Original Article

Assessment of the degree of satisfaction of health professionals regarding the presence of medical students in Family Health Units

Avaliação do grau de satisfação dos profissionais de saúde frente a presença de estudantes de medicina nas Unidades de Saúde da Família

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ABSTRACT: After the reform of the Curriculum Guidelines for Undergraduate Medicine Courses (DCN), medical students began to experience Primary Health Care (PHC) in its broader context. However, the satisfaction of health professionals regarding this teaching-service-community integration is still not fully evidenced. This study aims to determine the satisfaction of professionals from the Family Health Teams (eSF) in relation to the presence of medical students in the PHC. This is a cross-sectional study with 95 health professionals who work in Family Health Units (USF) in the city of Lauro de Freitas-BA. Data collection was carried out through a questionnaire developed by the researchers, and the professionals' satisfaction regarding the presence of medical students was measured through the application of the Likert scale and the Visual Analog Scale (VAS). Regarding the presence of these students in the USFs, 40% of the professionals fully agree that the work routine had a positive change and 48.4% of them believe that the presence of students contributes to the agility of the service. The level of satisfaction with the presence of students in the USFs presented a median of 8.0 (7.0 – 10.0) in the EVA.

Keywords: Primary health care; Medical students; Health personnel; Clinical clerkship.

RESUMO: A partir da reforma das Diretrizes Curriculares dos Cursos de Graduação em Medicina (DCN), os estudantes de medicina passaram a vivenciar a Atenção Primária à Saúde (APS) em seu contexto mais amplo. Porém, a satisfação dos profissionais de saúde frente a essa integração ensino-serviço-comunidade ainda não é plenamente evidenciada. Este estudo tem como objetivo determinar a satisfação dos profissionais das Equipes de Saúde da Família (eSF) em relação à presença de estudantes de medicina na APS. Trata-se de um estudo transversal com 95 profissionais de saúde que trabalham em Unidades de Saúde da Família (USF) do município de Lauro de Freitas-BA. A coleta de dados foi realizada por meio de um questionário elaborado pelos pesquisadores, e a satisfação dos profissionais quanto à presença de estudantes de medicina foi mensurada através da aplicação da escala Likert e da Escala Visual Analógica (EVA). Em relação à presença desses estudantes nas USFs, 40% dos profissionais concordam plenamente que a rotina de trabalho teve uma mudança positiva e 48,4% deles acreditam que a presença de estudantes contribui para a agilidade do serviço. O nível de satisfação com a presença dos estudantes nas USFs, apresentou mediana de 8,0 (7,0 – 10,0) na EVA.

Palavras-chave: Atenção primária à saúde; Estudantes de medicina; Pessoal de saúde; Estágio clínico.

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INTRODUCTION

A series of changes in medical education had to take place since 1988, with the creation of the Unified Health System (SUS). The model of the “mechanistic doctor, who valued only productivity at the expense of the professional-patient relationship, focusing on diagnostic instruments and drug use”¹ was transferred to the biopsychosocial model, to meet the principles of the new, current system in the country and, for this, reforms were needed in the Curriculum Guidelines for undergraduate courses in medicine².

After the reform, students began to experience Primary Health Care (PHC) in its broader context: in direct contact with users of the health system, with family health teams (eSF) and in the environments where this practice develops³. The insertion of these in PHC scenarios is a strategy that promotes learning linked to the real health needs of the community, allowing students to have contact with a larger and more diverse number of cases. These conditions facilitate the contextualization of the medical and social reality and the understanding of the functioning of health systems⁴.

It is also believed that the inclusion of medical students in the Family Health Teams (ESF) can increase the quality of health care for users of USFs, especially with the joint and integrated action of health professionals and students in the team. Thus, knowing the relevance of students in regards to the actions carried out in PHC is an essential proposal, capable of providing elements to reformulate policies for medical training and the consequent improvement of the care provided.

It is considered that the experience of medical students in Primary Health Care is essential for the exchange of knowledge between professionals and university students. The literature demonstrates the existence of difficulties in integrating the members of the Family Health team among themselves, with students and with the community. Despite this, the satisfaction of health professionals regarding the teaching-service-community integration is still not substantially evidenced⁵.

The present study sought to determine the satisfaction of health professionals regarding the presence of medical students in family health units in the city of Lauro de Freitas BA, identifying the advantages and disadvantages of the presence of these students in the PHC scenario for the population, for the health service and for medical training.

METHODOLOGY

This is a cross-sectional study for the development

of a semi-structured questionnaire, developed by the researchers, after consensus on relevant issues with the objective of investigating situations related to the teaching-service-community integration and the academic relevance of the insertion of medical students in the USFs. The research is in accordance with resolution 466/12 and was approved by the Research Ethics Committee of the Metropolitan Union of Education and Culture (CEP-UNIME) through the CAAE number: 04231618.6.0000.5600.

For the present study, professionals such as physicians, nurses, community health workers (CHA) and others (nursing technicians, social workers, psychologists, dentists, oral health assistants, nutritionists and physiotherapists), who make up multidisciplinary health teams of the family unit, working in seven USFs in the city of Lauro de Freitas-BA. Professionals with less than six months of experience at the USF, who were on statutory vacations or sick leave were excluded.

The questionnaire is composed of two sessions: the first related to the sociodemographic variables of the professionals, the second on the level of satisfaction of health professionals regarding the presence of medical students in the USFs. A Likert scale was used as a response option from the participants, with a grade from 0 to 4 points, being 0-totally disagree, 1-somewhat disagree, 2-indifferent, 3-somewhat agree, and 4-totally agree. The level of satisfaction of professionals was assessed using the Visual Analog Scale (VAS), with an interval of 0 to 10, considering 0-very dissatisfied and 10-very satisfied.

The sample calculation was performed using the WINPEPI calculator (<http://www.brixtonhealth.com/pepi4windows.html>) under the command of estimating proportions, with a confidence interval of 95% and an acceptable difference of 10%, establishing a rate of 61% of professionals that are indifferent to work in mental health services⁶. The calculated sample size was 90 professionals.

To prepare the database, descriptive and analytical analysis, the software *Statistical Package for Social Sciences* (SPSS), version 14.0 for Windows was used. The normality of numerical variables was verified using the Kolmogorov-Smirnov test, descriptive statistics and graphical analysis. The results are presented in tables. Continuous variables with normal distribution were expressed as mean and standard deviation ($\pm$ SD) and those with asymmetric distribution as median and quartiles (Q). To compare the level of satisfaction with the professions, the Kruskal-Wallis test was used. The Mann-Whitney test to compare the level of professional satisfaction among the knowledge of the DCNs. For all analyses, $p < 0.05$ was established.

RESULTS

The total sample consisted of 95 health professionals from seven USFs in Lauro de Freitas-BA. There was a predominance of female professionals (85.3%) and the average age among them is 40.6 ± 9.4 years. Among them, 8.4% of them were doctors, 16.8% nurses, 47.4% CHAs, and 27.4% others. More than half of the professionals (55.8%) considered themselves brown. Among the participants, 46.3% claimed to have completed higher education, but only 21.1% had completed postgraduate studies. As for employment, 51.6% are public exams (Table 1).

Regarding the presence of medical students in the USFs, 40% of the professionals fully agree that there is a positive change in the work routine, 55.8% feel comfortable with them and 43.2% report being encouraged to become more professionally up-to-date on account of this (Table 2).

The number of students in the USFs was considered satisfactory by 47.4% of respondents and 48.4% of professionals fully believe that the presence of students contributes to the agility of the service, 77.9% agree (totally or partially) which improves the user's perception of the service provided and 58.9% totally agree that the presence of students should be discussed in the meetings of the Family Health team (Table 2).

Among the professionals interviewed, 64.2% totally agree that it is possible to form a bond with students, but only 27.4% totally agree that students are able to integrate and create bonds with users in the community (Table 2).

As for academic relevance, 55% of respondents totally agree that medical students should be enrolled in USFs in their first academic year, and 45% of them totally agree that the practice of medical skills should be initiated on-site. Despite this, most professionals (37%) somewhat agree that students are qualified for the activities proposed for the current semester. The importance of student work at USFs for medical training is fully defended by 85% of the participants (Table 3).

Among the participants, 76.8 % do not know the DCNs and regarding the level of satisfaction with the presence of students in the USFs, it had a median of 8.0 (7.0 – 10.0) in the visual analogue scale. The medians of the level of satisfaction according to the profession are found in Graph 1, $p=0.259$. When evaluating the association between knowledge of the DCNs and the profession of the participants, the median found for those who deny knowing them was 8.0 (7.0 – 10.0), while for those who did, the median was 8.0. 8.0 (6.0-10.0), ($p<0.448$). It was observed that physicians were the ones who most claimed to know about the DCNs.

Table 1- Sociodemographic characteristics of the 95 health professionals from the seven USFs in Lauro de Freitas-BA.

Variables	n = 95
Age, mean $\pm$ SD	40.6 $\pm$ 9.4
Sex, n (%)	
Female	81 (85.3)
Male	14 (14.7)
Profession, n (%)	
ACSSs	45 (47.4)
Other	26 (27.4)
Nurses	16 (16.8)
Doctors	08 (8.4)
Ethnicity, n (%)	
Brown	53 (55.8)
Black	31 (32.6)
White	10 (10.5)
Yellow	01 (1.1)
Education, n (%)	
Completed primary education	02 (2.1)
Incomplete secondary education	02 (2.1)
Completed secondary education	34 (35.8)
Incomplete higher education	13 (13.7)
Completed higher education	44 (46.3)
Graduate, n (%)	
Incomplete Graduate	16 (16.8)
Complete Graduate	20 (21.1)
Incomplete Master's Degree	01 (1.1)
Employment, n (%)	
Contest	49 (51.6)
Hired	40 (42.1)
Other	06 (6.3)

n= number of participants; SD= standard deviation; CHAs=Community Health Agents

Table 2 – Description of the responses of 95 health professionals regarding the Teaching-Service-Community Integration, Lauro de Freitas-BA.

Variables	Totally Disagree	Somewhat Disagree	Indifferent	Somewhat Agree	Totally Agree
The change in their work routine, with the presence of medical students, was positive	03 (3.2)	01 (1.1)	26 (27.4)	27 (28.4)	38 (40.0)
Health professionals feel comfortable with the presence of medical students in the USFs	00 (0.0)	05 (5.3)	07 (7.4)	30 (31.6)	53 (55.8)
The presence of medical students in the USF encourages professional development		03 (3.2) 02 (2.1)			
The amount of medical students present in the USF is satisfactory	03 (3.2)	09 (9.5)	09 (9.5)	29 (30.5)	45 (47.4)
The presence of medical students in the USF contributes to the agility of the service	02 (2.1)	09 (9.5)	08 (8.4)	30 (31.6)	46 (48.4)
The presence of medical students increases the quality of service provided in the USF	04 (4.2)	04 (4.2)	06 (6.3)	32 (33.7)	49 (51.6)
The amount of equipment and materials necessary for the exercise of the profession is sufficient despite the presence of the students in the USF	17 (17.9)	23 (24.2)	14 (14.7)	29 (30.5)	12 (12.6)
It is possible to form a bond between medical students who work in the USF with the professionals of the Unit	00 (0.0)	03 (3.2)	04 (4.2)	27 (28.4)	61 (64.2)
Medical students manage to integrate and create bonds with users of the ascribed community	2 (2.1)	10 (10.5)	13(13.7)	44(46.3)	26 (27.4)
The presence of the medical student in the USF improves the user's perception of the service provided	01 (1.1)	06 (6.3)	14 (14.7)	39 (41.1)	35 (36.8)
The presence of medical students should be discussed in the meetings of the Family Health team.	02 (2.1)	02 (2.1)	06 (6.3)	29 (30.5)	56 (58.9)

Table 3 – Description of responses from 95 health professionals regarding academic relevance, Lauro de Freitas-BA.

Variables	Totally Disagree	Somewhat Disagree	Indifferent	Somewhat Agree	Totally Agree
Medical students must be enrolled in USFs since their first academic year	03 (3.2)	10 (10.5)	03 (3.2)	24 (25.3)	55 (57.9)
The practice of medical skills, by medical students, should be initiated in the USFs	02 (2.1)	02 (2.1)	05 (5.3)	41 (43.2)	45 (47.4)
Medical students working in the USF are trained for the proposed activities of the current semester	03 (3.2)	05 (5.3)	20 (21.1)	37 (38.9)	30 (31.6)
A role with medical students in USFs is important for medical training	00 (0.0)	01 (1.1)	01 (1.1)	08 (8.4)	85 (89.5)

Graph 1 – Level of satisfaction according to the profession of the 95 respondents in the seven USFs in Lauro de Freitas-BA.

DISCUSSION

The present study showed a median of 8 points in the satisfaction of professionals with the presence of students in the USFs, assessed using the visual analogue scale. Tomasi et al.⁷ stated that these professionals are the basis of the health system and are protagonists in the development and improvement of the health system and the level of satisfaction interferes in the daily lives of professionals.

Working involves relationships, which can result in satisfaction or can cause suffering. Health work is a special work of human care and developed mostly in the form of collective work. Such work implies relationships between professionals and service users and their families, as well as relationships between team members and between professionals and managers⁸.

According to Tambasco et al.⁹, the working conditions and health of PHC professionals are still little discussed and valued. Therefore, the need to carry out research and publication of results that show the level of satisfaction with the work of professionals who work in primary care and provide assistance to people. It is important to assess the level of satisfaction of professionals in relation to the presence of medical students in the USFs, as this interferes in the daily lives of professionals and in the student's learning, who in the future will become health professionals.

It was observed that 76.8% of the professionals participating in the survey do not know the DCNs. For Almeida et al.¹⁰, the DCNs emerged in congruence with the needs of the Unified Health System (SUS), resulting from a broad and complex primary care network.

From this configuration, the need for professionals with training that understands the integrality of the care demanded by the population and that includes new technologies of interaction, hearing, seeing, and considering a welcoming that produces autonomy became evident. Thus, the DCN proposes a professional profile with a good general training, humanist, critical and reflective, able to act from another perspective of care, through Political-Pedagogical Projects collectively constructed by the course actors in Higher Education Institutions (IES) and that use student-centered teaching-learning methodologies, in different scenarios, according to the needs identified in several studies¹⁰.

In this scenario, Primary Health Care is highlighted by the Ministry of Education as a guide for this comprehensive practice. Despite this, there are barriers in communication between educational institutions and SUS. There are some advances proposed by the federal government to improve this dialogue, such as the *Pró-Saúde* (Pro-Health), which aims to bring HEIs and health services linked to SUS closer to transforming learning, making it consistent with the social and economic reality of the Brazilian population. Even with such federal government initiatives, partnerships

between states and municipalities are carried out in an optional and individualized manner, depending on their optimization. In many cases, they occur in a healthy and rewarding way, as in the case of *Pró-Saúde*, but it is noticed that, in other cases, the training and management of human resources in health are disregarded by managers in all spheres in Brazil¹¹.

Therefore, the Organizational Contracts for Public Education-Health Action (COAPES) become essential to guarantee access to all healthcare establishments under the responsibility of healthcare managers as scenarios of practices for training in undergraduate and graduate programs. COAPES commits SUS management to the development of educational activities and HEIs to regional development in addressing local health problems and the active participation of the community¹².

According to González et al.¹³, the Ministry of Health and Education launched some programs such as AprenderSUS, Pró-Saúde and VERSUS (Experience-Internship in the Reality of SUS), which aimed to support the management of education in accordance with the guidelines and constitutional principles of SUS, in addition to discussing experiences of comprehensiveness in health education, the Specialization Course in Activation of Change Processes in Health Professions and the possibility of supporting the implementation of change strategies, such as the DCNs.

According to the survey results, it is noticeable that most professionals surveyed do not know the DCNs even with the implementation of these programs, this reinforces the need for other policies by the government, which contribute to the dissemination of information and related updates to SUS policies and guidelines.

In this multiple and complex scenario, the change in training is structured in countless processes and attempts. New public policies for change in training need to be built collectively, focusing on the subjects involved, teachers, students and SUS users. The support for new leaders and the qualifying stimulus, not only financing, is one of the paths for the reform of higher education in health¹³.

This study makes a comparison between the professions, with regard to the level of satisfaction with the presence of medical students. It was shown that the median among physicians and community health workers was 8.5, while nurses and other professionals had a median of 8.0.

Stella and Puccini¹⁴ state that it is the physician's role to teach, assist and guide the construction of professional skills, when in contact with students. Thus, the awareness of the need for continuous transfer of knowledge is embedded in the exercise of the profession.

During field experiences, it can be noted how much the CHAs feel valued for the possibility of contributing to the students' learning. This additional role can contribute to the perception of social prestige vis-à-vis other community members and strengthen the CHA's performance by

legitimizing their cultural baggage. The participation/contribution of all professionals in the team to the training is related to the valuation of these professionals, by increasing their confidence in themselves (according to the principles of democracy) and by giving visibility to non-medical professionals as well⁵.

During undergraduate training, students from different areas of health perform, with emphasis, a predominantly individualized practice, with collective work being addressed more in theoretical activities and, therefore, they, as professionals, will find it difficult to develop teamwork when assuming a service in which it is necessary to interact with knowledge and actions. So, it is necessary to provide, already at graduation, interdisciplinary experiences, where the student can interact and build, internally, the concept of teamwork¹⁵.

A legitimate interdisciplinarity in the FHS is necessary, so that the teaching-service-community integration is more effective. It is important that professionals are trained from the biopsychosocial model and participate in a continuing education process in order to face the challenges of health care according to the attributes of primary care. In addition to this training, it is important that preceptors clarify professionals about the educational goals of students from different areas of health included in the teams. Thus, fears in this interaction may be considerably reduced⁵.

According to Massote et al.¹⁶, the ideal interaction between professionals and students is influenced by characteristics inherent to the service in which they are inserted. It is noteworthy that ideally the structure should be wide, there should be physical space and specific appointments for academic activity. Furthermore, the unit's efficiency should not depend on the students.

The study revealed that, from the perspective of professionals, the presence of medical students in the USFs is positive with regard to the work routine, as it makes services more agile and improves user satisfaction. In addition, it was also favorable to professional development.

Pizzinato et al.¹⁷, point to greater user satisfaction with services provided in places where students are present, as it leads to an increase in teaching actions and activities, assistance and integration of students and teachers in multidisciplinary teams. Consequently, there is an expansion of care, mainly in awareness and health promotion (in groups, schools, consultations and guidance).

When receiving academics daily, professionals perceive the change that occurs in their work routine, as students bring academic developments in their speech and question this knowledge in practice. This exchange of knowledge results in the renewal of professional knowledge, stimulating the search for new information, making it a moment of mutual learning¹⁸.

The participation of academics in the activities of the USFs is positive, as they contribute to the systematization

of the practice and are able to attend to the community, interfering with the technical assistance model, resulting in a more welcoming, more humanized unit that has its doors open to the community¹⁹. Consequently, it guarantees the most satisfactory services that please the users.

Strategies to strengthen the integration between education and health services represent an important advance in the redefinition of health education. Professionals and university students interact and complement their knowledge to promote advances in training. In addition, all the movements that aim at teaching-service integration add new elements that weaken daily self-indulgence and stimulate the search for permanent education and research²⁰.

In the research, it was observed that, for professionals, it is easier for academics to create a bond with them than with users, as the bond requires consecutive contact and, sometimes, students did not stay for long periods in the same USF and, inevitably, could not attend to the same patient several times. On the other hand, although the internship period was short, contact with professionals was facilitated, as they were the same individuals every day, different from the users.

The involvement, dedication, creation and strengthening of the bond with people who coexist in the USFs, whether professionals or users, are crucial for the expanded training of students in PHC²¹. Still, for Sanchez et al.²², the experience of students in these environments, conditioned to the formation of bonds, may favor their future professional activity.

According to Caldeira et al.⁵, there are some obstacles that are listed as limiting factors for the proper functioning of the insertion of the student in PHC fields, among them, the large number of students per unit and its high turnover (which hinders the creation) of a bond of trust). Although, in this study, professionals claim that the number of students per USF is satisfactory, they both agree that high turnover is harmful to the creation of bonds.

As for academic relevance, 86% of the responses were positive. Featuring that, for most professionals, the practice of medical skills should be initiated at the USFs from the first academic year and that students are trained to do so. This is an important role for medical training.

According to Brasil²³, undergraduates must, from the first year of the course, exercise autonomy and rely on continuing education, through the mediation of SUS preceptors and health professionals, until their academic training. Caldeira et al.⁵ point out Primary Health Care as an excellent setting for the development of various skills, being, therefore, a place where students have the opportunity to deal with the most diverse health situations of the population.

Some limitations of this research are highlighted, as it is a cross-sectional study, the analysis of professional satisfaction occurs at the time the collection is carried out. As this variable is highly susceptible to biopsychosocial

factors, the results obtained may not reflect the real satisfaction of the interviewees. Another aspect that should be taken into account is that filling out the collection instrument can be influenced by recall bias or by the expectation of socially acceptable responses. The self-completion of the questionnaire was instituted in order to minimize its effects. In addition, the constant exchange of managers and health professionals at the USFs prolonged the data collection process.

Finally, it is suggested that further studies be carried out in different medical schools around Brazil, applying and validating the questionnaire used in this study. Also, if possible, carrying out a 360° analysis, interviewing managers, coordinators, professionals and students, in order to understand the role of medical skill practices in academic training.

CONCLUSION

The results were consistent with the literature,

revealing the importance, from the perspective of health professionals, of the presence of medical students in Family Health Units, both for the teaching-service-community integration and for the academic training of students.

Health professionals were satisfied with the presence of medical students in USFs in the city of Lauro de Freitas – BA. The degree of satisfaction obtained is mainly related to the influence of students on the professionals' work routine, with their contribution to the agility of the service and to the encouragement of professional development and the improvement of users' perception of the quality of the service provided by USFs.

Despite being satisfied with the presence of students, most of the professionals interviewed did not know the National Curriculum Guidelines for the Undergraduate Course in Medicine - an important instrument that supports the early insertion of medical students in the USFs. The professionals who most claimed to know the Guidelines were physicians, with community agents being the category that least possessed this knowledge.

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