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Nurses' challenges in comprehensive promotion in Family Health Strategies

Desafios de enfermermeiros na integralidade da promoção em Estratégias de Saúde Familiar

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ABSTRACT
This study aims to identify the challenges encountered by nurses in Family Health Strategy (ESF) teams concerning the praxis of the integrality attribute. This descriptive qualitative study was conducted with ESF nurses from a municipality in the central region of Rio Grande do Sul, Brazil. Fourteen nurses were individually interviewed from August to October 2022. Data analysis followed Minayo's Thematic Analysis steps. After an exhaustive reading of the interviews, the following categories were developed: Vulnerability of users; Failures in management and service integration; and High demand and work overload. Identifying weaknesses in health services allows for strengthening and improving the quality of care and assistance, thus ensuring effective integrality.

Keywords: Health Evaluation. Integrality in Health. Nursing. Primary Health Care. Quality of Health Care.

RESUMO
Objetiva-se identificar as dificuldades encontradas pelos enfermeiros de equipes da Estratégia Saúde da Família (ESF) no que tange à práxis do atributo integralidade. Trata-se de um estudo descritivo, de natureza qualitativa realizado com enfermeiros de ESF de um município da região central do Rio Grande do Sul, Brasil. Entrevistou-se individualmente 14 enfermeiros no período de agosto a outubro de 2022. A análise dos dados seguiu os passos da Análise Temática de Minayo. Após uma leitura exaustiva das entrevistas, foram desenvolvidas as seguintes categorias: Vulnerabilidade dos usuários; Falhas na gestão e integração dos serviços; e Alta demanda e sobrecarga de trabalho. A identificação das fragilidades nos serviços de saúde permite fortalecer e melhorar a qualidade do cuidado e assistência, garantindo, assim, a efetiva integralidade.

Palavras-chave: Atenção Primária à Saúde. Avaliação em Saúde. Enfermagem. Integralidade em Saúde. Qualidade da Assistência à Saúde.

INTRODUCTION

In 1994, the Family Health Program (PSF) became the primary strategy for expanding access to the Unified Health System (SUS). This strategy aimed to reorient, consolidate, and enhance the care model through continuous and comprehensive health care for families, facilitated by interdisciplinary work. In doing so, it promoted a shift from the biomedical model by adopting a more holistic view that encompasses the individual, their community, and broader social context[1].

Starting in 2006, PSF was redefined as the Family Health Strategy (ESF), becoming the guiding axis for the foundation of SUS, with its most recent update in 2017 through the National Policy on Primary Care (PNAB). Both are integral components of Primary Health Care (PHC), which strengthens the guarantee of health rights for the Brazilian population[2]. The significant expansion and maintenance of ESF coverage over the last 20 years have led to an increase in the range of actions and services offered, having a substantial positive impact on the health system[3].

PHC, defined as the first level of user engagement in the health system, offers services for promotion, prevention, cure, and rehabilitation to maximize health and well-being[4]. It aims to improve population health conditions through the bond between patient and professional, in alignment with constant contact with the territory, serving as a fundamental strategy for the effectiveness of health flows and networks[5].

Currently, the health sector is grappling with the negative impacts left by previous neoliberal governments, such as the regression of public policies and the underfunding of the health system. Consequently, this infringes upon and violates the constitutional assumptions of universality and integrality[6]. Therefore, the systematization of proposals to address these challenges refers to suggestions for improving the quality of health services through changes in structural and organizational characteristics of teams and health units, as well as professional practices and actions[3]. Moreover, recognizing and establishing practices that value both health professionals and users is essential.

Starfield[4] emphasizes that for the operationalization of actions and the functioning of PHC services, they must align with essential attributes such as: Access, the individual's first contact with the health system; Longitudinality; Integrality; and the Coordination of care. Integrality, as a focus, entails a commitment to a practice that addresses both the objective and subjective needs of individuals within their social context, which are identified and transformed into actions by a multiprofessional team, such as the Family Health team[7]. By addressing and practicing integrality with intersubjective perspectives, the SUS's purposes are upheld[8].

Although Latin American health systems, by paradigm, have differences in the implementation of health policies and services, it is evident that their principles are supported by PHC, corroborating its magnitude and significance[9]. Furthermore, a study comparing eight European countries found that those with a strong PHC system were likely to develop better and enhance care management, in contrast to countries with weak PHC, which appeared disjointed and faced difficulties[10]. This underscores the need to evaluate care management with a view toward a robust integrality and PHC for a promising future.

One pillar contributing to the sustainability, efficiency, and effectiveness of SUS and Primary Care is the health professionals. As a component of the Family Health team's minimum staff, the nurse stands out by performing actions such as welcoming and nursing consultations, creating a bond between the user and the system, thereby broadening access and promoting autonomy. This role also involves identifying needs for care interventions and continuing health education, as well as direct participation in the management and planning of the work process[11].

Elucidating Facchini, Tomasi, and Dilélio's[3] point that quality goes beyond achieving more and better; it is a crucial measure for assessing integrality to verify SUS's responsiveness to the health needs of the country. Hence, this study aims to identify the challenges encountered by nurses in ESF teams in practicing the integrality attribute.

METHODOLOGY

This is a descriptive study of a qualitative nature conducted with nurses from Family Health Strategy teams in a municipality in the central region of Rio Grande do Sul, Brazil. The city, at the time of data collection, had 24 ESFs, covering 29.35% of the population[12]; however, only 14 agreed to participate in the research. Fourteen nurses were interviewed from August to October 2022, considering as inclusion criteria those with at least six months of experience, and excluding health professionals who were on vacation, leave, or absent during the data collection period.

For the data collection technique, individual interviews were chosen, which were scheduled in advance according to the availability of the nurses. The interviews lasted approximately 20 minutes and were conducted in a health service room, ensuring privacy and comfortable conditions for the participants.

The generating question was: "What difficulties do you perceive in the attribute of integrality?" Based on the participants' responses, new questions were posed to deepen and clarify the issues discussed, allowing flexibility in the conversation and the absorption of new themes and questions brought up by the research subjects. The interviews were recorded on audio and fully transcribed with consent, being identified by the letter "N" for nurse and numbered according to the sequence of their execution.

The procedural analysis of the data considered the number of participating nursing professionals sufficient for the recurrence and saturation of information, thereby achieving the proposed objectives and understanding and contextualization of the research object. Ethical aspects were adhered to according to the favorable opinion of the Ethics and Research Committee (CEP), under number 4.364.738.

Data analysis followed the steps of thematic analysis[13], whose operationalization was based on the following stages. The pre-analysis consisted of assembling the material to be analyzed, revisiting the initial objectives of the research with the floating reading of the interviews. In the material exploration stage, an exhaustive reading of the interviews was carried out to capture the core meaning of the text, highlighting the emerging themes with their coding.

In the treatment of obtained results and interpretation, these themes were emphasized, enabling the articulation of the structured material from the interviews and the theoretical reference. Following these steps, it was possible, through the aggregation of ideas contained in the interview contents, to construct the analysis categories named: Vulnerability of users; Failures in management and integration of services; and High demand and workload.

RESULTS

The study involved 14 nurses with an average age of 40.5 years, 78.55% of whom were female, and 100% predominance of the female gender, with more than half (57.14%) holding a master's degree. The professionals highlighted the challenges to the praxis of integrality, influenced by the health system of the municipality and its work process.

VULNERABILY OF USERS

The participants pointed out one factor that becomes an obstacle to achieving integrality: the vulnerability of the users. Financial, economic,

and social issues are strongly linked to health. Consequently, access, mobility, and continuity of care and assistance are affected.

> "Not having access due to their vulnerability, being far away from the unit, when these patients arrive here, it's because they really need this access; it's difficult for them to get here even for us to make a referral." (N13)

> "The issue of social vulnerability, which is quite significant, sometimes we end up guiding some things that the patients do not have access to." (N12)

> "We have many people here who have no support whatsoever. So, even though they receive a whole comprehensive treatment here, that we do various things to help, often, we will not have the same care at home, so it ends up getting lost." (N1)

Other familial conditions were also identified as affecting the health-disease-care process, especially in the older population, which suffers from neglect, lack of support, and care.

> "I think it's a difficulty; we have quite a few older people kind of alone without the support of other family members, a lot of cases like that too of these more neglected older people, and then they don't have much continuity (...) The support from the family in some cases makes it very difficult." (N3)

FAILURES IN MANAGEMENT AND SERVICE INTEGRATION

Dissatisfaction among professionals regarding the functioning of the Municipal Health Care Network (RAS), especially concerning communication and integration failures between care points and the ESF, was evident. Additionally, the delay in specialized appointments and the absence of an efficient referral and counter-referral flow were highlighted.

> "The initiative comes from us; we try to do everything we can. Referral, guidance, providing necessary documentation, all of that. Once it leaves here, that's it. It's up to the user or another service then, and that's where the difficulty lies." (N4)

> "We try to see the person holistically, but it gets stuck on some things that we need to refer, and not all system points are open for referral or integrating these people (...) But then we lose track of whom we referred (to monitor) or if the user goes and we don't have a counter-referral to know when they come back to us and what to do next." (N14)

Furthermore, it was noted that the electronic systems containing user information across health services are not integrated, posing challenges for continuous care across different axes and levels of health attention, paralleling the attribute of longitudinality.

> "There's a lack of contact because the system where the records are made, just for the municipality, is not the same as for the hospitals; they are not interconnected, which breaks the planning that could be done. It's a loss because sometimes a person is hospitalized for a problem, and we find out much later." (N9)

One interviewed professional pointed out that the municipality itself is deficient in promoting health for the population, with

disparities in the praxis of both integrality and health promotion.

> "The weakness, I think, is in health promotion because, well, we have to think about the individual as a whole, not just about healing but health promotion. I think the municipality itself falls short in health promotion (...) Now, how can you think about integrality if you fall short in promotion, which is most important?" (N13)

The lack of municipal incentives for health represents another challenge faced daily. Consequently, health actions aimed at promoting user autonomy are carried out with personal investment from the professionals.

> "It's the lack of investment from the health department's management because when we do a health action, we think of several things to attract the user (...) Most of the time, out of our own pockets, we do it because we want to, out of love for the profession, love for what we do, to get the user to participate so the actions are productive, to be able to promote health." (N13)

HIGH DEMAND AND WORK OVERLOAD

The entire work process is weakened when there are barriers that limit it. In this context, the participants mentioned that the high demand for users and the overload of work significantly affect the process and the comprehensive, quality attention to the user due to the lack of time.

> "The high demand makes it difficult; we try to do the most qualified service possible, but sometimes so many people come, and sometimes people really need to be seen that day, and you end up sometimes restricting your assessment to that specific complaint (...) and then you have to pay attention to that one, trying to be resolutive, but you also have to think that the others need [attention] too, and then there's no time." (N2)

> "Sometimes, due to the workload, we don't have as much time to stay with a person, right, to give all the attention that would be necessary." (N12)

DISCUSSION

In the public health context, integrality is a citizenship right enshrined in the Federal Constitution of 1988[14]. However, from another perspective, integrality is about recognizing and acting upon the individual's needs. Understanding these needs, which can change according to their context, and inferring their contributions, constitutes the primary essence of integrality[15]. Identifying and addressing the individual in their unique and particular aspects, respecting differences in culture, social, and political contexts, alongside their family, economic, and environmental scenarios, aims to foster a real and significant change, preserving and enhancing the autonomy and emancipation of self-care, family care, and collective care.

It could be said, paraphrasing Nunes and Vidal[16], that integrality encompasses complex yet complete dimensions. Still, significant challenges persist. The study by Maffacciolli and Oliveira[17] discusses the challenges and perspectives of nursing care for users in situations of vulnerability, reflecting the need to understand individual and social situations and conditions, the meanings and implications of these in daily life, and also about the scope of the terminology "vulnerable populations." Moreover, it suggests that the professional nurse should enhance

their knowledge about these needs in the illness process and produce consistent and powerful responses resulting in care with assumptions for the quality of health practices[18].

Promoting health from the perspective of caring for vulnerable populations, besides reinforcing the principles of integrality and equity of the Brazilian health system, represents care for the entire population[19]. Souza et al.[20] mention nursing as a benefactor of knowledge by refining its practices and significantly contributing to the realization of SUS's progressive proposals, especially those referring to the right to comprehensive and humanized health care. Recognizing expressed singularities is considered one change towards health care focused on human diversity with dignity, beyond a monotonous and repetitive work marked by social stigmas, weak reception, and listening, consequently leading to a distancing of users from services.

Jacinto et al.[21] corroborate this analysis by examining the social determinants of health, focusing on living conditions in remote communities and their relationship with the complexity of care and access. As a strategy to confront these challenges, they underscore the necessity of bolstering equity policies aimed at broadening health access across diverse territorial realities, given that Brazil is among the most unequal nations globally, with many of its health disparities tied to social organization.

Paradoxically, a study[22] conducted with systematic methodological rigor about the extent of the integrality attribute according to the Primary Care Assessment Tool-Brazil in different countries, including China and Japan, highlights Brazil regarding the findings, noting the prioritized adherence of the ESF in the Brazilian health system. This promotes the expansion, the strengthening of PHC in the country, and the resolutiveness in the healthdisease process.

Recognizing the needs and vulnerabilities of others triggers humanized attitudes and actions. Therefore, it can be inferred that humanization derives from applying the principle of integrality[23]. Health actions, as seen in this study, are strategies aimed at promoting, broadening, and enhancing the health of the user and their collective in line with their determinants and conditions. However, there is a noted insufficiency of support and investments by the municipal management for such actions, contrary to what was established by the National Policy on Health Promotion (PNPS) regarding cooperation and intersectoral articulation[2].

In discussing health promotion, it is essential to underscore the importance of this topic for reflection and practice, especially since health promotion and disease prevention are central to the current discourse. How to contemplate integrality or comprehensive care when promotion cannot be achieved? How to ensure healthy living and promote well-being for all at all ages, following one of the Sustainable Development Goals of the United Nations (UN)[24]? This study pointed out that the impracticability of management and Municipal Health Care Networks (RAS) results in a weakening of the process of conducting and managing the ESF.

There are no universal formulas or solutions; it is necessary to recognize the different realities, vulnerabilities, and subjectivities of each territory. Dialoguing and planning with and among health teams and municipal managers to introduce possibilities and improvements for health promotion in services is crucial. Paying attention to and correcting flaws in assistance and care to avoid a mechanized work process focused solely on pathology is vital. Promoting health is about aiding and encouraging individuals' autonomy regarding their health, regardless of their meanings and perspectives, while preserving care for their needs and specificities.

Souza et al.[20] highlight the adversities of integrality in a medium-sized municipality in the interior of São Paulo due to intersectoral disarticulation and levels of health care, such as difficulties in access and communication

with secondary care levels and inefficiency in the referral and counter-referral process. They also suggest the implementation of unique, computerized records throughout the care network and the creation of meeting spaces for professionals, facilitating the construction of links and sharing knowledge.

The e-SUS emerges as another method for optimizing and enhancing information management. As an already implemented information system, it still requires further development, both as software and in its widespread use[25]. This aligns with ESF nurses' perspectives on the importance of this tool in their daily work and management, as shown in the study by Araújo et al.[26].

The integration among health services necessitates planning, coordination, and dialogue among managers to define care flows. Thus, the operationalization of RAS is exercised through the system of referral and counter-referral, a mechanism for establishing communication and specialized care, ensuring continuity of care provided by different health professionals and services[27]. However, this system, intended primarily to facilitate and ensure comprehensive care, becomes an obstacle, as evidenced in this and other studies[27,28].

Oliveira et al.[29] also highlight the consequences of challenges in network coordination, such as the fragmentation in implementing public policies. The deficiency in communication or the absence of information among professionals and/or services compromises the integrality of care[30]. To aspire for access, integrality, and resolutiveness, it is essential to refine the flows from reception to the conclusion of user care[3], meaning a (re)organization of work processes.

The work process equates to a systematic organization of various activities and actors, driven by decision-making aimed at ensuring the success of necessary and priority actions and interventions in health services. Nurses, with their competencies and management roles, can undertake complex and innovative activities to advance the work process alongside their team[31].

The provision of health care in the primary network, particularly within the ESF, heavily depends on organizational processes and professional practices. This is in line with the structure and qualification of services and the care management by an interdisciplinary team, which is crucial for enhancing the ESF's effectiveness, considering its mediating effect on health care[3].

Because of these factors, there is a significant demand and workload on health professionals. Santos et al.[32] support this premise, analyzing the outcomes of a study conducted with nurses and highlighting that the accumulation of bureaucratic and care activities, as established by the PNAB[2], exposes the disparities in the Brazilian reality. The range of duties for these professionals expands during nursing consultations, therapeutic project management, and chronic condition follow-up, among other tasks they are required to perform to ensure the smooth functioning of services and work processes.

Authors[33] have shown that the excessive workload of nurses is directly related to the quality of care, deriving from a literature review study with an integrative approach, impacting negatively on users, managerial and labor functions, as well as causing harm to the mental and physical health of the professionals themselves. Ultimately, this leads to obstacles and the inability to envision care longitudinally and comprehensively.

The principle of integrality permeates the work of nurses, yet demands professional qualification and the support of a multiprofessional team. Despite the professional efforts to ensure the quality of care is realized and evolves, this study demonstrated that the practice of integrality still needs to be better developed, alongside encouraging quality in health services to reduce pathological conditions and preventable health situations through health promotion.

CONCLUSION

This study aimed to identify and reflect upon the challenges nurses face in the ESF to achieve integrality. The findings from their experiences highlight that user vulnerability directly affects health and well-being, creating an obstacle to continuous comprehensive care. Dissatisfaction with the integration of the RAS points in their flows and management, insufficient health incentives from municipal management, and the struggle against high demand and workload by nursing professionals were identified as challenges.

There is a lack of studies focusing on nurses' perspectives regarding integrality, translating into a scarcity of initiatives and incentives. This manuscript, while showcasing the pivotal role of nursing professionals, also seeks to foster and propel changes and further research.

Likewise, it suggests future team meetings within the Family Health Strategy, aiming to foster adjustments, dialogues, and advancements in the relationship between the team and the community. Periodic meetings with the municipal health department are recommended to encourage a management approach that promotes development and improvements, such as discussing findings to intervene and enhance actions, focusing on both professional and user service quality.

Additionally, it is suggested to advocate for the implementation of nursing care protocols in municipalities to support the nurses' role and integrality without disruptions, uniformly across all health services, especially in Primary Health Care. This approach encompasses a broad spectrum for the nursing professional, from patient care and assistance in the work process, management, and coordination of public health policies, practical actions, and health services, to embodying a principle of SUS.

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