makes it possible to think of new answers to the problems that were previously "solved" in a fragmented way, from the doctors' point of view.

Strengthening popular participation and social control is also one of the standards for work in PHC. The knowledge of the needs, lifestyles and the potentialities and limits of the territory should be acquired with the participation of the population. In this way, performance networks are established, opening space for creative ideas that are more easily put into practice. Creative networks are configured in a unique way, in the moment and at the time of carrying out the activity[10].

The second dimension

In recent years, Brazil has experienced significant economic and social progress, remaining among others, the challenge of reducing social inequalities and the improvement of the health care system. The implementation of primary care teams took place in very different contexts, in a range of rhythms and proportions among Brazilian regions [11]. Many health teams working in precarious physical structures, lacking material, poor working conditions, precarious employment contracts, excessive size of population to be followed, and insufficient funding.

The workplace does not always contribute to the implementation of standards. At the same time, the social and economic inequalities in Brazilian society limit the effectiveness of health actions and call for intersectoral action, i.e. by integration of professional health work with other areas, such as social work, education, housing, among others. The need to incorporate new technologies and requirements and the daily living with pain and death, causes suffering for the worker.

Suffering can be creative when the individuals turns it into something beneficial for them and others, when it motivates and challenges them to produce actions that are productive for them and society [12]. In some cases, the scarcity of resources, equipment and supplies can stimulate creativity, expanding the listening and promoting links between professionals and users. Thus, the use of creativity becomes a routine function of health practices in which workers of primary care would be permanently challenged to find new ways to confront the difficulties that arise in their daily work.

EXPRESSIONS OF CREATIVITY IN PRIMARY CARE

The Brazilian primary care settings may not seem, at first glance, as fertile with creative actions, but the complexity of the health-disease process has mobilized workers, according to the urgency

of efficiency and effectiveness, in order to think of ways to produce quality care and to experience less suffering at work.

Several teams have invented ways to make the most welcoming environments seeking to break with the imagination of users that health centers are spaces where disease, suffering and pain prevail. Others sought alternatives to perform care.

In that direction, we present three experiments, taken from the literature, expressing the creativity in the workplace in PHC: the "The Tales' Tent"; "Glancing beyond the demand" and the "The Arts and Crafts Portal"

The Tales' Tent

A Unit of Family Health in the city of Natal, Northeastern Brazil, created the Tale's Tent, an experience that uses storytelling to promote the protagonism and co-responsibility of users and SUS workers facing demotivation and fragmentation of work through listening, discussion and art, including the production of health-life stories of workers and users. The idea of the tent came from the perception that the population invents ways of coping with the deprivation and isolation of the region, and many of them were did not benefit the healthcare services. Initially, they created a film so that part of these stories could be told and in a second time, as a means of increasing their participation they created the Tales' Tent. They transformed the unit meeting room in a "living room". The lacy tablecloth and objects brought by professionals and users (an old kerosene lamp, an old iron that used coal, a kettle, a radio, a picture frame) on the wall, a colorful patchwork banner displays verses, messages, posted fragments of old conversations. Completing the scene, a rocking chair covered with a cotton blanket waiting for the next that will sit down and tell her story[13]. With creativity, workers strengthened the bond with users and transformed the health unit in a place that does not only cure the disease, but promotes health above all.

Glancing beyond the demand

In the city of Joao Pessoa, Paraiba, Brazil, several strategies developed by health professionals to produce new forms of care as alternatives to the hegemonic biomedical model, demonstrate the existing creative potential in the areas of primary care. Realizing the embarrassment of a user that could not write his name, the team organized adult literacy courses as a means of social inclusion. Considering the demands of the community and the plurality of lore that contribute to the understanding and intervention in health, it opened a space for the mourners, seeking to value the popular knowledge using the Health Center as a space for re-appropriation of practices historically denied in the medicalization process life by the official knowledge. To prevent, in some situations, forwarding users to other levels of care or avoid prescribing unnecessary and ineffective drugs, a provider began to study the physiology of pain and began offering massage as a way to care previously non existent in the actions menu offered by primary care services [14].

The Arts and Crafts Portal

Mr. Anésio, 74 years old went frequently to the health unit presenting complaints that left the team with a sense of helplessness, because he was medicated and had his blood pressure controlled, but his depressive symptoms remained unchanged. The team held a meeting with the presence of a psychologist and concluded that the previously established therapy for Mr. Anésio was not responding to his needs. They decided to make a visit to his home. Through conversation and observation the team realized that he had been a carpenter for many years, he had a lot of skills with wood and his eyes sparkled when he spoke about his carpentry stories. It was then proposed that he started to teach carpentry classes for community teens and they turned the balcony of his house in a carpentry school. As the project grew, the team identified other potentialities in the community. They sought external support from the unit to enable new actions. They partnered with the Management Local Council and organized various work initiatives in partnership with public and private institutions. They also visited community organizations (youth groups, women groups, football teams, neighborhood associations, etc.), always seeking to establish connections and to act as a network. In this way the Portal of the Arts and Crafts was born. Various activities were organized: in addition to carpentry, handicraft courses, languages, leisure activities, relaxation, music, etc. Several health professionals from nearby units began to perform several health actions on the Portal of Arts and Crafts, different from those performed in the basic health unit routine, feeling more pleasure in their work. Most of the actions were held by teachers-users to users-learners [15].

WHAT DO THESE EXPERIENCES TELL US ABOUT CREATIVITY

Creativity is a necessity

The experiences suggest that creativity arises from needs present in the life context, associated to favorable background rules. It functions "as if" there is "permission" in the space for the reinvention of daily work. A common situation in health services in Brazil is the excess demand related to supply, oftentimes not responding to the complaints from users, even after a medical consultation, examinations or drug consumption. These experiences indicate that professionals are able to break away from the isolation and invent new ways of working that go beyond the walls of the units. The high demand and low effectiveness of traditional actions produce a pressure on the teams and feelings of helplessness that mobilize the creative act. The standards are one-size-fits-all, made in dissonance with local territories, leaving to the professionals the need to find ways to apply them accordingly to local singularities. In that direction, they are not restricted to the formal organization of work or to what is on the chart, as they seek for the various resources present in the territory and establish unique connections, creating a true network performance.

Creativity requires intellectual discomfort

The production of new forms of care reveals the intellectual discomfort stance of health professionals facing the calls to action presented by the environment. Creativity "emerges in particular moments of care, when professionals try to glance beyond what is presented to them explicitly as demands for health care."[14], while at the same time coexisting with diverse rationales. In this context creativity emerges building new rules resulting from the activity, demonstrating the ability of professionals to go beyond what is conventionally known as healthcare.

Creativity is guided by values

In the discussion of norms and values present in the activity, the choices seem to have been guided by the values of defense of life: health as a right of all and duty of the state; ensuring access to health care; valuing the users experience lore; the users' right to participate in the decision of their therapeutic process. Looking at the others in equal foot and constructing the work process through the recognition of the diversity of lore in this context are values that guide towards the production of distinct and singular forms of health care.

Knowledge encourages creativity

By knowing the needs and alternatives resources in stock in the district, the group allowed to improvise, distract itself and empower itself. An ingredient that appears to favor creativity is the knowledge, not limited to the territory, but also of the foregoing rules, of the experience generated in the work and by work, and of the gaps in standards. This ingredient fosters the desire of practitioners to study in order to appropriate new technologies to be effective.

THE PRACTITIONERS ALLOW THEMSELVES TO CREATE

Providers and users allowed themselves to create, induced by listening to the needs of the territory. In certain situations they realize that the individual listening was not possible for everyone and this resulted in the improvisation of a collective listening. Improvising can be favored by professional autonomy and acknowledgement by the user of the professional work. The users' response, recognizing and valuing the new, could be an element to facilitate creativity. Healthcare work is thus composed by actions carried out by groups that are capable of inventing and reinventing ways of doing and also transforming - themselves and the collectively[16]. In the health sector, where the "object" of the work is not a "patient" but an autonomous subject, that subject influences in a direct way how care is provided, either enhancing or hampering the creative action.

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