FLOWS AND FUNCTIONS: AN EXPERIENCE REPORT ON USERS' PERCEPTIONS OF THE FHS IN A PHU IN EUNÁPOLIS, BAHIA

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Abstract: This article presents an academic experience developed within a university extension project linked to the Medicine program at Faculdade Pitágoras de Eunápolis. The study adopts a perceptual approach focused on analyzing users' opinions regarding the service flow and the functions performed by the multidisciplinary team of the Family Health Strategy (FHS) at the São João Batista Basic Health Unit. Structured instruments were used for data collection, based on a questionnaire composed of nineteen closed-ended questions applied to a sample of thirteen users. The results showed that 61.5% rated the service as "regular" and 38.5% as "good" or "excellent", with no negative responses recorded. Regarding professional listening, 46.1% stated they are "always listened to" and 38.5% reported being listened to "sometimes", indicating positive but inconsistent communication practices. As for the team's knowledge of community health conditions, 69.2% demonstrated a positive perception, while 30.8% identified some degree of unawareness. The main challenges to accessing the unit were long waiting lines (53.8%) and lack of information (23.1%). The most frequently mentioned

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improvement suggestions included enhancing the physical infrastructure of the unit, followed by increasing the number of professionals and improving communication with patients. The experience adhered to the ethical principles required for research involving human subjects, with all participants signing an Informed Consent Form and formal authorization obtained from the Eunápolis Municipal Health Department for the implementation of the activity. It is concluded that strengthening active listening and integrating teaching, service, and community represent essential paths to improving primary health care and enhancing the transformative effects of university extension.

Keywords: Family Health Strategy. Experience Report. University Extension. Primary Health Care. User Perception.

Introduction

Primary Health Care in Brazil, guided by the principles of the Unified Health System (SUS) and based on health prevention, promotion, recovery and rehabilitation actions. Its implementation aims to reorganize the work process in the basic units, focusing on comprehensiveness, longitudinality and bonding with the community (Arantes et al., 2016). In this context, active listening to users, clarity in professional functions and the efficiency of the flow of care become essential elements for the effectiveness of care.

The relevance of investigating the users' perception of the services provided by the FHS lies in the understanding that the quality of care is influenced not only by biomedical indicators, but also by the patient's subjective experience with the health system. As pointed out by Moimaz et al. (2010), user satisfaction and perception reflect, to a large extent, the functional performance of the unit and the quality of the interactions established with health professionals.

By considering perception as an analytical category, it is possible to access more subtle dimensions of the relationship between service and population, identifying gaps in communication, failures in listening, and mismatches between institutional planning and the real needs of the

community. Attention to these aspects allows not only the technical improvement of the team, but also the strengthening of a more humanized and responsive care (Garcia et al., 2020).

In this sense, the present study is justified because it is integrated with university extension actions and promotes a formative experience that articulates teaching, research and service. The activity was developed by students of the Medicine course at Faculdade Pitágoras de Eunápolis, within the scope of the discipline Interdisciplinary Practices of Teaching, Service and Community Interaction (PINESC), in partnership with the Municipal Health Department. The empirical field was limited to the Basic Health Unit (BHU) São João Batista, located in the urban area of the city.

The central problem that guides this experience refers to the following question: how do the users of the São João Batista UBS perceive the flow of care and the functions performed by the professionals of the Family Health Strategy (FHS)? This question arises from the observation that, despite the structural advances in Primary Care, many units still face difficulties in clearly communicating their internal processes and ensuring systematic and effective listening to the enrolled population.

The theoretical basis that will support the data analysis is based on authors who discuss the organization of the FHS, qualified listening, the longitudinality of care and the determinants of user satisfaction with health services. Among them, the studies by Falkenberg et al. (2014), on health education and humanization of care; Azeredo et al. (2007), who address the importance of home visits in the construction of territorial bonds; and Kessler et al. (2019), who discuss longitudinality as a structuring axis of problem-solving capacity in primary care.

In addition, the guidelines of the Ministry of Health (Brasil, 2000) establish territorialization, interdisciplinarity and community participation as pillars of the ESF, which serve as a normative reference for the critical analysis of the users' responses. The contributions of Ferreira et al. (2019) on continuing education also guide the understanding of professional training in health as a continuous process, sensitive to the concrete demands of the territory.

The perception of the users, in this work, is understood as an expression of their experiences

accumulated in the daily use of the UBS services. This approach allows us to problematize aspects of welcoming, interpersonal communication, access to information and clarity in the roles played by community agents, nurses and doctors in the FHS. The analysis of these dimensions can offer subsidies for improving the quality of care and strengthening social control.

The experience reported here also fulfills an important pedagogical function by providing students with a critical contact with the reality of the SUS, promoting an education that transcends technical knowledge and reaches the ethical, relational and territorial dimension of care. Based on active listening and systematization of the findings, the proposal is to give back to the community an analysis built on the basis of their own voice, respecting the principles of participation and co-responsibility.

Thus, the present experience report proposes to describe and analyze, in the light of the specialized literature, the data obtained from the users of the UBS São João Batista, with emphasis on perceptions related to the flow of care, professional listening and the functions performed by the FHS team. Thus, it seeks to contribute to the production of knowledge committed to the strengthening of Primary Care and to the ethical and political qualification of medical education.

Methodology

The present experience report was developed within the scope of the integration of the disciplines Interdisciplinary Practices of Teaching, Service and Community Interaction (PINESC) and Science, Extension and Transformation of Health in the Community (CETSC), as a university extension activity carried out by students of the Medicine course of the Pitágoras de Eunápolis College. The activity took place at the Basic Health Unit (UBS) São João Batista, located in the municipality of Eunápolis, Bahia, with the formal consent of the Municipal Health Department.

The methodological proposal adopted was quantitative-qualitative in nature, with emphasis on the perceptive approach of the users of the Family Health Strategy (FHS). The instrument used

was a structured questionnaire, composed of nineteen objective questions with multiple-choice alternatives, covering aspects related to the flow of care, professional listening, organization of the unit and functions of the multiprofessional team.

The sample was composed of 13 (thirteen) users of the UBS, randomly and voluntarily selected, respecting the diversity of age group, education and gender. The application of the questionnaires was conducted by the students in a direct approach, with accessible language and attentive listening, seeking to ensure the clarity of the questions and full understanding by the participants.

During the activity, the ethical principles that govern research with human beings were strictly observed. All participants signed the Informed Consent Form (ICF), after being duly informed about the objectives, methods and non-interventionist nature of the experiment. The identity of the participants was preserved, ensuring secrecy and confidentiality of the data.

The analysis of the results was carried out in two stages. First, the closed answers were tabulated and organized in bar graphs, allowing the visualization of the relative frequencies for each selected question. Next, the data were discussed in the light of the previously established theoretical framework, with the objective of critically interpreting the perceptions reported by users and confronting them with the principles and guidelines of the FHS.

The systematization of the data was not intended to generalize, but rather to deepen the understanding of the community's local experience with Primary Health Care services. As a report of an extension experience, this methodology allowed not only the collection of significant data, but also the concrete academic experience of students in the interface between medical education and the reality of the SUS.

Analysis and Discussion of Results

The interpretation of the data obtained from the users of the São João Batista Basic Health Unit was guided by a theoretical framework that includes authors who critically discuss the functioning of

the Family Health Strategy (FHS), the principles of Primary Health Care and the subjective elements that make up the user experience. The contributions of Arantes et al., (2016) were fundamental to understand the ESF as a model that seeks to restructure the work process in Primary Care, with a focus on integrality, territorialization and bonding. These principles served as a basis for analyzing whether, in the perception of users, such guidelines are being effectively applied in the daily practice of the unit investigated.

Active listening, pointed out by Garcia et al. (2020) as an essential professional skill in user embracement, was identified in the users' discourses as a present but inconstant practice. The literature highlights that qualified listening involves more than hearing availability: it is a relational competence that structures trust and the effectiveness of care. Neves (2021) adds that failures in communication between professionals and users compromise the fluidity of care, adherence to treatments, and the clarity of institutional flows, indicating the need for permanent qualification of teams in this field.

The absence of educational activities as an element positively highlighted by users is also supported by the literature. According to Fernandes et al. (2019), although health education is one of the pillars of the FHS, it is often relegated to a secondary role in the routines of the units, with disjointed or punctual actions, which limits its formative and emancipatory function. This finding reinforces the importance of valuing educational practices as a strategy for bonding, guidance, and promotion of self-care.

Another relevant aspect refers to the users' perception of the presence and knowledge of the health team in relation to the territory. Azeredo et al. (2007) emphasize that territorialization, by itself, does not guarantee a bond with the community: it is necessary for the team to develop effective actions of approximation, such as home visits, recognition of local vulnerabilities and qualified presence in spaces of collective listening. The data reveal that, although part of the participants perceive proximity to the professionals of the unit, there are also manifestations of distancing, pointing out gaps in the team-territory relationship.

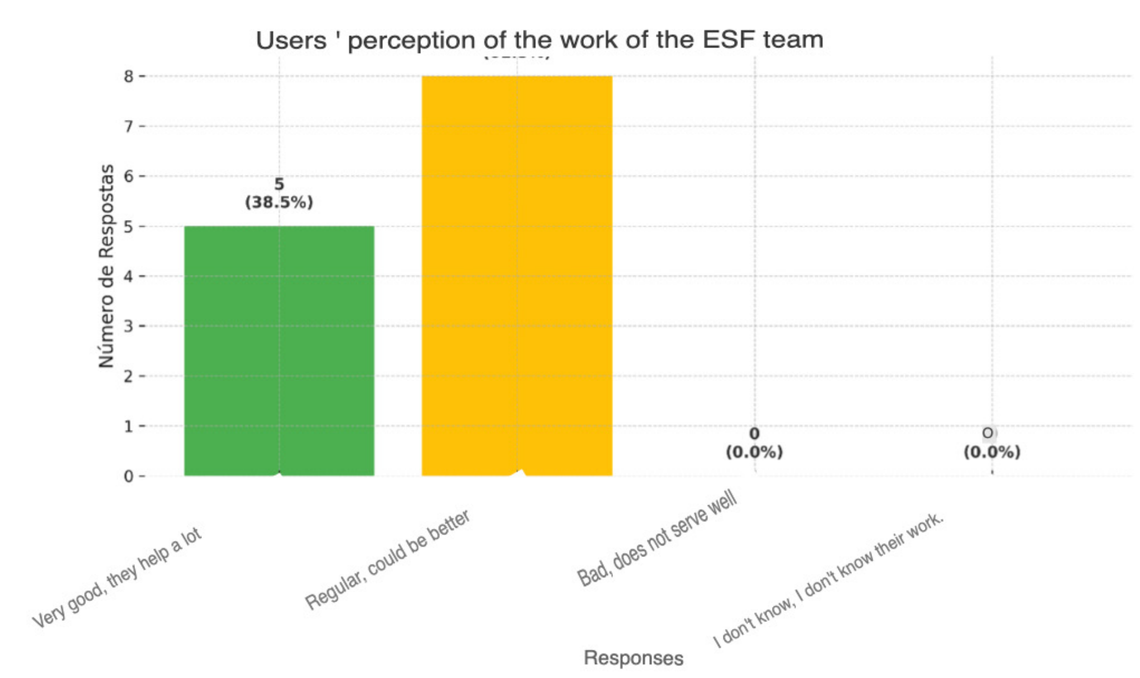
The analysis of the data obtained from the thirteen users of the São João Batista UBS reveals

central aspects about the functioning of the Family Health Strategy (FHS) from the perspective of the subjects themselves. By adopting a perceptive approach, the study sought to systematically show how users interpret the quality of the service, the challenges of access and the role played by the professionals of the unit.

Data were collected through a questionnaire with nineteen closed questions. For analytical purposes, five of these questions were selected for their representativeness in relation to the objectives of the study. The answers were organized in bar graphs, allowing clear observation of the distribution of perceptions.

The first relevant finding concerns the general evaluation of the work of the FHS team. Most users rated the performance as "fair, could be better", while a smaller portion considered it "very good, they help a lot". None of the answers indicated ignorance of the team's work or a negative evaluation.

Graph 1: Evaluation of the work of the FHS team by the community



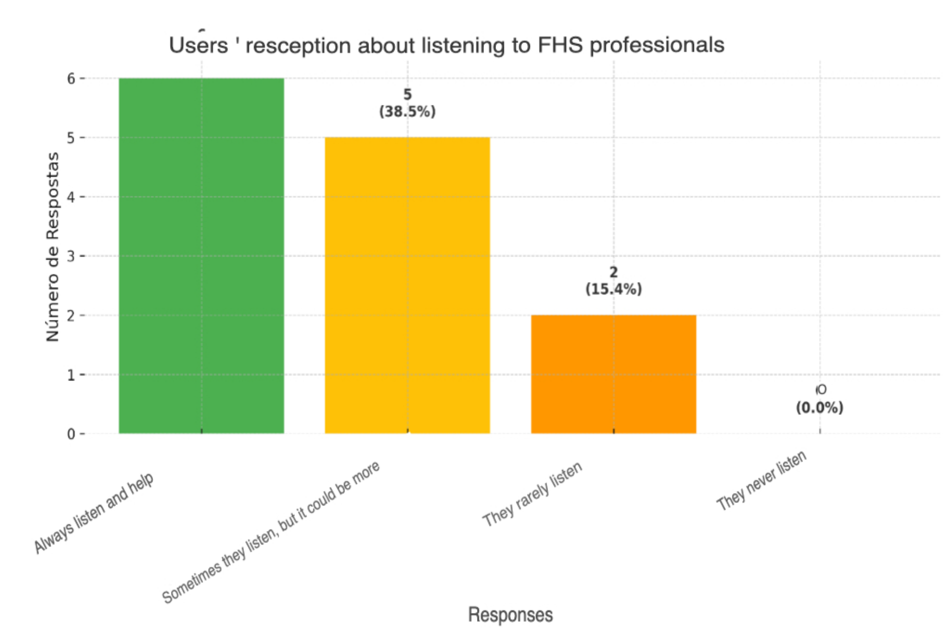
Source: Field research, 2024.

This data signals an intermediate perception of the performance of FHS professionals. Although the service is not perceived as bad, the prevalence of “regular” evaluation demonstrates the existence of expectations that are not fully met. This indicates that, even in the face of a performance considered minimally satisfactory, there is a latent demand for improvement.

On the other hand, the fact that no responses were recorded in the “bad” or “I don’t know their work” categories reveals a positive aspect: users recognize the presence and performance of the team. This indicates that the professionals are inserted in the daily life of the community and that there is a minimum of bond established.

The second question analyzed addressed the listening of users’ doubts and concerns by the FHS professionals. Most answered that they “always listen and help”, followed by “sometimes they listen, but it could be more”. Only two people said they “rarely listen,” and none indicated they “never listen.”

Graph 2: Users’ perception of the professionals’ active listening



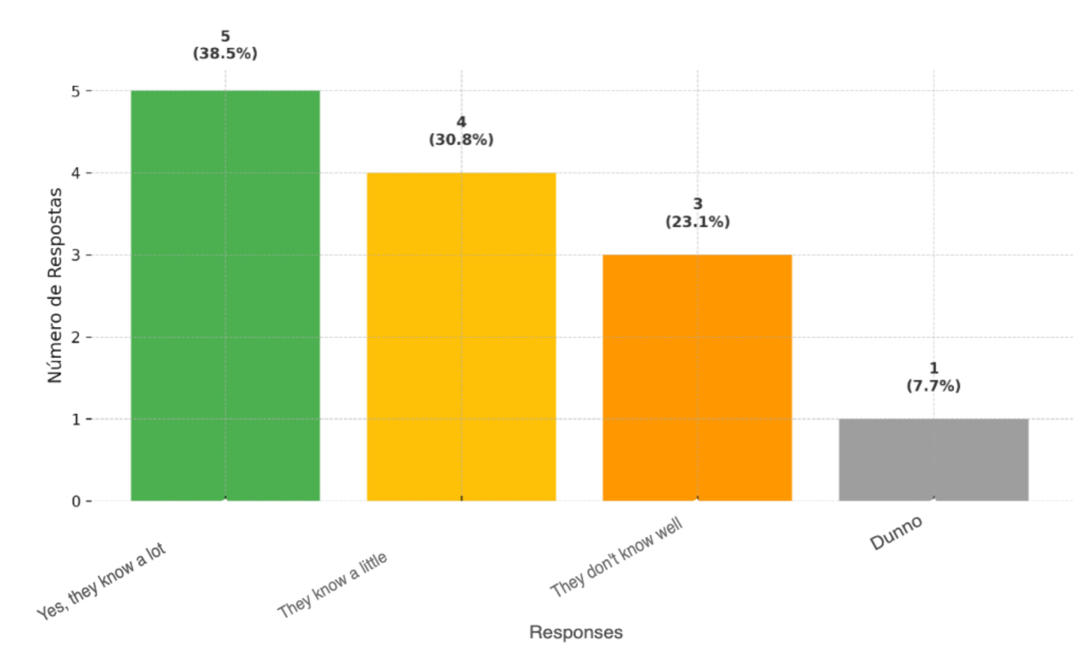
Source: Field research, 2024.

This result is significant, as it indicates that active listening is practiced, although with oscillations. Listening is an essential element of comprehensive care, being an important marker of humanization in Primary Care. The existence of answers in the category “sometimes listen” reveals a certain irregularity in this aspect, which can affect the user’s trust in the service.

Even so, the most expressive data, that 46.2% always feel heard, demonstrates that part of the team strives to establish empathetic communication. This suggests that professionals understand, at least partially, the value of listening as an instrument of welcoming and care.

The third question analyzed investigated whether users feel that the FHS team knows the health of the community well. The majority answered affirmatively, with five people saying “yes, they know a lot”, and four saying they “know a little”. Three said they “don’t know it well,” and one said “I don’t know.”

Graph 3: Perception of the team’s knowledge of the community



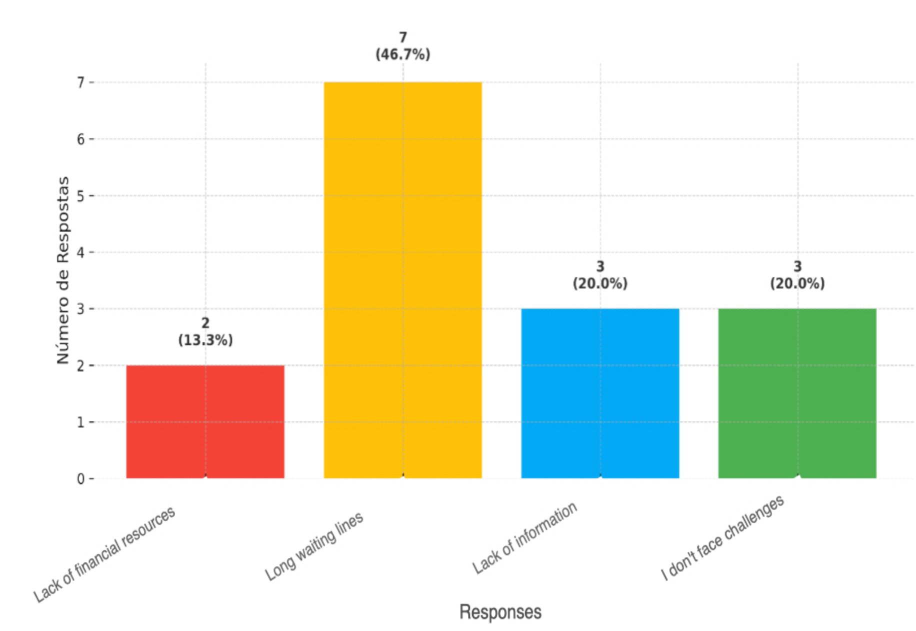
Source: Field research, 2024.

These data demonstrate that most recognize some degree of proximity between the team and the territory, which is consistent with the FHS model, based on territorialization and bonding. However, the fact that there are responses that point to partial or total lack of knowledge suggests the need to intensify actions such as home visits and community listening.

This perception of lack of knowledge may be associated with the turnover of professionals, the overload of demands, or the absence of systematic health surveillance actions. As indicated by Azeredo et al. (2007), the territorial bond is only consolidated with the active and regular presence of the team in the population's living spaces.

The fourth question addressed the main challenges faced by users to access UBS services. The most frequent response was "long waiting list", followed by "lack of information" and "lack of financial resources". A small group declared that they did not face any difficulties.

Graph 4: Top user-reported barriers to access



Source: Field research, 2024.

This finding reveals a structural dimension of the problem. The waiting list, as pointed out by more than half of the interviewees, indicates a bottleneck in the internal flow of the unit. This is an obstacle that negatively impacts satisfaction and continuity of care, especially when associated with the lack of clear communication about schedules, available professionals, and forms of scheduling.

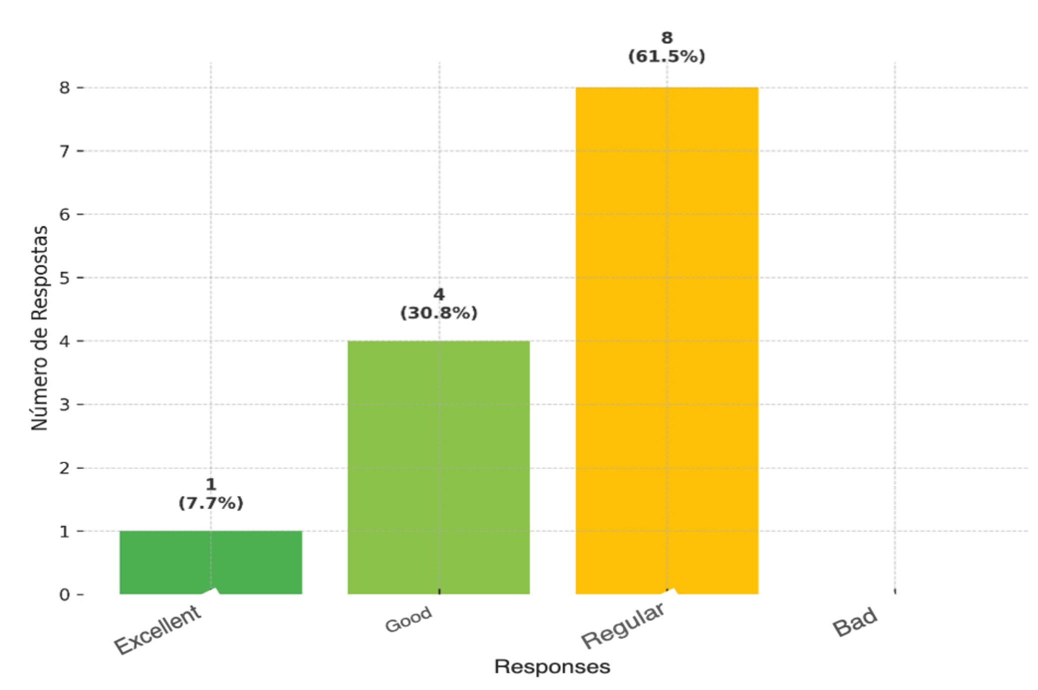
The absence of information as the second biggest challenge reinforces the idea that communication between unit and community is still fragile. This can compromise adherence to services and generate misinformation about the rights, flows, and therapeutic possibilities offered by Primary Care.

The fifth question investigated asked how users evaluate the overall quality of the care received. Most answered “fair”, followed by “good” and only one answer for “excellent”. There were no answers to “bad”.

The predominance of the “regular” answer is consistent with the other perceptions raised. The data reinforces the notion that, although the service works and partially fulfills its functions, there are noticeable gaps for the user, especially with regard to welcoming, communication and access.

The answer “excellent”, although isolated, indicates that there are individualized positive experiences, which can serve as an internal reference of good practices. However, the restricted number of responses in this category shows that these good practices have not yet become standard within the unit.

Graph 5: Evaluation of the quality of the care received at the UBS



Source: Field research, 2024.

In addition to the objective questions, the questionnaire had a final stage in which users were able to suggest improvements. The most frequent responses were the increase in the number of professionals and the improvement of communication with patients. Other notes included the desire for a greater supply of services and the appreciation of educational activities.

The suggestion of increasing the team, expressed by the users, is in line with studies that relate the overload of FHS professionals to a precarious organization of services, marked by the scarcity of personnel, excess demands and lack of territorialized planning. According to Assis et al. (2020), the dissatisfaction of Primary Care workers is directly associated with the inadequate distribution of human resources, compromising both the time of care and the ability to listen and the problem-solving capacity of actions. The users' perception of these aspects, therefore, offers a strategic indication for management, in the sense of readjusting the composition of the teams and ensuring greater effectiveness in care.

The demand for better communication, on the other hand, points out that, even with occasional experiences of active listening, users still perceive failures in feedback, clarity of information and continuity of care. Neves (2021) points out that communication between health professionals and users remains one of the main obstacles in Primary Care, affecting the bond and adherence to treatment. The absence of educational activities as a highlight in the interviewees' statements reinforces this diagnosis: according to Fernandes et al. (2019), despite being provided for in the FHS guidelines, health education actions are often secondary or executed in a disjointed way, which compromises their emancipatory power.

Finally, the data analyzed allow us to visualize a scenario in which the performance of the FHS team is recognized, but still limited by operational and relational barriers. The predominance of "regular" evaluation among users is related, according to Silva et al. (2015), to the fragmentation of institutional communication, the insufficiency of continuous welcoming practices and the fragility of the territorial bond. These limitations, although they do not constitute a negative perception of the service, indicate the urgency of strengthening local planning, with a focus on qualified listening, effective territorial presence and the restructuring of internal care flows.

Active listening, although present in some situations, still lacks systematization that guarantees its effectiveness as a central practice in welcoming and humanizing care. According to Garcia et al. (2020), listening is not just listening, but requires specific communication skills, empathy, and interpretation of the reality experienced by the user from the professional. When this listening occurs in a fragmented or unqualified way, there is a loss of bond and a reduction in adherence to care. In addition, as Neves (2021) points out, the absence of organizational communication strategies impairs the understanding of internal flows and compromises the user's journey through the services, generating confusion, insecurity, and discontinuity in care.

The users' perception of the team's level of knowledge in relation to the territory reaffirms the importance of territorialization as a structuring axis of the Family Health Strategy. However, as demonstrated by Azeredo et al. (2007), the mere presence of the team in a given geographical area

does not guarantee an effective bond with the community: this bond is built through regular actions, such as home visits, community listening and recognition of the singularities of the territory. When these actions are absent or inconsistent, users tend to evaluate the service as distant and disjointed from their real needs. This fragility compromises the logic of continuous and comprehensive care, as was also identified by Silva et al. (2015) when analyzing the perception of users in other SUS units.

Final Thoughts

The data obtained in this experience report allowed us to understand, from the users' perspective, the main aspects that favor and limit the functioning of the Family Health Strategy in a basic unit located in the city of Eunápolis/BA. The analysis showed that, although there is recognition of the team's performance, challenges related to communication, active listening and territorial knowledge persist. These dimensions, although structuring in the conception of the FHS, are still manifested in a partial way, compromising the integrality and humanization of care.

The predominance of evaluations classified as "regular" reveals an intermediate perception regarding the quality of the service, indicating that users identify the existence of care, but also perceive failures in the organization of care and in the flow of information. The absence of spontaneous mentions of educational actions and health promotion reinforces the need to rescue these practices in the daily lives of the teams, in accordance with the guidelines of Primary Care. Such gaps show a scenario in which access is guaranteed, but the problem-solving capacity and the bond still need to be strengthened.

Listening to users as a strategy for evaluating the service proved to be fundamental for the recognition of elements that often escape the classic quantitative indicators. The suggestions for improvement presented, such as the increase in professionals and the improvement of communication, signal not only specific demands, but structural challenges that require human resources planning, review of institutional flows, and continuous qualification of teams. By highlighting the voice of

the user, this study reaffirms the value of social participation in the construction of public policies sensitive to the territory.

It is concluded that the present study, by valuing the perception of the subjects as an instrument of analysis and transformation of services, contributes to a broader approach to health evaluation. The experience reported here reinforces the strategic role of university extension in bringing teaching, service and community closer together, favoring the production of knowledge committed to social reality and to the improvement of the SUS. The replication of research with this approach can strengthen qualified listening as a methodological and political tool, guiding actions that are more coherent with the needs of users and with the principles of comprehensive care.

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