



RESEARCH ARTICLE

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## USERS' EXPERIENCE ASSISTED BY CUBAN DOCTORS PARTICIPATING IN THE MORE DOCTORS PROGRAM

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### ABSTRACT

**Objective:** To investigate the users' experiences under the assistance of Cuban doctors participating in the More Doctors Program. **Methods:** a qualitative study, conducted with users from the Primary Health Care in a Brazilian capital, whose Cuban doctors were participants in the More Doctors Program. Data were collected by semi-structured interviews, fully transcribed and organized according to the Collective Subject Discourse technique. The results were discussed by adopting the theoretical reference of Social Representations. **Results:** After comprehensive reading, the Central Idea was identified: friendliness, affection, attentive conversation and careful consultation, which guided a revealing speech of interpersonal and technical skills, which were important to the participants. This speech showed anchoring in the satisfactory interaction, inside or outside the clinical setting, and objectification in the caring, simple and popular behavior of Cuban professionals. **Conclusions:** The participants were satisfied with the physician-patient interaction. The attitude of Cuban professionals during consultations and in the environment of the Basic Health Units were valued, with emphasis on attention, friendliness, careful consultation, qualified listening and horizontal relationship.

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## INTRODUCTION

The More Doctors Program (MDP) was one of the largest actions in Brazil, and one of the largest in the world, to address problems related to the emergency provision of Brazilian and foreign doctors in cities with vulnerable areas; increasing the number of vacancies for undergraduate and residents in medicine; and investments in the infrastructure of the Basic Health Units (BHU) (BRASIL, 2013; PINTO et al., 2014). Therefore, considering this recent and new public policy, studies have been published reporting on the MDP related to several locations and under different aspects, such as the implementation of the program, effects on the supply of doctors in the country, analyzes of the scope of the doctors

practice, health care indicators, user's satisfaction, among other components (FACCHINI et al., 2016; PADILLA, 2017), showing the advances achieved towards the right for health care (KEMPER, MENDONÇA e SOUSA, 2016; PINTO et al., 2017). The MDP contributed significantly to health care in Brazil, by increasing the supply of doctors in Primary Health Care (PHC), promoting the expansion of the number of undergraduate and medical residency positions and allowing the increase of financial resources to improve the structure of the medical services for the Basic Health Units (BHU) (MOURÃO et al., 2018). Participants from the MDP consisted of Brazilian professionals, Brazilian professionals graduated abroad and foreigner professionals. Among the foreigner professionals, the largest participation was from Cuban doctors, as a result of an international cooperation agreement

established between Brazil, Cuba and the Pan American Health Organization (PAHO). Through the MDP, over 18,000 doctors started working in Brazilian cities, reducing the shortage of doctors in PHC, especially in more vulnerable areas. Among the participants of the program, the Cuban professionals accounted for a significant percentage, with more than 11,000 professionals working nationwide (GIRARDI *et al.*, 2016). This scenario lasted until the suspension of the cooperation agreement between Brazil and Cuba in December 2018 (MINISTÉRIO DE SAÚDE PÚBLICA, 2018). For the implementation of the MDP, there was controversy and heavy resistance from medical corporations considering political and legal aspects, as well as the public opinion (GOMES, MERHY e FERLA, 2018). Many medical organizations and part of the Brazilian society were against the participation of foreign doctors, especially Cuban doctors, questioning the quality of the health care training of such professionals and the type of assistance that they would provide to the Brazilian population in PHC (FRANCO, ALMEIDA e GIOVANELLA, 2018). However, a more intense objection to these professionals in the MDP was from the 2018-Brazilian elected president, stating that he would deport Cuban doctors from the country due to lack of proof that they were doctors and prepared to work (TIBALDO e ROBERTO, 2018).

Additionally, the president did not agree with the fact that 70% of the salary received by the cooperating doctors were confiscated by the Cuban dictatorship (TERRA, 2018). Thus, with the support from the society and the medical institutions in the country, the elected president established that doctors would have to take the Revalidate examination in order to continue working in the MDP, as well as the suspension of transferring part of the doctors' salary to the Cuban government (GLOBO, 2018). In November 2018, the Cuban government informed about the decision to discontinue the cooperation agreement between the two countries. They would no longer participate in the MDP (MINISTÉRIO DE SAÚDE PÚBLICA, 2018). Upon such controversies and, due to the complex moment that Brazil is facing with the Cubans leaving the MDP, studies are necessary to understand the perception of the users considering the work of Cuban doctors based on singularities and multiplicities that emerge from the daily work in PHC. Although reports related to several aspects of the MDP have been published considering the discussion about the practices of the Cuban doctors—which greatly contributed to their leaving from the MDP—there are still gaps in the knowledge production that specifically address the practices of the Cuban doctors in the MDP, as well as the perception of users and other team workers about the way these doctors provided assistance in PHC. Thus, the purpose of this study was to analyse the users' experiences assisted by Cuban Doctors participating in the More Doctors Program.

## MATERIALS AND METHODS

This was a descriptive, exploratory and qualitative research study comprising users from the Primary Health Care team in which the Cuban doctors participated in the MDP. The study was conducted in the city of Campo Grande, Mato Grosso do Sul state, Brazil. The qualitative research was chosen considering its potential to demonstrate the intensity of the event, their singularities and meanings (MINAYO, 2017). During the period in which the study was carried out, there were three Cuban professionals associated to the MDP in the city,

working in three Basic Family Health Units (BFHU), which had Brazilian doctors assisting in there before the MDP was initiated. The study included adult users, with no hearing or cognitive impairment, living in the area covered by the Cuban doctors' assistance and who received medical assistance in the health care unit in the period before and after the inclusion of doctors from the MDP to the team. The BFHU management provided a list of users who met the inclusion criteria and, from this database, the researcher randomly selected the users who were invited to participate in the study. The researcher went to the users' home who had been randomly selected, and presented the objectives of the research study, inviting them to participate in the study. Subsequently, data was collected, considering those who agreed to participate in the research. When the user was not at home at the time of the visit, the researcher went to another home, the closest to the one whose user had been randomly selected, and whose user also met the inclusion criteria.

The quantification of the interviews was established by the saturation criterion, a tool to guide the time to conclude data collection: the moment, in the interviews, when the speech began to be repeated and the study objectives were reached (FONTANELLA *et al.*, 2008).

The interview-guiding question was: "How was your experience when assisted by/interacting with Cuban doctors at the BFHU?"

The data were organized using the Collective Subject Discourse (CSD) technique, which is based on the Theory of Social Representations. The CSD suggests the analysis and organization of qualitative data from reports obtained by oral or textual statements. In each individual response, Key Expressions (KE), which are the most significant statement of the responses, and Central Ideas (CI), which correspond to the synthesis of the content expressed in the KEs, are identified. From the elements of the CI, first-person singular speeches are elaborated, where the set of individual thoughts expresses the collective thinking: the CSD (LEFÈVRE; LEFÈVRE, 2006). For the analysis and discussion of the findings, the theory of Social Representations (SR) was adopted as theoretical reference, in which the SR are values, ideas and practices that enable and guide people to control their material and social world and the communication between subjects of a community, providing clear codes for naming and classifying aspects related to their world and individual and social history. This was possible by two mechanisms of thought processes: Anchoring – the transformation of something strange or intriguing into familiar, ordinary; and Objectification – transformation of something abstract into almost concrete that exists in the physical world (MOSCOVICI, 2015).

This study was approved by the Research Ethics Committee of the Federal University of Mato Grosso do Sul, under protocol number 1.328.156 (CAAE: 44971915.7.0000.0021).

## RESULTS AND DISCUSSION

Nineteen users from the Basic Family Health Unit, that received Cuban doctors from the MDP, participated in this research study. Among the participants, 15 were female subjects and 04 were male subjects, with age ranging from 37 to 88 years. Regarding educational level, 31.56% (n = 6) of

subjects had incomplete primary education, 31.56% (n = 6) had completed primary education, 5.26% (n = 1) incomplete high school, 26.3% (n = 5) complete high school and 5.26% (n = 1) incomplete post-secondary education. Regarding the period living in the coverage area of the reference Family Health Unit, this ranged from 03 to 45 years.

The results presented and discussed in this article are related to a single thematic axis, which appeared most frequently in the participants' speeches: Physician-user relationship and quality of consultation at the BHU, with the following CI being friendliness, affection, attentive conversation and careful consultation.

*"She is different, she interacts, she is friendly, caring, asks a lot of questions. It seems to me she gives us more attention, you know! She is always in a good mood and says hello when she arrives. Wherever the doctor sees me, she comes to say hello and kisses me. This interaction I had never had with another doctor. Some doctors look at us and do not even say hello. Some of them do not like us to ask questions. She's very different, it's not because she's a doctor that there's something of being a doctor. She's simple." (P1, P3, P4, P5, P8, P9, P10, P12, P13, P14, P16, P18, P19).*

Therefore, based on this CSD, there is the peculiar feeling of interpersonal skills, that, until then, little or no relationship was seen in the daily routine of the studied participants. Then, an unfamiliar feature, that supports SR and emerges in the social aspect, is seen (MOSCOVICI, 2015), in a context external and internal to the clinical setting. This fact is relevant, as it makes clear that collectivity can create SR based on theories or ideologies to be transposed into shared realities, collective experiences and interactions in behavior (MOSCOVICI, 2015).

This speech explains the experience of users when interacting with Cuban professionals from the MDP, showing three distinct and complementary aspects when assistance is provided. The studied participants were positively surprised by the attitude of Cuban professionals, especially the friendly and horizontal relationship established in the clinical setting; the experience of a proper consultation and interest in listening, and also explains the difference in relation to other users' experiences in similar situations. Health work takes place at the interaction between workers and users, mediated by material and immaterial technology. The materials are called hard technology (equipment and tools); immaterials are light-hard technology (professional knowledge) and light technology (listening, empathy, interest, recognition, porosity, knowledge produced by experience) (MERHY *et al.*, 2019). The three types of technology are essential for health work, however, depending on the type of technology that is present and guides the professional-user interaction, the result can be welcoming, bond and satisfaction, or even a bureaucratic assistance, causing dissatisfaction and suffering (MERHY, 2007). Light technology supports the interaction with the other, solidarity with human suffering, understanding with weaknesses, greater sensitivity to the unique and existential multiplicities of each user (MERHY *et al.*, 2019). Light technology was greatly valued by most of the studied participants. Similarly, additional studies (FRANCO *et al.*, 2018; MELO *et al.*, 2016; CARRAPATO *et al.*, 2016; SILVA *et al.*, 2016; TERRA *et al.*, 2016) that addressed the

perceptions of the MDP users, workers and supervisors, evaluating the practice of Cuban doctors in different places of the country, emphasized interpersonal aspects as an outstanding and positive feature of their working process. Listening, welcoming, bond, friendliness, respect (COMES *et al.*, 2016; MELO *et al.*, 2016; CARRAPATO *et al.*, 2016; SILVA *et al.*, 2016), understanding the users' cultural (FRANCO *et al.*, 2018; TERRA *et al.*, 2016), family and social context, person-centered assistance, consideration of the uniqueness of the process of becoming ill in each person (FRANCO *et al.*, 2018) were emphasized in studies that addressed the work process of Cuban doctors. Professionals from the PHC teams, working with the Cuban doctors from the MDP, are surprised by the quality of assistance provided, and stressed the attention given to the patient, listening skills, extended assistance, reporting that such professionals are a possibility of qualifying public health to the public (CARRAPATO *et al.*, 2016).

In this regard, the specificity of the SR nature, as a consensual universe, is strengthened, from which they derive and crystallize into belonging, and should be understood as an atmosphere in relation to the individual group and, therefore, specific to our society (MOSCOVICI, 2015). The appreciation of the horizontal relationship between physicians and users and conducting a comprehensive and proper consultation, which is carefully explained, are the main considerations that are seen in the speech of the participants of this study and additional ones (FRANCO *et al.*, 2018; MELO *et al.*, 2016; CARRAPATO *et al.*, 2016; SILVA *et al.*, 2016; TERRA *et al.*, 2016) that investigated the practice of Cuban doctors based on the report of users and professionals from the BHU. The horizontality in the relationship caused some strangeness to the users participating in the study, considering the previous experiences with Brazilian doctors. Specifically regarding the foreign physicians from the MDP, studies have reported that the assistance provided by them was more accepted and approved by the population (COMES *et al.*, 2016; MELO *et al.*, 2016; CARRAPATO *et al.*, 2016; SILVA *et al.*, 2016; TERRA *et al.*, 2016) and the professionals from the BHU teams (CARRAPATO *et al.*, 2016), when compared to the assistance provided by Brazilian doctors. There are reports from users describing negative perception from Brazilian doctors, relating that Cuban doctors are special due to the differentiated and humanized treatment provided, as well as the availability for assistance (MELO *et al.*, 2016). A sentence that represents a good part of the users' testimony is the saying: they touch us and are not disgusted with us (COMES *et al.*, 2016).

Considering social production of knowledge (which is mixed up with the social representation of the group itself), SR reveal a certain need, a state of imbalance and even the unpopular domain of one part of society over another (MOSCOVICI, 2015). It is clear when interviewed subjects compare the situation/behaviors previously experienced in the daily routine of health care services. Differences between the medical work form in Brazil and Cuba are seen in the different worldviews of Brazilian and Cuban professionals (TERRA *et al.*, 2016). The training received by Cuban doctors is based on humanitarian principles, solidarity (GOMES, MERHY e FERLA, 2018; ETIENNE, 2018), closeness to people from the area of assistance, as well as to their families and the community (GOMES, MERHY e FERLA, 2018; MORALES e FITZGERALD, 2018), with emphasis on the altruism of the profession, the interrelational dimension of health work

(TERRA *et al.*, 2016). In addition, Cuban doctors from the MDP have extensive experience with the most vulnerable population; they have worked in foreign missions in situations of environmental disasters, humanitarian crises and in countries in need of medical services (GOMES, MERHY e FERLA, 2018; TERRA *et al.*, 2016). Such characteristics of the Cuban professionals possibly contributed to the satisfaction of the users under their care in the places where they were allocated, mostly socially vulnerable cities, outskirts of large cities and indigenous areas. In Brazil, the assistance model focused on the PHC did not transpose the hegemonic biomedical rationality, in which the body is placed as a complex machine in which physicians work (SILVA *et al.*, 2016; TERRA *et al.*, 2016), not connected with the living magnitude (MERHY *et al.*, 2019). In this model, the central object of intervention is the fragmented body, not the people, with their impressions, history, culture, desires (MERHY *et al.*, 2019), which turns the doctor away from the patient (CANGUILHEM, 1990). Verifying the failure of the biomedical model, in the individual and the collective assistance, raises discussion to replace the medical-hegemonic force by the expansion of the health concept (TERRA *et al.*, 2016), valuing interpersonal aspects and affection, aiming at recognizing the uniqueness in the production of the existence, the shared construction between workers and users, the therapeutic projects (FEUERWERKER E MERHY, 2019). Additionally, the challenge is even more complex, considering that the altruism that characterized the beginning of the modern medical profession has long been replaced by the professional ideology of valuing ultra-specialties, high personal income and transforming their own offices into a microenterprise in a competitive business market (SCHEFFER, 2015).

This study reinforces the findings of other authors (COMES *et al.*, 2016; MELO *et al.*, 2016; CARRAPATO *et al.*, 2016; SILVA *et al.*, 2016; TERRA *et al.*, 2016) in studies conducted in different regions of the country, in which interpersonal aspects and proper consultation are shown as the most outstanding characteristics of the Cuban professionals in their practices. The speeches of the users contribute to demystify the social, political and academic imagination the idea of lack of professional qualification of the Cuban doctors to work in Primary Care in Brazil. There are reflections on the practice of Brazilian health professionals, by highlighting important aspects of the performance of these workers, in which the way of assistance has not yet surpassed the hegemonic biomedical model and often underestimate the power of light technologies for providing care. Despite the limitations of the study, related to the methodological biases of health services evaluation based on the users' subjectivity (and caution should be taken in generalizing the results), qualitative research is a form of knowledge construction that can evaluate services giving voice to those who are considered "objects of intervention". They are recollections of the meanings that people give to their thoughts, attitudes, behaviors and practices, the recognition of subjectivity, symbolism and intersubjectivity in relationships (MINAYO, 2017). "Although their focus is generally on the microsocial universe, the deepening, understanding, and analysis of human experience simultaneously contribute to the universal character of science" (MINAYO, 2017, p. 562).

Considering the studied population and the socio-cultural and historical context of PHC in Brazil, it is understood that SR were based in a satisfactory interaction in the clinical setting or

outside it; and objectified in the respectful, simple and popular characteristic of Cuban professionals. This finding is supported by the acceptance that experience/memories are characterized by being dynamic and imperishable, with anchoring/objectification as their management tools. Thus, anchoring is directed inwards, "... it is always placing and sorting objects, persons and events, which is classified according to type and is labeled with a name" (MOSCOVICI, 2015, p. 78), while objectification moves outwards (towards the other), "... drawing concepts and images from there to bring them together and reproduce them in the outside world ..." (MOSCOVICI, 2015, p. 78).

## Conclusion

The results of this research study indicated the satisfaction from users regarding the doctor-patient interaction. The attitude of Cuban professionals during the consultations in the BHU environment are valued, with emphasis on attention, friendliness, careful consultation, listening and horizontal relationship. Users value the less imperative interpersonal relationship and the opportunity for dialogue at the time of the clinical consultation. The Cuban doctors from the MDP, by abdicating the hegemonic position in the health care work model and adopting a dialogue posture, willing to know the patients' needs, create opportunities for the physician-user bond to be established, enhancing the user's participation in the establishment of his/her therapeutic project and cooperation to treatment, key factors for meeting basic assumptions of the family health strategy.

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