

POTENTIALITIES AND FRAGILITIES IN FIRST CONTACT ACCESS AS PERCEIVED BY NURSES

POTENCIALIDADES E FRAGILIDADES NO ACESSO DE PRIMEIRO CONTATO NA PERCEPÇÃO DO PROFISSIONAL ENFERMEIRO

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ABSTRACT

Objective: Evaluating the attribute First Contact Access in the perception of the professional nurse. **Methodology:** A descriptive, qualitative study carried out with nurses from the Family Health Strategy in a city in the Central Region of Rio Grande do Sul, Brazil. **Results and discussion:** The nurse professional's perception of the first contact access attribute was evident, in view of its strengths and weaknesses. **Final thoughts:** According to the perception of health professionals, the essential attribute first-contact access has potentialities such as welcoming, bonding and spontaneous demand and weaknesses such as lack of access, lack of professionals and social vulnerability.

Keywords: assessing the quality of health care; evaluation in primary care; primary health care.

RESUMO

Objetivo: Avaliar o atributo Acesso de Primeiro Contato na percepção do profissional enfermeiro. **Metodologia:** Estudo descritivo, de natureza qualitativa realizado com enfermeiros de Estratégia Saúde da Família de um município da região central do Rio Grande do Sul, Brasil. **Resultados e discussão:** Ficou evidente a percepção do profissional enfermeiro diante ao atributo acesso de primeiro contato, tendo em vista as suas potencialidades e fragilidades. **Considerações finais:** De acordo com a percepção dos profissionais de saúde, o atributo essencial acesso de primeiro contato possui como potencialidades, o acolhimento, o vínculo e a demanda espontânea e como fragilidades a falta de acesso, a falta de profissionais e a vulnerabilidade social

Palavras-chave: avaliação da qualidade da assistência à saúde; avaliação na atenção primária; atenção primária em saúde.

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INTRODUCTION

In Brazil, since the implementation of the Unified Health System (SUS), whose principles are universality, integrality and equity, achieved through the Federal Constitution of 1988, universal health coverage is sought, especially after the establishment of the Family Health Strategy (FHS), as a policy for the implementation of Primary Health Care (PHC). The basic team recommended for an FHS is composed of at least a doctor or nurse, preferably specialized in family and community medicine, assistant and/or nursing technician and community health agent (CHA) (BRAZIL, 2017).

For the better organization of PHC, its operation should be supported by the essential and derived attributes, which should be present in the daily work of health units, such as: first contact access, comprehensiveness, longitudinality, coordination of care, orientation towards family and community and cultural competence (STARFIELD, 2002). Within the attributes, first contact access is considered essential; through it the user can access and use the service whenever necessary.

Access to first care is divided into accessibility and use, so the service when sought should be accessible in time, operation, scheduled appointments or spontaneous demand, location and among other factors that corroborate accessibility. The use aims to meet the need of the user, effecting the resolution of their problems and later satisfaction with the service provided (BISPO *et al.*, 2019).

The role of nurses should correspond to the current changes of the SUS, with regard to the process of readjustment of the health care model, which should not prioritize only curative methods that target only the pathology presented by the user, but rather the integrality of care in the intervention in front of risk factors, disease prevention in health promotion and quality of life (PIRES; LUCENA; MANTESSO, 2022).

In 2024, the nursing profession completes 38 years of regulation through Law 7,498/ 1986 (BRAZIL, 1986), marked by struggles and achievements of rights and recognition in action, teaching and research. Among these achievements, we highlight the resolution that regulates the performance of Nursing in Digital Health within the SUS and in private and supplementary health, called Telenursing (COFEN, 2022) as an ally to advanced nursing practice and health care (RODRIGUES *et al.*, 2022).

Given the importance of the nurse professional it is possible to evaluate the access attribute of first contact through the perspective of this professional. Therefore, the objective of this research is to know potentialities and weaknesses in first contact access in the perception of the nurse professional.

METHOD

This is a descriptive, qualitative study conducted with FHS nurses from a city in the central region of Rio Grande do Sul, Brazil. The city has a total of 24 FHS. Fourteen nurses were interviewed from March to May 2021. The ethical aspects were met according to the opinion of the Ethics and Research Committee (REC), under number 4,364,738.

The inclusion criteria included professionals with at least six months of experience and excluded health professionals who were on vacation, leave or leave during the data collection period. For data collection technique, we opted for individual interviews, which were previously scheduled, according to the availability of nurses.

The interviews lasted approximately 20 minutes and were conducted in a room provided by the health service, with privacy and conditions to comfortably welcome participants. It had as a generative question: What are the facilities and difficulties you notice the attribute first contact access? From the answers of the participants, new questions were asked in order to deepen and elucidate the above, allowing flexibility in the conversation and the absorption of new themes and questions brought by the research subjects. The interviews were recorded in audio and transcribed in full, being identified by the letter "E" of nurse and numbered according to the sequence of its realization.

Through procedural analysis of the data, it was considered that the number of participating nurses was sufficient for the recurrence and saturation (14) of the information, in such a way, reaching the proposed objectives and the understanding and contextualization of the research object.

The analysis of the data followed the steps of the thematic analysis (MINAYO, 2010), whose operationalization was based on three stages to follow: the pre-analysis, which consisted of the meeting of the material to be analyzed, resuming the initial objective of the research, with the fluctuating reading of the interviews. In the exploration stage, the interviews were read to reach the core meaning of the text, highlighting the themes that emerged with its codification, such as reception and social vulnerability.

In the treatment of the obtained results and interpretation, these themes were placed in evidence, enabling the articulation of the structured material of the interviews and the theoretical reference of the essential and derived attributes of PHC. Following these steps, it was possible to construct the categories of analysis that are described in the study results.

RESULTS

The study included 14 participants with a mean age of 40.5 (78.55%), with 100% female predominance, and in relation to academic-professional training, 57.14% had a Master's degree and 35% had specialization.

When analyzing the data related to the nursing work process, the results were organized into two thematic categories: reception as a device for first contact access and social vulnerability as fragility.

WELCOME AS A DEVICE FOR FIRST CONTACT ACCESS

When analyzing the responses of the participants, it was observed that the participant nurses recognized the reception as a potential attribute, causing a link between the professional and the user.

“Our facility here how much service is the question of reception right, of having every day, every shift, whenever the unit is open, always has the host, so hardly anyone will leave here without information or without at least an orientation”. (E5)

“In the question of access through reception that does not have specific days for something, every day can go is open the reception”. (E14)

It is evident beyond the reception, the presence of the bond established between the professional and the user.

“(…) We can have a good dialogue by knowing them and following them for years, we keep a good bond, so it’s a gateway”. (E1)

“(…) We end up not serving everyone as we would like, but as far as possible the positive point of the strategies is this, we have this link with users”. (E6)

The professionals also showed the free demand as a potentiality of the attribute, so the user is served when necessary.

“I believe that in the morning, we usually leave a demand free, you know? So people already know that whoever comes here will be served (…)”. (E10)

“(…) For example in the preventive the agenda for preventive almost does not work, most women do not adhere to the schedule, now when you put by spontaneous demand comes quite people”. (E2)

The reports show that professionals working in the FHS provide access and continuity of care. Prioritizing the demands of users, making care integral.

SOCIAL VULNERABILITY AS FRAGILITY

It was observed that although the professionals recognized the quality of the attribute provided by the FHS teams and the presence of the attribute in their daily lives, it was considerable the number

of participants who pointed out its weaknesses, such as the social vulnerability of the users, which hinders first contact access.

“(…) Social vulnerability is also right, here in our unit we have a lot of difficulty with this, people are very vulnerable”. (E13)

“(…) Vulnerable area here has, is not a very large area in relation to the total, these people are also harmed in relation to access, access as a whole, not only to see the unit, but rather in health promotion issues”. (E14)

The same fragility was evidenced in relation to the user's access to the health service.

“People who are at the beginning of the area, it is difficult to access with a climb and not everyone has money to come by bus”. (E7)

“The street is not paved to get here, the asphalt has a bus stop and crosswalk and if you are a wheelchair user cannot get here by is ground road”. (E14)

“(…) I find it very complicated, because it is one of the areas that has physical barrier, is after the track, the usual right? What happens a lot in this municipality included, the territories are very discontinuous”. (E12)

It is noticed from the reports that there are several specific questions about the attribute access of first contact, which deserve more attention so that the principles of the Brazilian health system are effective.

DISCUSSION

The research showed the predominance of nurse professionals in the participating FHSs. Study conducted with nurses in Minas Gerais, in order to characterize the sociodemographic and professional profile in Basic Health Units (BHU) and perform the evaluation of first contact access of users, confirms the data found, among the nursing professionals participating in the study (BORGES; LIMA; SANTOS, 2021). A similar result is also found in a quantitative study on the profile of nurses working in PHC in Recife/PE, indicating that 90.3% of the sample population was composed of female, also emphasizing that the profession of nurse is considered historically performed by women (PONTES *et al.*, 2022).

Regarding professional training, most of the nurses in the study had as postgraduate degree, the Master's degree. Research conducted in Paraíba on the professional profile of nurses in PHC has divergent results, since specialization was the most common training titration among nurses (ALVARENGA; SOUSA, 2022). With regard to the knowledge of professionals, it is important to emphasize that *strictu sensu* can considerably favor the resolution of adversities found in the daily

life of health services and foster scientific production, theses and dissertations, from the health needs found (SANTOS *et al.*, 2020).

The study demonstrated strengths and weaknesses in the face of the attribute analyzed. It was evident when analyzing the perception of the nurse professional of the FHSs of the central region of Rio Grande do Sul that the professionals perceive the potentialities and weaknesses found within their services in relation to the attribute access of first contact, and seeking new alternatives to solve the demands evidenced.

The data show the relevance of reception when performed effectively, making the patient feel welcomed and establishing a link between the professional and the user. Offering qualified listening enables the bond and the construction of relationships of trust between users and workers, with a view to improving the quality of services provided to the population (SOBRINHO; SANTOS, 2021).

The free or spontaneous demand was also pointed out as a potentiality of the attribute, aiming at the agility of the service determining the priorities of the user according to their vulnerability or risk, performing an ordering of needs. Health professionals reported the importance of free demand within their services, so the user becomes the protagonist of their health.

A study conducted with 11 nurses from Minas Gerais corroborated with the data collected in the research, indicating the same potentiality in spontaneous demand, especially with elderly users and patients with systemic arterial hypertension (SAH), because many of them look for the ESFs to check the pressure and the spontaneous demand ends up facilitating this process (DIAS; MISHIMA, 2021).

It was also observed the availability of professionals to solve the problems evidenced, through training, wheels of conversation with the community, making the user become protagonist of their health and their care, the disclosure of information regarding the needs found among other factors that corroborate the weaknesses mentioned. It is understood that the care of nursing professionals in PHC is challenging and comprehensive, ranging from the organization and planning of care to educational actions aimed at health promotion (LIMA *et al.*, 2020).

As fragility, the high demand for few professionals causes a single professional to be overloaded or that the service does not occur effectively. The lack of health professionals in various fields, became explicit during the COVID-19 pandemic, many users are not met or slow to be, due to the great demand and lack of human resources. It was evident during the research the need for an increase in professionals within the multiprofessional team so that no worker in the service is overloaded (FARIAS; LIRA, 2020).

Similar results are evidenced in the literature, indicating the difficulties that the professional nurse finds within the attribute access to first contact, such as the main, the lack of human resources,

which makes it difficult for the attribute to be strengthened effectively. and generates psychic suffering in the professional, making him feel unable to perform his work satisfactorily (MONTELO *et al.*, 2021).

It should be noted that the findings of this study have as limitation the realization of the research only with health professionals, nurses, and the absence of the evaluation of first contact access from the perspective of the user as an actor involved in the care process.

FINAL THOUGHTS

According to the perception of health professionals, the essential attribute of first contact access has as potentialities, welcoming, bonding and spontaneous demand and as weaknesses the lack of access, lack of professionals and social vulnerability. Thus, it is possible to envision the construction of alternatives to ensure and strengthen the potential presented and to develop policies and actions in health services in order to overcome weaknesses by improving health care for users.

The evaluation of the nurse professional about the access attribute of first contact is of high importance, in view of the relevance of the work of this professional in the FHS and because this professional category makes up the multidisciplinary team and has shared responsibility in the scope of accessibility, care to users of use of health services.

As a limitation of this research, it can be highlighted that the evaluation of the attribution was performed with 14 nurses working in a municipality of RS, which restricts a comprehensive perception about the evaluation of the attribute in other scenarios. The findings of the study contribute to the area of Nursing, since the perspective of the nurse on his place of operation is fundamental to understand, together with the other members of the team and users, the needs of the FHS, a primordial space of health production. Considering that nurses make up the FHS team and have shared responsibility in the scope of use and accessibility of health services.

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