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3-30-2009

Home Care in Supplementary Health: A Device of Positive Reconstruction

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Recommended Citation

Franco, T and E Merhy. "Home Care in Supplementary Health: A Device of Positive Reconstruction." (2009).
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DOCUMENTO CUCS # 53B

C&SC200813(5)Franco-Merhy

Franco T, Merhy E. Atenção domiciliar na saúde suplementar: dispositivo da reestruturação produtiva. [Home Care in Supplementary Health: A Device of Positive Reconstruction.] *Ciencia & Saúde Coletiva (Rio de Janeiro, Brasil)* 2008 Septiembre-October; 13 (5): 1511-1520.

Objective: Understanding how home health care is delivered in the “Home Health Care Program” (PAD) as supplementary health care and to verify the relations between the team, the beneficiaries and family members.

Methodology: Qualitative study. The techniques for collecting data were through literature review, semi-structured interviews and observations recorded in a field diary. The informants were the technical director and workers in the PAD, beneficiaries and caregivers. Interviews and observations were made at the program headquarters and in the homes of beneficiaries. The data analysis was to develop a matrix of discourses of the informants.

Results: The analysis of the attention of the PAD included an examination of organizational issues and logistics; management and health education; PAD entry criteria and care networks; and micro politics of the work process. Home care is regulated by contracts between the company offering the service and their clientele. The team is composed of staff on first and second care levels. PAD is a network of services, which enables the use of teams, technical support, and use of inputs, transport and communications. Professionals receive ongoing training. The eligibility criteria include prolonged hospital stay, nosological profile (classification of the respective disease) and medical prescription. The care network promotes the training of families to take care of the beneficiary. The work process is highly coordinated within the program. It strengthens the care relationships between those involved, making the work more dialogic, interactive and therapeutic. However, training is focused on epidemiological and clinical aspects and is not geared towards personal interaction, psychological support and the idealized perception of health care workers.

Conclusions: For the authors, the PAD is produced through a process of productive restructuring of supplementary health under the hegemonic medical model and market rules. The program operates through the interactions between professionals, recipients, family members and a network created in a micropolitical work scenario. The former configures different processes to produce health care.