



PRIMARY HEALTH CARE: FOCUSING ON THE HEALTH FOR THE ATTENTION OF NETWORKS

ATENÇÃO PRIMÁRIA À SAÚDE: ENFOCANDO AS REDES DE ATENÇÃO À SAÚDE ATENCIÓN PRIMARIA DE SALUD: CENTRÁNDOSE EN LA SALUD PARA LA ATENCIÓN DE REDES

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ABSTRACT

Objective: analyzing the knowledge, attitudes and practices in Primary Health Care (PHC) of Cajazeiras/PB regarding the health care networks. **Methodology:** an exploratory descriptive study of a qualitative approach, whose data collection was carried out with nurses of the mentioned municipality of PHC, from interview. Data were analyzed from the use of the Collective Subject Discourse technique. The research project was approved by the Research Ethics Committee, CAAE: 26140513.7.0000.5180. **Results:** the nurses ignore or know little about the Health Care Networks This characteristic prevents the implementation of actions related to the RAS and local PHC. **Conclusion:** there was low knowledge index of nurses about the subject matter, a fact proved the hypothesis initially instituted. This fact has repercussions on the need for development strategies that could lead to formation of these nurses, assisting proper practice in the context of RAS. **Descriptors:** Primary Health Care; Care; Health Care Networks; Health.

RESUMO

Objetivo: analisar conhecimentos, atitudes e práticas na Atenção Primária à Saúde (APS) de Cajazeiras/PB quanto as redes de atenção à saúde. **Metodologia:** estudo exploratório-descritivo com abordagem qualitativa, cuja coleta de dados foi realizada com os enfermeiros da APS do mencionado município, a partir de entrevista. Os dados foram analisados a partir do uso da técnica do Discurso do Sujeito Coletivo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 26140513.7.0000.5180. **Resultados:** os enfermeiros desconhecem ou poucos conhecem sobre as Redes de Atenção à Saúde. Tal particularidade inviabiliza a implementação de ações relacionadas com as RAS na APS local. **Conclusão:** houve baixo índice de conhecimento dos enfermeiros sobre o objeto de estudo, fato comprovou a hipótese inicialmente instituída. Tal fato que repercute sobre a necessidade do fomento de estratégias capazes de conduzir a formação destes enfermeiros, auxiliando a prática adequada no contexto das RAS. **Descritores:** Atenção Primária a Saúde; Cuidado; Redes de Atenção à Saúde; Saúde.

RESUMEN

Objetivo: analizar los conocimientos, actitudes y prácticas en la Atención Primaria de Salud (APS) de Cajazeiras/PB como las redes de atención de salud. **Metodología:** estudio cualitativo exploratorio descriptivo, cuya recolección de datos se llevó a cabo con las enfermeras de los PHC en el municipio mencionado a partir de la entrevista. Los datos se analizaron por el uso de la técnica de Discurso del Sujeto Colectivo. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, CAAE: 26140513.7.0000.5180. **Resultados:** las enfermeras ignoran o saben muy poco acerca de las redes de atención médica. Esta característica impide la implementación de acciones relacionadas con la RAS en la PHC locales. **Conclusión:** hubo un bajo índice de conocimiento de las enfermeras acerca del tema, un hecho probado la hipótesis instituida inicialmente. Este hecho repercute en la necesidad de que las estrategias de desarrollo que podrían conducir a la formación de estas enfermeras, ayudando a la práctica adecuada en el contexto de RAS. **Descriptores:** Atención Primaria de Salud; Cuidado; Redes de Servicios de Salud; Salud.

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INTRODUCTION

The Unified Health System (SUS), created in Brazil in 1988, has free access to the health of every citizen. The SUS implementation unified system, since before 1988 health was the responsibility of various ministries and decentralized management. It ceased to be exclusive of the Federal Executive Branch and was administered by states and municipalities.¹

The Primary Health Care (PHC), characterized by primary care was defined by the World Health Organization (WHO) at the Alma Ata Declaration as essential health care based on technologies and practical methods, scientifically proven and socially acceptable, making universally accessible to individuals and families in the community by means acceptable to them at a cost that both the community and the country can afford at every stage of its development, a spirit of self-reliance and self-determination.²

Considering the Declaration of Alma-Ata, because it is characterized as the system gateway, the PHC is based on the axes of universality, comprehensiveness and equity in a context of decentralization and social control of management, and be based on the care and organizational principles of SUS.² Health care based on understanding of PHC as the first level emphasizes the resoluteness of primary care about the most common health problems and from which it performs and coordinates care at all points of care considering the problems of the population as a framework for interventions.

Health care based on population is the ability of a system to establish the health needs of a specific population, under its responsibility, according to the risks, implement and evaluate health interventions related to this audience and to provide care for individuals as part of their culture and their preferences. The SUS based care provided in the holistic model, where all the characteristics of individuals would be observed to reach the health/disease process. The PHC can lead health care networks, for that combines a range of services to a defined population and these are committed by financial, clinical and health outcomes of the population they serve.

The Family Health Strategy (FHS) began in 1994 and came as one of the programs proposed by the federal government to municipalities to supply and implement the Primary Care (AB). Teams work as an enrolled population, ie with a fixed number of families. These settings depend on the

geographic reality, economic and socio-political area, taking into account the population density and the ease of access to the Unit.³ The FHS, because it has a population/territory already defined, meets the population's real needs, identifies the most common health problems in the area and shall, along with community participation, a local plan for addressing the factors that pose a risk to health. The family becomes the target of the strategy, which can monitor individuals, allowing a broader understanding of the health/disease process. By gathering these attributes, the Family Health's team becomes an important element in the observation of the real role of health care networks (RAS) in primary care.

The Health Attention Network is defined as organizational arrangements of health actions and services of different technological densities, which integrated through technical support systems, logistics and management, seek to ensure the integrity of care.⁴ Thus it was defined as a research problem of this study the question: what are the main knowledge, attitudes and practices that nurses from the Primary Health Care for Cajazeiras, have based on health-care networks? The hypothesis was that the nurses had little knowledge, attitudes and practices related to PHC based on health-care networks, as unaware of the significance of networks.

The reasons for this research focus on the need to subject the research, since that are highly relevant in the administrative setting and the perception that the Care Networks constitute a new form of organization of the state or of the Company, based on cooperation between units endowed with autonomy, plus for the system, since it has various links between the actors and organizations, as well as economic benefits by reducing costs and improving quality of care.

Given the above, the aim of this study to analyzing knowledge, attitudes and practices in primary health care (PHC) of Cajazeiras/PB as the health care networks.

METHOD

An exploratory and descriptive study of a qualitative approach conducted in the city of Cajazeiras, in the Upper Hinterland in Paraíba, in extreme state of the West, having altitude of 298 meters on the sea level, distant 477 km from the capital João Pessoa, with a land area of 565.899 km², savanna biome. With an estimated population of 58.446 inhabitants, and is considered the seventh largest city of Paraíba.⁵

The city has 15 FHUs inserted into the primary health care by developing health promotion, prevention, treatment and rehabilitation in their respective area. However,¹² there are located in the urban area and three in rural areas. These are the development of local study.

The population was composed of 12 nurses from the urban area of Cajazeiras FHS. However, we used a sample of non-probabilistic by certain convenience as suitability to the following inclusion criteria: being a nurse of Cajazeiras FHS, acting in the urban area and want to participate in the study voluntarily signing the Informed Consent and Informed (IC). They excluded those professionals under 12 months of operation in the local USF. Thus, it is emphasized that participated in the investigation 41,67% of the target population, as outlined previously criteria, as well as the saturation of data.

For data collection there was conducted structured interviews between the months of May and June 2014, being guided by a structured questionnaire. The same has been recorded in order to maintain the reliability of the testimony obtained and performed following authorization by the City Health Department and approval of the research by the Research Ethics Committee (CEP) of the College Santa Maria (FSM).

Having the approval of protocol, the researchers found nurses Cajazeiras of the FHS and this time the research objectives were explained so you can decide voluntarily participate or not the same.

At the time, those who agreed signed the informed consent. After execution of the interviews, they were transcribed and analyzed using the assumptions of the collective Subject Discourse Technique (DSC), speech-synthesis, which uses the first person singular to convey an opinion/collective idea or socially shared.⁶

The BSC consists of a set of key expressions, whose content reflects the Central Idea (CI). Therefore, two methodological approaches will be used: the IC and the DSC, reflecting the knowledge, attitudes and practices in PHC Cajazeiras - PB as the RAS.

The research was based on the ethical principles of the National Health Council Resolution 466/12 (CNS) which regulates research involving human subjects. Based on this resolution, the researcher undertakes to ensure the confidentiality of information obtained, not using it for purposes other than research.⁷

All research subjects signed the informed consent form in two copies, becoming one with the participant. In all, the researchers responsible and participant signed the Commitment and Responsibility, which assert safeguard the respect to Resolution 466/12. As such, the study was approved by the CEP of the College Santa Maria, CAAE: 26140513.7.0000.5180, the opinion number: 630.092.

RESULTS

Of the professionals interviewed, all were female and were aged between 25 and 35 years old. All professionals were at least one year at FHU in question, which fits the inclusion and exclusion criteria.

The first issue addressed was to evaluate the opinion of the nurses about RAS. As a final product, it obtained two IC's, which were: IC1 - IC2 and difficult subject - no opinion formed.

IC 1	DSC 1
Difficult theme	[...] <i>It's a difficult subject to talk about, but I've heard [...]</i> <i>For being a new theme, I haven't read much about this subject [...]</i>
IC 2	DSC 2
Without opinion	[...] <i>I confess that I read little about the subject and so I can't have an opinion formed [...]</i> <i>I know it helps to improve the assistance to that population [...]</i>

Figure 1. Opinion of nurses about RAS.

With specific reference to know how happens the system organization based on the Health Care Networks, according to the

respondents, two IC's emerged: IC1 - joint with APS and IC2 - system organization based on RAS.

IC 1	DSC 1
Conjunction with the PHC	<i>[...] I believe it's so organized with the PSF [...] believe that relates to the most basic level of attention [...] with teamwork [...] I think with the help of managers and professionals [...]</i>
IC 2	DSC 2
Partnership with suppliers	<i>In partnership with Municipal and State bodies [...]</i>

Figure 2. Way of organization of RAS according to nurses.

The third question seeks to analyze the form of participation of the RAS regarding the administration of services and management of FHU level resources. As a final product there

was obtained two IC: IC1 - modus operandi of the RAS and IC2 - the RAS within the PHC / FHU.

IC 1	SCD 1
Way of Ras acts	<i>[...] as I told you, I read little about the subject and I can't render an opinion [...]. But I believe it is linking the sectors to improve the quality of care [...]</i>
IC 2	SCD 2
RAS within the framework of the PHC/FHU	<i>[...] Very little, to lack interest or training courses by the Secretariat on these matters. Here in the PSF is basically the public assistance and monitoring functions. Lack space to orientation, lecture [...]</i>

Figure 3. Reports from nurses on the organisational role of networks for health care.

DISCUSSION

While the organizational model under discussion and implementation in the country, the RAS is still lack of object and uncertainty on the part of municipal PHC nurses in focus, since they could not describe properly on it. Thus, this finding comes from the IC's identified, such as the difficulty of the subject and the lack of opinion about it. Thus, the data is worrisome because the PHC practitioners should use the SAN assumptions in their actions and ignorance preventing their practice. There's also consider the fact that among the nurses there is little interest and initiative to seek knowledge on the subject and accomplish it on their work place.

Another fact to be considered refers to the assertion that the model of RAS is considered again by respondents when in fact it was built in the 1990s, together with based care, ie not so recent thus considering.⁸ The organizational form of the RAS, it can be inferred that nurses, though present superficiality in the responses showed a partially adequate knowledge, as reported conjunction with PHC and governmental spheres highlighting thus the importance of partnership with other administrative bodies to optimize the service and resolution of the problems ascribed population.

The RAS polyarchic organizations sets of health services, linked together by a single mission, common goals and a cooperative and interdependent action, which allow offering a continuous and comprehensive care to a given

population, coordinated by primary health care.⁸ Taking responsibility for remedying the clinical and economic problems of the area and account for their results.⁹

Thus, those services have been organized along the lines of RAS, with PHC as guideline orientation, have achieved significant results, being more effective than putting internal view (resource allocation, clinical coordination etc.) and externally (economic, social, demographic, sanitary-epidemiological).¹⁰ In turn, the prerogative to resolve the problems experienced by the ascribed population, it has to joint efforts by the team, which must be multidisciplinary, so that together, seeking the appreciation of the individual and an offer comprehensiveness of care, ensuring quality assistance. About this collaborative work demonstrates it is essential for the resolution of the deficiencies of care in local health, the effectiveness of ties, clinics interference and appropriate health.¹¹

Professionals have learned that the organizational role of RAS in PHC level is still unsatisfactory. They recognize that should be coordinated with the various government agencies to better perform the joint projects that the RAS defend. One of the key attributes for structuring the RAS system, it would be a well-structured PHC, because it is the first level of care and system gateway, equipped with a multidisciplinary team covering the entire population.¹² Similarly, the strategic priority for the organization of AB, according to the precepts of the SUS, is the Health.¹³

Given the assumptions were points that hampered the broader outcome of this study little knowledge about it, a factor that reflects the difficulty of managers to implement management activities and are accessible to all interested parties. As a result, nurses proved to be little able to contribute to the satisfactory development of the research.

CONCLUSION

The nurses had low knowledge, attitudes and practices related to PHC based on health-care networks, as unaware of the significance of networks. This characteristic prevents the implementation of actions related to the RAS in the local BHU.

The nurses did not know enough to answer specific questions, which would verify the actions taken at FHU based on networks, or were able to identify the goals that the RAS advocate. They reported the reason had little knowledge of the subject; it would be the lack of initiative and encouragement of managers towards this issue. Also highlighted the main activities that were developed under the FHS and what could be done to be improving in attendance. Since it is the first level of care, PHC should also focus on health promotion and not being restricted to curative measures.

It called attention to the need for the development of strategies that lead to formation of these nurses, assisting proper practice in the context of RAS.

REFERENCES

1. Brasil. Ministério da Saúde. Política Nacional de Humanização da Atenção e Gestão do SUS. Redes de produção de saúde. Brasília: Ministério da Saúde; 2009 [cited 2013 May. 31]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/humaniza_sus_atencao_basica.pdf
2. Declaração de Alma-Ata. Conferência Internacional sobre cuidados primários de saúde; 6-12 de setembro 1978; Alma-Ata; USSR. In: Ministério da Saúde (BR). Secretaria de Políticas de Saúde. Projeto Promoção da Saúde. Declaração de Alma-Ata; Carta de Ottawa; Declaração de Adelaide; Declaração de Sundsvall; Declaração de Santafé de Bogotá; Declaração de Jacarta; Rede de Megapaíses; Declaração do México. Brasília (DF): Ministério da Saúde; 2001.
3. Costa Neto MMC. A Implantação da Unidade de Saúde da Família. Brasília: Ministério da Saúde; 2000 [cited 2013 May. 31]. Available from:
4. Brasil. Ministério da Saúde. Política Nacional de Promoção da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. 3rd ed. Brasília: Ministério da Saúde; 2010 [cited 2013 May. 31]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/caderno_atencao_basica_n1_p1.pdf
5. Instituto Brasileiro de Geografia e Estatística [homepage na internet]. Dados infográficos do município [cited 2013 May. 31]. Available from: <http://cidades.ibge.gov.br/painel/painel.php?codmun=250370>
6. Lefèvre F, Lefèvre AMC. Depoimentos e discursos: uma proposta de análise em pesquisa social. Brasília: Liber; 2008.
7. Brasil. Conselho Nacional de Saúde. Resolução nº 466/2012 de 13 de junho de 2013. Aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Diário Oficial da União 13 June 2013. Seção 1, p. 59. [cited 2013 May. 31]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
8. Mendes EV. A Rede de atenção à saúde. Belo Horizonte: Escola de Saúde Pública de MG; 2009.
9. Organização Pan-Americana da Saúde. A atenção à saúde coordenada pela APS: construindo as redes de atenção no SUS, contribuições para o debate. Brasília: Organização Pan-Americana da Saúde/Organização Mundial de Saúde; 2011 [cited 2015 Sept 29]. Available from: http://www1.saude.rs.gov.br/dados/1308159221237APS_Verde_web_final.pdf
10. Organização Pan-Americana da Saúde. Inovação nos sistemas logísticos: resultados do laboratório de inovação sobre redes integradas de atenção à saúde baseadas na APS. Brasília: Organização Pan-Americana da Saúde/Organização Mundial de Saúde; 2010. [cited 2015 Sept 29]. Available from: http://apsredes.org/site2012/wp-content/.../sistemas_logisticos_azul_new.pdf
11. Brasil. Ministério da Saúde. Conselho Nacional de Secretários de Saúde. Planificação da Atenção Primária à Saúde nos Estados. Brasília: Conselho Nacional de Secretários de Saúde; 2011.
12. Brasil. Ministério da Saúde. Portaria Nº 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da rede de atenção à saúde no âmbito do Sistema Único de Saúde (SUS). Brasília: Ministério da Saúde, 2010 [cited 2013 Oct 15]. Available

Almeida JHH de, Feitosa ANA do, Araújo WA de et al.

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from:

http://bvsms.saude.gov.br/bvs/saudelegis/gm/2010/prt4279_30_12_2010.html

13. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política nacional de atenção básica. Brasília: Ministério da Saúde; 2006. [cited 2015 Sept 29]. Available from: http://bvsms.saude.gov.br/bvs/.../politica_nacional_atencao_basica_2006

Submission: 2014/11/29

Accepted: 2015/09/20

Publishing: 2015/11/01

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