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INTEGRATIVE REVIEW ARTICLE

EVALUATION OF PRIMARY CARE THROUGH THE PERCEPTION OF USERS AND HEALTH PROFESSIONALS: AN INTEGRATIVE REVIEW

AVALIAÇÃO DA ATENÇÃO PRIMÁRIA NA PERCEPÇÃO DOS USUÁRIOS E PROFISSIONAIS DE SAÚDE: UMA REVISÃO INTEGRATIVA

EVALUACIÓN DE LA ATENCIÓN PRIMARIA EN LA PERCEPCIÓN DE USUARIOS Y PROFESIONALES DE LA SALUD: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyzing the national scientific production about evaluation of primary care through the perception of users and health professionals. **Methodology:** an integrative review with search for scientific production at MEDLINE, LILACS and BDENF databases. Data collection occurred in the period from January to February 2013, guided by the question << What is the national scientific knowledge about the evaluation of primary care through the perception of users and health professionals? >>. There were employed the descriptors: **primary health care, health assessment and evaluation of health services.** **Results:** 15 studies were grouped into four categories: 1. Access and resoluteness, instalations and resources, 2. Actions and services developed 3. Development of bonding and 4. Social participation. **Conclusion:** there is scarcity of scientific assessment about the perception of users and health professionals in relation to primary health care services, indicating the need for an increase of new researches. **Descriptors:** Primary Health Care; Health Evaluation; Health Service Evaluation.

RESUMO

Objetivo: analisar as produções científicas nacionais acerca da avaliação da atenção primária na percepção de usuários e profissionais de saúde. **Metodologia:** revisão integrativa com buscas a produção científica nas bases de dados MEDLINE, LILACS e BDENF. A coleta de dados ocorreu no período de janeiro a fevereiro de 2013, norteadas pela questão << Qual o conhecimento científico nacional produzido acerca da avaliação da atenção primária na percepção dos usuários e dos profissionais de saúde? >>. Foram empregados os descritores: **atenção primária a saúde, avaliação em saúde e avaliação de serviços de saúde.** **Resultado:** 15 estudos foram agrupados em quatro categorias: 1. Acesso e resolutividade, instalações e recursos, 2. Ações e serviços desenvolvidos, 3. Desenvolvimento de vínculo e 4. Participação social. **Conclusão:** há escassez científica da avaliação na percepção dos usuários e dos profissionais de saúde em relação aos serviços de Atenção Primária à Saúde, suscitando a necessidade de um incremento de novas pesquisas. **Descritores:** Atenção Primária à Saúde; Avaliação em Saúde; Avaliação de Serviço de Saúde.

RESUMEN

Objetivo: analizar la producción científica nacional acerca de la evaluación de la atención primaria en la percepción de los usuarios y profesionales de la salud. **Metodología:** una revisión integradora con búsquedas acerca de la producción científica en las bases de datos MEDLINE, LILACS y BDENF. La recolección de datos ocurrió en el período de enero a febrero de 2013, guiada por la pregunta << ¿Cuál es el conocimiento científico nacional acerca de la evaluación de la atención primaria en la percepciones de los usuarios y profesionales de la salud? >>. Fueron empleados los descriptores: **atención primaria a la salud, la evaluación de la salud y la evaluación de los servicios de salud.** **Resultado:** 15 estudios se agruparon en cuatro categorías: 1. Acceso y resolución, instalaciones y recursos, 2. Acciones y servicios desarrollados, 3. Desarrollo de vínculo, 4. La participación social. **Conclusión:** hay escasez científica de la evaluación en la percepción de los usuarios y profesionales de la salud en relación con los servicios de atención primaria de la salud, lo que indica la necesidad de un aumento de nuevas investigaciones. **Descriptores:** Atención Primaria de Salud; Evaluación de la Salud; Evaluación del Servicio de Salud.

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INTRODUCTION

Since the World Health Conference in Alma-Ata, the strengthening of primary care has been adopted in many countries as a strategy for organization of the health system and for optimization of available resources.¹

In Brazil, the formulation aimed at Primary Health Care (PHC) policies is consolidated with the creation of the Unified Health System (SUS) in 1990 by the adoption of its structuring principles as broad concept of health, decentralization and universality of attention services by strengthening the role of primary care in the public health system in Brazil. In this sense, created in 1994, the Family Health Program (FHP).²

To organize and strengthen PHC ruled in family health, the Ministry of Health (MOH), created the Project for Expansion and Consolidation of Family Health (PROESF) in municipalities with more than 100 000 inhabitants, in order to finance the improvement of infrastructure services, training of human resources and the evaluation of the FHP as a mandatory requirement.³

By Ordinance No. 648, of March 28th, 2006, MOH edited the Primary Care Policy and broadened the scope of the shares of PHC, putting the family health units as the preferred entry doors for the NHS and as a strategy for organizing local health systems.⁴ In addition, the MOH also released the National Survey of user satisfaction Evaluation of the SUS, the different levels of care, with a focus on user perception and satisfaction, providing the user the opportunity to opine on the health policies and evaluate the care received, highlighting the critical points of the system.⁵

Despite all the investment in the health sector, the services still fail to offering a quality service that supports people and meets real needs, is fundamental to evaluation of policies and programs in public health, contributing to efforts seeking a healthier and preventing the waste of resources to the implementation of ineffective programs society.⁶ In assessing the benefits of health policies on population, knowledge of the arrangements and local peculiarities of health care is a basic requirement.⁷ In this context, it is objective of the study:

- Analyzing the national scientific production about the evaluation of primary care through the perception of users and health professionals.

METHOD

This is an integrative review, a method that allows for searching, critical appraisal and synthesis of available scientific evidence about the research theme being its final product the current state of knowledge of the subject, enabling the identification of gaps that lead to the development new research. The study was conducted in six steps as methodological recommendation: identification of the topic, literature search, categorization of studies, evaluation and interpretation of results, and synthesis of knowledge.⁸ The first step established the guiding question was: "What is the scientific knowledge produced about the national evaluation of primary care through the perception of users and health professionals?"

The databases searched in the period from January to February 2013 were: Database of Nursing (BDENF), Latin American and Caribbean Literature on Health Sciences (LILACS) and Health Information from the National Library of Medicine (Medline). To survey data there were used the descriptors: "Health assessment", "Evaluation of the health service" and "Primary Health Care", in Portuguese, Spanish and English. These descriptors were used to be part of the list of Descriptors in Health Sciences (DECS). Because of the quantitative of articles found it chose to working with the articles identified from the intersection of descriptors. Inclusion criteria were: to be related to the topic under study, in Portuguese, Spanish or English, published in the period 2000 to 2012, independent of the search method used.

From these criteria it was obtained a total of 611 studies, that after reading and analyzing there were selected 17, which subsequently, the key information from each selected study were collected from an instrument of data collection, which included the following items : author (s), year, geographic region of conducting the study, purpose, study design and level of evidence (NE). The organization of information for analysis was developed by creating four thematic categories: access and resoluteness, facilities and resources, establishing a relationship, and developed actions and services.

The NE of the studies was assigned based on the proposed classification:⁹ Level I - evidence from meta-analysis of randomized controlled clinical trials; Level II - evidence from the study of experimental design; Level III - Evidence obtained from quasi-experimental research; Level IV - evidence

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from descriptive studies or qualitative methodological approach; Level V - evidence from case reports or experience; Level VI - evidence based on expert opinions. At the end of the categorization and analysis of the studies, the interpretation of the results was carried out and, in the last phase, the elaborate synthesis of knowledge evidenced in the studies analyzed, the result of which is presented in a descriptive way.

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RESULTS

- **Categorizing the scientific production**
In this integrative review, the seventeen included studies were produced between 2007 and 2012 are summarized in Figure 1, 2 and 3, as author (s), year, region of accomplishment, title, study design and NE, which are described and discussed following the text.

Author (s)	Year	Region	Title	Delineation	NE
Gaioso VP, Mishima SM.10	2007	Southeast	User satisfaction in terms of acceptability in the scenario of family health	Descriptive / Quantitative and Qualitative	IV
Duarte LR, Miranda AP.11	2007	Southeast	Satisfaction of users of the Family Health Strategy in the municipality of Sorocaba, SP	Descriptive/Quantitative	IV
Stralen CJV, Belisário SA, Stralen TBSV, Lima AMD, Massote AW, Oliveira CL.12	2008	Midwest	Perception of users and health professionals about the basic attention: comparison between units with and without family health in the Central-West region of Brazil	Descriptive/Quantitative	IV
Souza ECF, Vilar RLA, Rocha NSPD, Uchoa AC, Rocha PM.13	2008	Northeast	Access and reception in the basic attention: an analysis of the perception of users and health professionals	Qualitative	IV
Tavares MFL, Mendonça MHM, Rocha RM.14	2009	Southeast	Health practices in the context of reorientation of primary health care in the State of Rio de Janeiro, Brazil, in the view of users and health professionals	Qualitative	IV
Castanheira ERL et AL.15	2009	Southeast	Evaluation of the quality of the basic attention in 37 Cities of the Midwest Paulista: features of the organisation of assistance	Descriptive/Quantitative	IV

Figure 1. Distribution of articles according to author (s), year, region, title, study design and NE. Vitória, ES, 2013.

Author (s)	Year	Region	Title	Delineation	NE
Moura BLA et AL.16	2010	Northeast	Primary health care: structure of the units as a component of health care	Descriptive/Quantitative	IV
Oliveira WMA, Bezerra ALQ.17	2010	Midwest	Self-evaluation of the family health strategy by nurses	Descriptive, quantitative	IV
Medeiros FA, Araújo-Souza GC, Albuquerque-Barbosa AA, e Clara-Costa IC.18	2010	Does not specify	Hosting in a Basic Health Unit: user satisfaction in focus	Qualitative	IV
Mishima SM et AL.19	2010	Southeast	The family health care from the perspective of users	Descriptive/Qualitative	IV
Silva JM, Caldeira AP.20	2010	Southeast	Assistencial model and indicators of quality of care: perceptions of primary care health professionals	Descriptive/Quantitative	IV
Rosa RB, Pelegrini AHW, Lima MADS.21	2011	South	Efficaciousness of assistance and satisfaction of users of the Family Health Strategy	Descriptive/Quantitative and Qualitative	IV

Figure 2. Distribution of articles according to author (s), year, region, title, study design and NE. Vitória, ES, 2013.

Author (s)	Year	Region	Title	Delineation	NE
Pereira MJB et AL.22	2011	Southeast	Evaluation of organizational performance and characteristics of a unit of basic attention to health	Descriptive/Quantitative	IV
Souza ROA.23	2011	Southeast	The basic attention to health in the city of Tres Rios: an analysis of the management and organization of the health system	Descriptive/Quantitative and Qualitative	IV
Sala A, Luppi CG, Simões O, Marsiglia RG.24	2011	Southeast	Completeness and primary health care: evaluation through the perspective of users of health units of the city of São Paulo	Descriptive/Quantitative	IV
Castro RCL, Knauth DR, Harzheim E, Hauser L, Duncan BB.25	2012	South	Evaluation of the quality of primary care by health professionals: comparison between different types of services	Quantitative/Cross	IV
Santos HS.26	2012	Northeast	Evaluation of the network of basic health units with a focus on completeness	Evaluative/Quantitative	IV

Figure 3. Distribution of articles according to author (s), year, region, title, study design and NE. Vitoria, ES, 2013.

The origin of the productions varied differently among regions of the country, with concentration in the states of southeastern Brazil (nine),^{10-11,14-15,19-20,22,24} three in the northeast,^{13,16,26} two in the Midwest region,^{12,17} two in the south,^{21,25} and one study did not specify the Brazilian researched area¹⁸, and punctuates the absence of studies produced in the northern region.

Regarding the methodological design/methodological design of the productions it is observed that ten are quantitative, qualitative approach^{11-12,15-17,20,22,24-26} four have^{13-14,18-19} and three are quantitative and qualitative.^{10,21,23} All studies¹⁰⁻²⁶ have strength of evidence IV, which is obtained through evidence from descriptive studies or with qualitative methodological approach.¹⁵

Among the seventeen studies analyzed, fifteen were scientific articles and these are disclosed in the following magazines: Text _ & _ Context_Nursing,¹⁰ Postgraduate Nursing, Federal University of Santa Catarina, São Paulo Journal of Nursing,¹¹ of the Brazilian Association of Nursing Program - Section São Paulo, Journal of Public Health,^{12-14,20} of the National School of Public Health Sergio Arouca, Oswaldo Cruz Foundation, Health Society,^{15,24} School of Public Health, University of São Paulo and Paulista Association of Public Health, Brazilian Journal of Maternal and Child Health ¹⁶, Institute of Integrative Medicine Prof. Fernando Figueira, Journal of Nursing UERJ,¹⁷ from the Faculty of Nursing at the State University of Rio de Janeiro, Public Health Magazine,¹⁸ of the Public Health Institute, College of Medicine - National University of Colombia, Latin American Journal of Nursing,¹⁹ School of Nursing of Ribeirão Preto/University of São Paulo, Rio Grande do Sul

Journal of Nursing,²¹⁻²² of the School of Nursing, Federal University of Rio Grande do Sul, and Notebook of Public Health, National School of Public Health Sergio Arouca, Oswaldo Foundation Cruz.²⁵ The two other publications represent a summary of a paper published in the Bahian Journal of Public Health, of the Health Secretariat of State of Bahia²⁶ and a master's dissertation defended at the National School of Public Health / Oswaldo Cruz Foundation.²³

Regarding the academic training of the authors, it can be said that the majority (7) of the productions had primary author nurse,^{10,11,17,19,21-22,26} four did not specify training,^{13-14,16,23} in the three main medical authorship was^{12,15,24} and two were dentists.^{18,20} These results indicate the significant participation of nursing in evaluative studies of the primary health care services, which is an area of great activity of nurse.

From the reading and analysis of the sampled articles were built four thematic categories: access and problem solving;^{10-14,18-19,21,24-25} facilities and resources;^{13,15-17,19,23} actions and services developed;^{12-15,17,19,22,24} establish a bond^{10-15,17-20,25-26} and social participation.^{15,17,20,26}

DISCUSSION

In the first category << Access and resolution >> occur that both health centers as family health teams work well as entry door, however, for health professionals top-level teams are given a family health better evaluation (p<0,05) .¹² The FHS, according to nurses and physicians experienced in service,

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has a better assessment in access to first contact that the Basic Health Units (BHU).²⁵

Likewise, users evaluate positively the access to health services through the implementation of the Family Health Unit (FHU).¹⁰ High level of satisfaction was found with the same ease of access to services,^{12,19} as well as proximity to place of residence and the possibility of on-site labor in situations that impede users' locomotion.¹⁹ It is noteworthy that the FHS, since the 90s, has been implemented, based on the principles of integrated care universal access, decentralization, seeks fairness and incorporation of new technologies, knowledge and practices.²⁷

However, on the other hand, there are still many difficulties on accessing and accessibility due to the mismatch between demand and supply of services.^{13,18} It is important noting that accessibility is what enables people to get the services, and enables access timely use of services to achieve the best possible results. Therefore, access, would be how the person experiences the health service.²⁸

Among the access problems reported by users of a family health unit are those related to achievement tests, attendance in unity and reference specialist consultations and emergencies.^{10,13} A study conducted shows that for users, evaluation of integration of services is difficult or no access, the structural conditions that have.¹⁴ Network is also evidenced by health professionals of USF and Basic Health Units (BHU) difficulty with the reference system, especially the lack of counter-referral.²¹

A highlight among the difficulties referred to, in the new model of health care, is responding with general practitioner,¹⁴ however, for the user, the primary health care service, in most cases, can solve its problems.^{18,21} Note that for nursing professionals primary care is considered the ideal place to caring toward promotion, prevention and health education.²⁹

The FHS is developed by a team formed basically by the general practitioner or family nurse, auxiliary nurse and community health workers, with the core objectives of providing comprehensive care, continuous, with resolution and quality, the health needs of the population enrolled, highlighting the family perspective.³⁰ Thus, care in the PHC service is a gateway to access to specialist consultation.²⁴

Another issue that hinders access refers to the hours of operation of the unit, the inflexibility of the rules of functioning of the

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health unit,¹⁹ and the dissatisfaction with the scheduling unit.¹³ These data indicated problems fast access to PHC services, that can be perceived by the user in a negative way about their assessment of service, particularly with regard to the resolution of acute or subacute complaints.²⁴ A relevant factor is explicit in the imagination of the user that FHU is for anyone who is unable to get another type of health care, disrupting the concept of universality, one of the principle of SUS.¹⁹

In the category << Installations and resources >>, we observe structural failures and the lack of medical professionals in primary care services,¹⁵ beyond the limited number of teams generating low coverage of family health program, and the existence of few professionals care for the population of the area.¹³ There are records of family health units with inadequate infrastructure and equipment for use in poor condition, lack of coordination and limited communication among professional services.²³

The installations of primary care services, in most cases, are inadequate, since in many cases lack rooms for routine activities, physical space does not meet the demand, and the basic infrastructure conditions are often precarious, as it lacks proper toilet there are not enough chairs and even cooler; as well as the ventilation is the proper.¹⁵ It is furthermore the existence of inadequate biosecurity conditions, since procedures that should be performed under aseptic conditions and those that interfere with the maintenance of these are performed in the same local.¹⁶

It is also noticed in the list of selected studies, the precarious state of conservation and hygiene units, with the presence of leaks and poor lighting, besides the lack of access to health and adapted to meet the special needs users' ramp. Note also that many FHU, were based-on physical structures that were not built for this purpose, as adapted homes that did not meet the standards established for the operation of health services.¹⁶ Important to refer to as a trouble spot cleaning in the health service, since there should be more careful in this space of action and promoting care.¹⁹

Another fact of importance is the lack of material, most of the health facilities for the development of health care activities. This problem not only matter to the activities of an educational basis, but also acting in local hygiene, the records and personal protection, due to the lack of cleaning supplies,

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forms/sheets, individual protective equipment and medicines.¹³ It should note that the situation of the units located in rural set-up worse than the urban area.¹⁶

Study conducted with nurses in the FHS of the municipalities of the Regional Health Management II West of Goiás reveals almost always suitable for the development of health by 65,7% of participants.¹⁷ Regarding the availability of drugs physical installation of FHU always considered or for users, according to 62,5% nurses, considering the amount and types almost always meets the demand. But the materials and supplies used for educational activities have divided opinion in them, since 43,8% said they often or almost always, these are available at FHU, while 31,3% answered rarely.¹⁷

It notes that all units have problems of structure but differ in relation to the organization of care offered and the mechanisms of management. The FHU through its organizational characteristics tend to be more consistent with the recommendations of the National Primary Care than other types of BHU. Thus, it is worth emphasizing that this trend is not uniform within each type of unit, and there are units that are closer or more distant from the desired profile according to the features of its structure and organization of the work process.¹⁵

Regarding the category "Actions and developed services", it verifies that health professionals give to family health a significant improvement of services offered.¹² Among health actions developed are: active search, visit home, the registration and lectures in groups.¹⁴ Users cite as services accessible: "vaccination for children", "treatment/control diabetes", "treatment of minor injuries", "treatment/control of hypertension", "care for children", "prenatal" and "epidemic disease".²²

It is worth emphasizing that almost all units develop primary care women's health programs, adult health and child health, but to offer program activities for the health of the elderly had little presence in the units as well as to the health of adolescents without significant differences between USF and UBS.¹⁵ However, the size of the cast service became clear that the services of mental and oral health care in the form of FHP, seem not to have succeeded in adequate supply of both types of service,²⁴ actions that could facilitate and expand the service performed.¹⁹ Users suggest traders from creating open to the public meetings to address topics of interest to health, and even talk about illnesses.¹⁹

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In USF, other relevant data comes from the initial assessment of spontaneous demand held privately at the reception room. Between UBS, the greater is the frequency of occurrence of initial assessment conducted in the unit.¹⁵ Caregivers reception desk, particularly those of FHU, appreciated the reception, highlighting the importance of the work of the agent health.¹⁴ For these professionals, the host appears as an important demand to organize the process and work practices, demanding effort and dedication professional.¹³ The host is a technological arrangement that seeks to ensure access to users with the objective to listen to everyone, solve problems more simple and /or reference them if needed.³¹

Through the perspective of the professionals, it was considered relevant using production data for epidemiological and planning activities, the proportion of greater use among FHU.¹⁵ This finding is consistent with another study showing that always or almost always indicators influence the planning and dynamic work team, the diagnosis area is conducted to identify the most common problems of the population and the implementation of actions is performed by monitoring the health status of the population.¹⁷

In the category "Development of bond" it is observed in selected humanization in the relations between users and health professionals.¹¹ having the recognition that the health team provides care to users, with friendly and patient workers and,¹⁹ studies pointing to worker ratio user as respectable and culminating with the understanding of a humanized care,¹⁸ we note that users consider the competent staff and quality care.¹⁹

The interaction relationship of user with FHU staff permeates a more humane, respectful, friendly service, setting longitudinality. It is evident satisfaction regarding quality and technical competence of the staff of FHU.¹⁰ However, also present feelings of dissatisfaction with the environment and the time in the waiting room,¹⁰ as well as with distant and authoritarian care of some professional rigidity and inflexibility of the health service and its workers, which triggers difficulties in receiving and identifying their demands.¹⁹

An evaluative study about the expansion of the Family Health Strategy in major urban centers in the State of Rio de Janeiro, which points to the users of FHU difference exists between the care provided by the FHU and the BHU team, highlighting the active search for agents health as a factor strengthening the

bond between users and health units.¹⁴ In another study on the perception of the performance of basic health units with and without family health in cities with more than 100 000 inhabitants in Goiás and Mato Grosso do Sul , there was the establishment of stronger ties with users of FHU than traditional health centers ($p<0,05$).¹²

Health professionals, particularly those of FHU, valued in the model adopted active search, the link between community and FHU.¹³ Thus, it is observed that the family approach to community orientation is present in more family health teams than in health centers ($p<0,05$).¹² This finding is similar to other research that highlights the ESF, according to nurses and doctors have better assessment regarding the/community family guidance than Basic Health Units, as well as better assessment of the attributes of longitudinality and integrality.²⁵ It is worth noting that some authors point out that the Basic Health Units have a distancing from the principle of Integrality.²⁶

Regarding Category << Social participation >>, it is observed, in most cases, the lack of organized local councils, with no differences between FHU and BHU.¹⁵ Teams consider health, community participation, as an attribute more dependent than their actions.²⁰ However, to 43,8% of the FHS nurses always or almost always legitimate popular participation and social control in the FHS community and 59,4% always or almost always are adopted measures to inform the population about the actions developed.¹⁷ Turn to service users and health professionals, the Basic Health Units have low community participation in health decisions and preparation of specific projects according to the demands of the population.²⁶

Despite the immense progress of the engagement of civil society in the formulation and deliberation of public policy, is still far a wide social participation in decision making on various aspects of public life. This highlights one of the main challenges to building a transparent management and broad social participation, where priorities are really geared towards solving the problems of population.³²

CONCLUSION

This study allowed the construction of a synthesis of scientific knowledge, which showed that the evaluation of primary care through users' and health professionals' perception, with a focus on access and resoluteness, installations and resources, form a bond, actions and services developed and social participation.

There are observed gaps related to scarce scientific literature research, raising the need for increased research on this theme, since we understand the need for a targeted for the development of research that produce greater knowledge effort investigated the subject in particularly in regions, states and municipalities, which have the characteristics and health services as distinct realities, to consider both the cultural characteristics as to reduce regional imbalances.

The evaluation of primary health care professional and user perception is crucial as a measure of quality of care. Such studies may show approval or failure of health services to meet expectations and needs of users, becoming an important tool for research, management and planning of health services tool, allowing the organization the most appropriate assistance to the needs and demands the clientele.

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