



Actions and challenges of nursing professionals in primary care: A literature review

Atuações e desafios dos profissionais enfermeiros na atenção básica: Uma revisão de literatura

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ABSTRACT

Primary Care (PC) is characterized by a set of health actions, in the individual and collective scope, which includes the promotion and protection of health, the prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health. Being the preferred contact of users with health systems. It is guided by the principles of universality, accessibility and coordination of care, bond and continuity, integrity, accountability, humanization, equity, and social participation (BRASIL, 2006).

Keywords: Actions, Challenges, Nursing.

RESUMO

A Atenção Básica (AB) é caracterizada por um conjunto de ações de saúde, no âmbito individual e coletivo, que abrange a promoção e a proteção da saúde, a prevenção de agravos, o diagnóstico, o tratamento, a reabilitação e a manutenção da saúde. Sendo o contato preferencial dos usuários com os sistemas de saúde. Orienta-se pelos princípios da universalidade, da acessibilidade e da coordenação do cuidado, do vínculo e continuidade, da integralidade, da responsabilização, da humanização, da equidade e da participação social (BRASIL, 2006).

Palavras-chave: Atuações, Desafios, Enfermeiros.



1 INTRODUCTION

Primary Care (PC) is characterized by a set of health actions, in the individual and collective scope, which includes the promotion and protection of health, the prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health. Being the preferred contact of users with health systems. It is guided by the principles of universality, accessibility and coordination of care, bond and continuity, integrality, accountability, humanization, equity, and social participation (BRASIL, 2006).

From the point of view of Barbani (2016), Brazil represents the only country in the world with more than one hundred million inhabitants that maintains a public, universal, integral, and free health system with characteristics that, together with its continental dimensions, demographic and epidemiological transitions and also its regional inequalities present numerous challenges to its consolidation.

The challenges for the qualification of the SUS and the models of care that derive from it are well diversified, through the training and qualification of the professionals who are part of the public health care network. Among these professionals, Brazilian nursing has played a prominent role in the defense of the SUS. The orientation of the care model follows the principles of primary health care is called primary care and comprises the idea of a universal and integrated system of health action (FRANCOLLI, 2012).

The presence of the professional nurse in the Family Health Strategy (FHS) has been shown to be fundamental for the expansion and consolidation of this strategy in the reorganization of the health care model in Brazil. This is because this professional has attributions of various natures that contemplate from the organization of the activities of the FHS, the functioning of the health center, to the direct assistance to the individual, family and community (CAÇADOR, 2015).

2 GOAL

This study aims to make visible the performance and challenges of nursing professionals in Primary Care (PHC) in order to strengthen and expand knowledge about this theme.

3 METHODOLOGY

The present study consists of a literature review with an integrative approach about the challenges of nursing professionals in PC in order to answer the following question: what performance and challenges of nursing professionals in primary health care? For the scientific basis of this research was carried out previous reading and records of the selected studies that were related to the mathematics of the research. The data obtained were tabulated using descriptive statistics.

A search was performed in the following databases: Virtual Health Library (VHL), indexed in the database Latin American and Caribbean Literature in Health Sciences (LILACS), in the Nursing Database



(BDENF) and in the Scientific Electronic Library Online (SCIELO), with the following descriptors: Nursing; Primary Care; Challenges.

The following inclusion criteria were used: studies available in the database collections, as well as those published in health journals, in Portuguese, English and Spanish, with a time interval of 2000 to 2023.

As exclusion criteria: repeated studies in the databases, which were not freely available for reading or escaped from the proposed theme.

A total of 934 articles were found, 78 articles remained after reading the abstracts and after reading in full 16 studies were extracted that were related to the theme of this research.

4 DEVELOPMENT

In the context of the Unified Health System (SUS), PC represents the point of care that allows greater contact with the community, given the territoriality. It's essential attributes such as first contact access, comprehensiveness of care, longitudinality and coordination allow us to face social fragilities evidenced in the pandemic. Thus, due to its capillarity, PC is constituted as a potent service to combat the COVID-19 pandemic, precisely because it provides that the social and the biological are as totalities parts of the same totality, and not as opposites (ABRASCO, 2020).

Nursing is a socially relevant, historically determined professional practice and is part of a collective work process producing health actions through specific knowledge, articulated with the other team members in the social political context of the health sector (FERREIRA, 2018).

According to Catafesta et al (2015), nurses have an essential role in seeking improvement and compliance with the norms and guidelines defined by the SUS. It is considered that it is up to the nurse inserted in a Basic Family Health Unit to ensure the appreciation of each professional and to stimulate the satisfaction of each one of them in assisting the users in a welcoming, humanized, and proactive way. Through a deeper relationship with the population, the nursing professional creates conditions for a critical redefinition of technical practice in various health services, by pointing to a model integrated to the interests of the entire community.

In view of the list of activities performed by nurses, the nursing consultation is highlighted, which is evidenced as an opportune space for the development of clinical practice, a means that the closest interaction between individual and professional occurs, giving the latter the opportunity to know the individual, listen to their demands, evaluate the biopsychosocial and spiritual health conditions and provide the necessary care (CAÇADOR, 2015).

The contributions of nursing to the SUS are many. Being essential for the consolidation of the strategy of reorganization of the health care model proposed by the Family Health Strategy (FHS), contributing with its varied attributions, from the managerial organization of the FHS activities, the



functioning of the health center to the direct care to individuals, family and community (ACIOLI et al., 2014).

Among other challenges, decentralization and equity face a fragmented and enormously diverse landscape; universality, with precarious and deficient public supply; social control, with a low degree of civic culture and participation; and integrality, in the presence of informality and absence of network (BODSTEIN, 2002).

It is in this contradictory space of managerial and sanitary practices that nursing is inserted in the singular dimension, as a member of the family health team or as a coordination of the PACS. Not unlike other practices that develop in the social sphere, this one is also contradictory, because it seeks to transform the hegemonic care model, but confirms or maintains it in its own actions (LUCENA et al., 2006).

In Brazil, we can observe a great diversity in the way Nursing acts in PC, which generates the perception of the existence of several scopes of nursing work' determined by numerous practices. These scopes are related to the way the field is visualized, the multi and interprofessional relationship, the current conception of PHC, the technical and political competencies, the management models, and the processes of training and Permanent Education in Health. And, precisely because of this diversity, it is identified how much the work of Nursing contributes to a comprehensive care by its performance in several areas such as care, management, teaching, research, and social control. Likewise, it has led Nursing to assume a central role in the consolidation of PHC, especially for its innovative, creative, and versatile potential (ABEn, 2020)

The relevance of the workforce of nursing auxiliaries and technicians in the FHS is evidenced by the capillarity of their practices, working in all sectors of PHC. The main activities performed by these professionals involve the orientation of the users, highlighting their emphasis on the first contact, due to the intense participation in the welcoming. This provides access to the SUS and contributes to facilitate the flow to the service, as well as home visits that collaborate with the longitudinally of care (MONEZI et al., 2021).

It is noteworthy that the field of management is a place of important action for nurses, since training contributes to the development of competencies that are recognized by the labor market in this area of action. However, we know that few assume leadership positions. The National Survey with Municipal Managers of SUS conducted by Fiocruz between 2017 and 2020 revealed the important presence of Nursing, female, white, with higher education and post-graduation in the function of managers of SUS (26%), although 59% have never assumed the position of Health Secretaries (CARVALHO et al., 2020).

Regarding the actions of the nurse as a member of the health team, there are those that are performed infrequently, highlighting the registration of families and intersectoral actions, in addition to the use of epidemiological data for the planning of health activities by the interdisciplinary team. The registration of families in the territory makes it possible to establish the epidemiological profile of the enrolled population.



Thus, as the nurse has not performed or participated in this activity, consequently, he does not have epidemiological data to plan his activities (TOSO, 2022).

Regarding the specific activities of the nurse's work in the PHC, the managerial performance predominates over the clinical practice, prioritizing activities such as coordination of the CHA, in both models of care, practices of permanent education in health and participation in the management of inputs. However, clinical practice actions, such as care permeated by protocols, which support the request for tests and therapy, are partially performed, with the request of tests without proper monitoring of the user by the professional, including without the use of care management tools for complex cases (TOSO, 2022).

In addition, nurses in PHC have been gaining social space and recognition together with the members of the health team and users, who experience clinical care and identify in these professionals the reference for their care, which brings satisfaction and gives meaning to the work. Nurses recognize, in their exercise potentialities, such as: exercising clinical practice through nursing consultation, creating bonds with the population and establishing interpersonal relationships with the team that provide a productive, healthy and satisfactory work environment, highlighting important aspects for the accomplishment of their attributions, such as appreciation and recognition, permanent education in health, bond established with the community and joint work (FERNANDES et al., 2018).

Nursing professionals have routinely faced precariousness in the work process and many problems in the health system, such as lack of infrastructure for care, shortage of supplies, inadequate sizing of personnel, lack of PPE, long working hours, work overload, low wages, and lack of training, among others. Added to this, the category remains the only health profession that does not have a legally defined workload (QUADROS et al., 2020).

David et al. (2020) report in their studies that the most evident factor is the exhaustion of nursing professionals, bringing to the public, already known situations of physical and emotional exhaustion linked to the work process.

The orientation for the work of nurses in PHC is described in national, state, and municipal ordinances and laws of the professional category. However, with the growing need to expand the action of the category, either due to lack of medical composition in the minimum FHS team or due to changes in the health status of the population, with an increase in chronic diseases, there is an advance in the autonomy of these professionals and sometimes does not have a delimitation of their real field of action. The nurse is a professional with academic training who lives in different fields between the ideal and the reality (SILVA; MOA; ZEITOUNE, 2010; FERREIRA; PÉRICO; DIAS, 2018).

The nurse has a differentiated position within the PC, precisely because of the expansion of its limits of professional performance that permeate both exercising managerial activities, as well as care and



administrative, which allow the intensification and expansion of the activities of nurses within primary health care (GALAVOTE; ZANDONADE; GARCIA, 2016).

When the nurse works in the FHS, he strives for comprehensive care to the community, which through the nursing consultation must perform childcare actions that are part of the child's health care, as recommended by the Ministry of Health. In this consultation it is necessary to evaluate the weight, height, neuropsychomotor development, vaccination, nutritional status, as well as guidance to the mother and family, in addition to registering in the child's card, following the growth and development of the child (ASSIS; SILVA; REICHERT, 2011).

In addition to consultations for children, nurses also work with adolescents. It is necessary to carry out actions that meet the health needs of this specific clientele, through the nursing consultation itself, home visits, group activities, educational and intersectoral actions and health promotion and prevention. Given this, the nursing consultation to this public should not be restricted to a spontaneous demand characterized by any unscheduled care in the health unit or by the momentary need of the patient (HIGARASHI et al., 2011).

In this sense, in scenarios with fragile working conditions and with insufficient supplies and protective equipment, nurses are confronted with numerous personal and professional challenges, having to deal with the risk of illness of their team, the fear of their own death and that of their colleagues, increased working hours, the complexity of the work imposed by the clinical management of Covid-19 (OLIVEIRA et al., 2020).

To speak of challenges for nursing is to comment on a common space, a space of struggle for better working and employment conditions, for decent wages, for a working day consistent with the activity performed, for an emancipatory and quality education (FALCÃO, 2020).

5 FINAL CONSIDERATIONS

This study allowed us to visualize the existing challenges in PC, so that it can serve as an instrument of analysis to support other research and be a point of reflection for debates and coping solutions.

The relevance of the work of nursing professionals in PC is perceived, which can be seen by managers as a tool for implementing improvements in these scenarios that enhance work processes and benefit the teams and users of the system.

In view of the existing gaps cited in this study, it is affirmed that they do exist, but they can be overcome and that it is possible to evolve in these challenges and obstacles, with the help of managers and a strengthened work of the PHC health teams in the SUS.



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