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Gestão em saúde na fronteira: revisão integrativa da imbricância para a assistência hospitalar

Health management in frontier: integrative review on its impact for hospital care

Gestión de la salud en la frontera: revisión integradora de su impacto en la atención hospitalaria

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ABSTRACT

Objective: To identify the subsidies provided by scientific production to hospital health management in frontier areas. **Methods:** This is an integrative review that explored the universe of 24 articles indexed in the Virtual Health Library, the database of Latin American and Caribbean Health Sciences (LILACS). **Results:** Socioeconomic health management aspects at the border that showed the mobility of people and the management of health services and; clinical aspects of health management at the border which highlighted aspects of service and customer characteristics. **Conclusion:** Health in the frontier area explored in scientific production subsidizes the hospital management to indicate the socioeconomic factors as determinants of the health-disease. Determination which results in increased demand and the need for health diagnostic technology.

Descriptors: Border Health, Border Areas, Hospital Administration.

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RESUMO

Objetivo: Identificar os subsídios propiciados pela produção científica à gestão hospitalar de saúde em áreas de fronteira. **Métodos:** Trata-se de uma revisão integrativa que explorou o universo de 24 artigos indexados na Biblioteca Virtual de Saúde, na base de dados Literatura Latino-Americana e do Caribe em Ciência da Saúde (LILACS). **Resultados:** Aspectos socioeconômicos da gestão em saúde na fronteira que evidenciaram a mobilidade de pessoas e a gestão dos serviços de saúde e; aspectos clínicos para a gestão em saúde na fronteira que destacou os aspectos do serviço e as características da clientela. **Conclusão:** A saúde em área de fronteira pela produção científica explorada subsidia a gestão hospitalar ao indicar os aspectos socioeconômicos como determinantes do processo saúde-doença. Determinação que acarreta na ampliação da demanda e da necessidade de tecnologia diagnóstica em saúde.

Descritores: Saúde na Fronteira, Áreas de Fronteira, Administração Hospitalar.

RESUMEN

Objetivo: Identificar subsidios propiciados por la producción científica de la gestión hospitalaria de salud en las zonas fronterizas. **Métodos:** Se trata de una revisión integradora que explora el universo de 24 artículos indexados en la Biblioteca Virtual en Salud, en la base de datos América Latina y el Caribe de la Salud Ciencia (LILACS). **Resultados:** Aspectos socioeconómicos de Gestión de la Salud en la Frontera que demuestran la movilidad de las personas y la gestión de los servicios de salud y; Aspectos clínicos para la Gestión de la Salud en la Frontera que destacaron los aspectos de las características del servicio y atención al cliente. **Conclusión:** Salud en el área de frontera de producción científica explorado presentado subvenciona la gestión hospitalaria para indicar los aspectos socioeconómicos como determinantes de la salud-enfermedad. Determinación de que implica la expansión de la demanda y la necesidad de tecnología de diagnóstico en salud.

Descriptores: Salud Fronteriza, Áreas Fronterizas, Administración Hospitalaria.

INTRODUCTION

Management can be understood as the strategic way selected administratively to rule the work process in a company.[1] This, on the special feature of this study, is characterized as a place with vast technological arsenal to provide recovery and rehabilitation services for people with changes in their physiological processes, termed as hospital.[2] Amendments which can not be separated from the socio-environmental context, as this determines the condition and even the understanding of what is health for each person.[3]

An understanding that gains specificities when defining health in terms of frontier, since health on the border highlights the implementation of geospatial limit for the human condition of the people who inhabit it. A human condition that drives the production of interpersonal interactions and in pursuit of meeting their basic human needs.[4] Interactions that may represent a potential to aggregate people in production processes that result in resources to meet their needs.[5]

Productive processes within the hospital care has been evidenced from several elements. It can be emphasized investments in technology and equipment that result in better resolution, ie, in a shorter waiting time to meet the population's needs. Investments in the Brazilian context has generated the production of health care that does not promote the satisfaction of the population.[6] Lack of satisfaction stems from the impossibility of the service to enable for health professionals conditions to the completion of a clinical and diagnostic research needs, that is, restrict the service to medical consultation.[7]

Such absence is accentuated in the border area by the difficulties of investigating infectious diseases and build a community diagnosis, which is independent of technological arsenal. It depends rather of geospatial limits of performance of health professionals and the public policies of countries.[8] Therefore, these areas are unique places that need more attention, because despite the territorial contiguity health systems of neighboring countries are different and often the movement of people between countries hinder the monitoring and the provision of an adequate service.

Given these aspects of hospital care, the management of these services has sought increasingly lapidary quality considering the structure, process and outcome. These are involved respectively as the conditions of the working environment and tools to operationalize it; with the actions of professional-workers in the relationship with customers and; meeting the needs of these customers.[9] The evaluation of these aspects is guided into seven concepts: efficacy, efficiency, effectiveness, optimization, acceptability, legitimacy and equity.

Efficacy which translates in the planning of work activities with establishing goals and objectives. Efficiency that constitutes the financial, human and chronological feasibility for implementation of previously planned actions and to consider the cost-benefit to the triad of institution-worker-client.[1] Effectiveness that is the prediction of the consequences for the institution, for employees and for customers, the planned work process.[10]

Optimization brings together the evaluation of the planning and execution from the results actually achieved, meaning it is the ratio of effects and work process costs. Acceptability is set up in meeting customer requests regarding: the care requested, communicational receptivity and reciprocity and organization of the environment by the workers. Legitimacy reflects the interpretation of the worker regarding the representation of care by society/customers.[11] Equity, constitutive principle of the Unified Health System (SUS) with the purpose of ensuring a social right of citizens more than access to services. Is the supply guarantee of human needs in the existential uniqueness of each customer, so that the one that most needs will receive more from the perspective of health care.[12] Aspects that support the proposition of this study which was prepared with the objective of identifying subsidies enabled by the

scientific production to the health of hospital management in border areas.

METHODS

Integrative review[13] built with the purpose to answer the question: What are the benefits enabled by the scientific production to hospital management of health in border areas? Therefore, it has been explored, described and analyzed across a universe of 24 articles available for consultation in the Virtual Health Library (BVS) and indexed to the Latin American database and Caribbean Health Sciences (LILACS) in April 2014.

The selection of articles was based on the definition of Descriptors in Health Sciences (DeCS) health at the border and border areas respectively defined as: Includes the diagnosis of the health situation of the population of border regions and of health services available to these populations and areas adjacent to the geographical boundaries of one or more countries (DeCS, 2014). Subsequently the adoption of the eligibility criteria: presentation of the selected descriptors, availability of the full text article and being freely accessible, being published during the period from 2011 to 2013 in Portuguese, English or Spanish.

Defining the research universe occurred through the following search refinement: of the 146 articles found with the descriptor health at the border, 24 met the established criteria and out of the 211 with the descriptor border areas, 31. In 2013 was obtained respectively 08 and 11, in 2012 04 and 12 and in 2011 12 and 08. Altogether has 55, including after completion of the overlap of databases constituted the final universe mentioned of 24 articles for research. This universe encompasses the production of 04 in the Journal Caderno de Saúde Pública, qualis B1 [Nursing]; 02 of the Journal Sociedade Brasileira de Medicina Tropical, qualis B1; 04 of the Revista Panamericana de Salud Pública, qualis A2; 01 of the Journal of the Instituto de Medicina Tropical de São Paulo, qualis B2; 02 of the Brazilian Journal of Population Studies, qualis A2; 01 of the Journal Caderno de Saúde Coletiva e Nutrição, qualis C; 01 of the Latin American Journal of Nursing, qualis A2; 01 of the Journal of USP's Nursing School, qualis A2; 01 of the Public Health Magazine, qualis A1; 01 of the Journal Texto e Contexto, qualis A2; 01 of the Journal Saúde em Debate, qualis B3; 02 of the Journal Ciência & Saúde Coletiva, qualis B1; 01 of the Journal Einstein, qualis B3 and; 01 of the Journal Epidemiologia e Serviços de Saúde, qualis B2.

Table 1 – Universe articles in analysis

AUTHOR	TITLE
CASTRO; RODRIGUES – JÚNIOR.	A influência da mortalidade por causas externas no desenvolvimento humano na Faixa de Fronteira brasileira.
PARISE; ARAÚJO; PINHEIRO.	Análise espacial e determinação de áreas prioritárias para o controle da malária, no Estado no Tocantins, 2003-2008.
CAZOLA; PÍCOLI; TAMAKI; PONTES.	Atendimentos a brasileiros residentes na fronteira Brasil-Paraguai pelo Sistema Único de Saúde.
ANDRADE; NINHEI; PELLOSO; CARVALHO.	Homicídios juvenis e informalidade em um município brasileiro da tríplice fronteira Brasil, Paraguai e Argentina.
PONTES; GADELHA; FREITA; RIGOTTO; FERREIRA.	Os perímetros irrigados como estratégia geopolítica para o desenvolvimento do semiárido e suas implicações à saúde, ao trabalho e ao ambiente.
SOUZA; MACHADO; FIGUEIREDO; BOFF.	Estudo sorológico de infecção por hantavírus em humanos na região de fronteira, entre Brasil e Argentina.
ANDRADE; SOARES; SOUZA; MATSUO; SOUZA	Homicídios de homens de 15 a 29 anos e fatores relacionados no estado do Paraná, de 2002 a 2004.
BRAGA; HERRETO; CUELLAR.	Transmissão da tuberculose na tríplice fronteira entre Brasil, Paraguai e Argentina.
SANTINI; GOULD; ACOSTA; BERROZPE; ACARDI; FERNANDEZ; GOMEZ; SALOMON.	Spatial distribution of phlebotominae in puerto Iguazu-Misiones, Argentina-Brazil-Paraguay border area.
SILVA; MATTOS.	Avaliação da assistência oncológica de alta complexidade em um município de fronteira em Mato Grosso do Sul: uma proposta de cálculo de estimativas de cobertura.
LEVINO; CARVALHO.	Análise comparativa dos sistemas de saúde da tríplice fronteira: Brasil, Colômbia e Peru.
PEITER; FRANCO; GRACIE; XAVIER; SUÁREZ-MUTIS.	Situação da malária na tríplice fronteira entre Brasil, Colômbia e Peru.
BELO; ORELLANA; LEVINO; BASTA.	Tuberculose nos municípios amazonenses da fronteira Brasil-Colômbia-Peru-Venezuela: situação epidemiológica e 12 fatores associados ao abandono.
SILVA-SOBRINHO; PONCE; ANDRADE; BERALDO; PINTO; SCATENA; MONOROE; PINTO; VILLA.	Efetividade no diagnóstico da tuberculose em Foz do Iguaçu, tríplice fronteira Brasil, Paraguai e Argentina.

(To be continued)

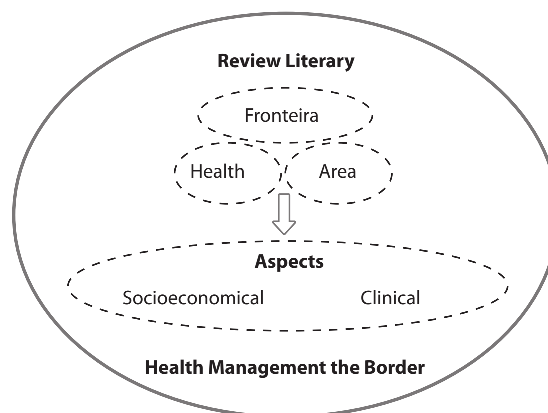
(Continuation)

AUTHOR	TITLE
SILVA-SOBRINHO; ANDRADE; PONCE; WYSOCKI; BRUNELLO; SCATENA; RUFFINO-NETTO; VILLA.	Retardo no diagnóstico da tuberculose em município da tríplice fronteira Brasil, Argentina e Paraguai.
HULL; GUEDES.	Reconstruindo Babel: comparando o bem-estar multidimensional de diferentes contextos culturais em busca de soluções comuns para o desenvolvimento.
SANTOS.	Análise de lacunas da investigação ornitológica no estado de Roraima, Brasil.
MONDARDO.	A dinâmica migratória do Paraná: o caso da região Sudoeste ao longo do século XX.
SESTELO; SOUZA; BAHIA.	Saúde suplementar no Brasil: abordagens sobre a articulação público/privada na assistência à saúde.
BUCHAN; TEMIDO; FRONTEIRA; LAPÃO; DUSSAULT.	Enfermeiros em funções avançadas: uma análise da aceitação em Portugal.
AZEVEDO.	Riscos e controvérsias na construção social do conceito de alimento saudável: o caso da soja.
COLUSSI; CALVO; FREITAS.	A programação linear na avaliação do desempenho da saúde bucal na atenção primária.
GOMES; MOURA; SOUZA.	A prática obstétrica da enfermeira no parto institucionalizado: uma possibilidade de conhecimento emancipatório.
COSTA; PAULON.	Participação social e protagonismo em saúde mental: a insurgência de um coletivo.
SÁ; SIQUEIRA.	Análise Foucaultiana de vídeos educativos para as Ciências da Saúde: ensaiando uma metodologia.
QUEIROZ; GIOVANELLA.	Agenda regional da saúde no Mercosul: arquitetura e temas.
FERREIRA; VLASTUIN; MOREIRA; MEDEIROS; MARCHI.	Notas sobre o campo da Sociologia do Esporte: o dilema da produção científica brasileira entre as Ciências Humanas e da Saúde.

Source: BVS, 2014.

It was applied a qualitative thematic analysis to the universe of the study by the critical reading and rereading of the title, summary, conclusion and results of each selected article. From that, the data was organized for the presentation of the two themes: **Socioeconomic Aspects** and **Clinical Aspects for Health Management at the Border** (Figure 1).

Figure 1 – Analytical synthesis of the integrative review, LILACS, 2014



The ethical aspects and the author's precepts were respected to the extent that the authors consulted were cited and referenced throughout the study. At the same time, it was made available the year of publication of the documents as provided for in Law No. 9610 of February 19, 1998.[14]

RESULTS AND DISCUSSION

The shown frequency distribution has the purpose of constituting the qualitative data. These are shown in nuclear categories in a non-exclusive manner, namely to identify a direction of the cores, not precluding the presence of the other thereof.

Socioeconomic Aspects of Health Management at the Border

In this category are grouped these articles that present data on the mobility of people in different borders and management of health services to guarantee accessibility.

From the set of 24 articles analyzed, 12 mentioned the mobility of people with purposes of searching and exercising work in the neighboring country, trading goods and also as a causal factor for the increase and maintenance of high rates of violence against young people and adolescents. Examples: "Most cases of malaria recorded in Tocantins is from imported origin, the field workers who leave in search of work in other states and/or countries to support their families".[15:69]

"[...]the present results demonstrate that high youth mortality rate in some areas of the city, especially those close to the border with Paraguay, is significantly influenced by the high level of informal employment, indicating a serious social problem, which is unemployment associated with the lack of professional qualification."[7:386]

"[...]the large influx of people in these cities, the rapid traverse from one city to another, the economic activities of the region and the tourism that has provided an intense population growth in border municipalities favor the spread of the disease in the border region of the three countries."[16:1277]

"The probable contact with hantavirus, reported by respondents, may simply involve the procedure of sweeping or raking barns and sheds, causing the suspension of aerosols containing rodent excreta and the aspiration of viral particles in the air; this is the likely form of infection, especially in women, who are primarily responsible for this task and who presented 58.3% of reactive sera in the present study; in contrast, 41.7% of positive samples were from men, who are primarily responsible for planting and harvesting."[17:134]

"If social instability that causes early deaths due to external causes in the Brazilian Frontier Strip is not controlled, the occurrence of these types of deaths will continue to interfere in regional development, especially land disputes, drug trafficking and traffic accidents."[18:197]

"The expansion of agribusiness in the region is characterized by changes caused in the territories which change the relations and working conditions, the environment and the health of rural populations. This also has caused profound changes in the way of life of communities, from the increase in violence, drug insertion at school, prostitution and migration."[19:3217]

"[...]it is plausible that the problem of border areas has a strong impact in the process of internalization of violence in the state and partly explains the high rates observed in this study in contiguous municipalities and those located on the margins of highways that serve as corridor connecting the borders to the southeast region."[20:1286]

In what refers to health services in the management of the 24 articles, 13 mentioned aspects associated with the optimization of resources necessary for implementation of this type of service. Optimization that includes the decentralization of the health care model, soon comprises the municipal autonomy to the benefit of quantitative and qualitative health services. Examples:

"The resources allocated for SUS does not include non-resident Brazilians, so that the care of this population, guaranteed by the Brazilian Constitution, burdens the health budget of these municipalities and overloads the health services, affecting the quality of care provided."[21:189]

Clinical Aspects for Health Management at the Border

There is here the grouping of articles that present data referring to the service aspects and of which list the customer characteristics. Both in relation to how to operationalize the health services.

From the set of the 24 articles analyzed, 12 mentioned service aspects such as the influence of professional knowledge in the operation of the service, the scarcity of resources and the use of technology. Examples:

"It was noted as weaknesses the disarticulation between responsible actors, the lack of trained staff, high turnover of staff and lack of malaria specialists doctors in local hospitals. From the point of view of municipal managers and health professionals it is desirable to establish a continuous training policy and the decrease in turnover of teams."[22:2510]

"[...] specialized services showed greater effectiveness in the diagnosis of TB [tuberculosis], making it available in less time and number of returns to service, which shows that the level of expertise and technological density were decisive elements for the correct diagnosis."[23:1379]

"Among the possible factors involved in the low coverage of radiotherapy and chemotherapy procedures found in this study, there may be issues related to the local organization of services and documentation of production of the same".[24:318]

"All health services had offered access to medical consultation but, contradictorily, were not prepared to conduct clinical research and diagnosis, especially the UAPs [Primary Units], which justified the need to seek other services for the realization of diagnosis of TB, increasing its delay."[25]

Only 03 of the 24 items surveyed mentioned customer characteristics as determinants in the border area in the health-disease process. They pointed to the lack of knowledge of infectious diseases and their prevention, the

use of therapeutic self-administration and the imprecision of addresses for tracking contacts. Examples:

> *"There was also a lack of knowledge about malaria and its prevention on the population interviewed. Action in communication and health education for the population are needed, coordinated by the health sector, with the participation of endemic agents and PSF teams."*[22:2510]

> *"[...]more than half of the patients in the study area were treated under self-administered regime. Furthermore, the investigation of contacts was carried out in less than half of cases. These findings expose the difficulties of local health services to adequately monitor patients under treatment in border areas."*[8]

> *"The tracing of contacts of patients and their treatment become partial by the existence of inaccurate addresses and outside the Brazilian jurisdiction".*[25]

Health management at the border embraces the complexity of issues related to human movement for the supply of their social integration needs in the economy. Insertion characterized by mobility of people between countries in the exercise of their freedom, civil law. Exercise that reveals interpersonal interactions centered on work as a human activity whose purpose is beyond the production of material goods. It represented the social inclusion of people living in different environments.

Insertion that appears beneficial for becoming a familiar source of satisfaction and pleasure as a result, especially for women, the (re)knowledge of their participation in the material construction of the collective.[26] On one hand the work allows such conditions for family well-being, on the other it can contribute to maintenance and accentuation of morbidity and mortality rates. It then has the dichotomy between legalized formal work and illegal, informal, in which one can say that the first promotes health and the second extends the social demand for health services.[27]

Demand expansion which causes problems for the quality of health care and that can be related to government resources, human and material service as observed in this study. These results allow us to infer that the political and economic issues generate many interactions between people with different nationalities, which are considered individually as a source of survival, but also have unhealthy implications to this population.

Implications that need to be considered by the directors of hospitals, because the future of the company or institution depends on the ability to raise funds and human support. Support needed to maintain it and to achieve the quality of care, that is, for the resolution of basic human needs.[28]

Funding that includes the social exercise to highlight for policy makers at different levels of representation: municipal, state and federal the benefits of investing in these quantitative larger border areas. Benefits that will arise from credibility in health services.[29] Exercise that requires a change in the proper way to manage the hospital work in which health professionals should be viewed as partners. Thus, it is understood that they have knowledge beyond the operationalization of health care actions. They fit into the political and social context of the city and develop interpersonal relationships that go beyond the physical limits of the hospital. Therefore, they dialogue and are members of communities that are sometimes in their own service customers.[30]

Health professionals of different health services in the border area are identified as the functional unit of coordination between public health and community services. Thus, the decision-making on access to services focuses on the work of these professionals, because the rigidity of the printed operational standardization in normative municipal policies undermines human rights, especially the right to life, along with the right to healthcare.[31] This feature of health in the border leaves the population in constant uncertainty about the decision-making and the possibilities of public and private institutions managers to ensure access to health.[32]

IIt is added to the border area context other data that contribute to the establishment and implementation of specific public policies. One is the low Human Development Index that takes local managers to develop social assistance programs. This fact shows that the decentralization of public policies in the Brazilian health system guarantees autonomy and local sovereignty to meet the demands of the population and even to promote international links that strengthen the constitutional rights of citizens.[33]

Thus, the hospital care in border area requires the hospital administrator to exchange resources with the neighboring country, ie the international agreement should be produced and promoted. Therefore, the record of the assistance data in the service of each country communities should be an instrument of articulation and negotiation for administrators and managers.

CONCLUSION

This research allows us to infer that the health-disease in border area has particular characteristics associated with the mobility of people between countries. Imbricated mobility beyond the constant search for financial resources for family subsistence, covering the maintenance of life by the use of health services. Use marked by difficulties in access to technologies needed to confirm the diagnosis of health conditions and to the definition of therapeutic.

This situation is aggravated not only by the health professional being the main provider of technological resources in health and not presenting continuous link with the place throughout time. As well as the operational differences of health services of the countries that are delimited by public policies. These need to be (re)designed

ensuring geopolitical and environmental specificity of the border areas.

Guarantee that can be subsidized by statistical and epidemiological data published by scientific production. These highlight the need for coordination between the health and safety sectors with a view to reducing spending on the treatment and/or rehabilitation of victims of violence, as well as the minimization of the productive potential of society, young people and adolescents. And, in parallel, it demonstrates the need to strengthen primary health care so that it may have to minimize the aspects referred through health promotion and a hospital care actually solving the care of people in neighboring life situations.

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