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ORIGINAL ARTICLE

NATIONAL PROGRAM TO IMPROVE ACCESS AND QUALITY OF PRIMARY HEALTH CARE: THE NURSES VIEW*

Isabel Cristine Oliveira[1], Teresinha Heck Weiller[2], Rafael Marcelo Soder[3], José Luís Guedes dos Santos[4], Caroline Cechinel Peiter[5]

ABSTRACT

Objective: To understand the reflections of implementing the National Program to Improve Access and Quality of Primary Health Care in the work process of Family Health Strategy teams, from the perspective of nurses.

Method: A qualitative, descriptive and exploratory research study, developed with nine nurses in the inland of Rio Grande do Sul. The interviews were conducted between January and April 2017 and were submitted to thematic analysis.

Results: The quality standards required by the Program contribute to overcoming gaps in the organization and assistance of the health services. The agreement of goals and indicators encourages the mobilization of the actors involved, intermediating actions, management and resources, thus meeting the needs of the teams.

Conclusion: Implementing the Program in the teams brought improvements in access and quality in the structural context, equipment, and supplies, directly reflecting on the work process of the teams.

DESCRIPTORS: Nursing; Family Health Strategy; Health Policy; Management of the Health Services; Quality, Access and Assessment of Health Care.

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[1]Nurse. Nursing PhD student. Federal University of Santa Maria. Santa Maria, RS, Brazil.
[2]Nurse. PhD in Nursing. Nursing Professor of the Federal University of Santa Maria. Santa Maria, RS, Brazil.
[3]Nurse. PhD in Nursing. Nursing Professor of the Federal University of Santa Maria. Santa Maria, RS, Brazil.
[4]Nurse. PhD in Nursing. Nursing Professor of the Federal University of Santa Catarina. Florianópolis, SC, Brazil.
[5]Nurse. PhD student in Nursing. Federal University of Santa Catarina. Florianópolis, SC, Brazil.

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PROGRAMA NACIONAL DE MELHORIA DO ACESSO E DA QUALIDADE DA ATENÇÃO BÁSICA: VISÃO DE ENFERMEIROS

RESUMO
Objetivo: compreender os reflexos da implementação do Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica no processo de trabalho de equipes da Estratégia Saúde da Família, a partir da visão de enfermeiros.
Método: pesquisa qualitativa, descritiva e exploratória, desenvolvida com nove enfermeiros no interior do Rio Grande do Sul. As entrevistas foram realizadas entre janeiro e abril de 2017 e submetidas à análise temática.
Resultados: os padrões de qualidade requeridos pelo Programa contribuem para a superação das lacunas da organização e assistência dos serviços de saúde. A pactuação de metas e indicadores incitam a mobilização dos atores envolvidos, intermediando ações, manejos e recursos, suprindo as necessidades das equipes.
Conclusão: a implementação do Programa nas equipes trouxe melhorias no acesso e na qualidade no contexto estrutural, equipamentos e insumos, refletindo diretamente no processo de trabalho das equipes.

DESCRITORES: Enfermagem; Estratégia de Saúde da Família; Política de Saúde; Gestão dos Serviços de Saúde; Qualidade, Acesso e Avaliação da Assistência à Saúde.

PROGRAMA NACIONAL PARA MEJORAR EL ACCESO Y LA CALIDAD DE LA ATENCIÓN BÁSICA: LA VISIÓN DE LOS PROFESIONALES DE ENFERMERÍA

RESUMEN:
Objetivo: comprender cómo se refleja la implementación del Programa Nacional para Mejorar el Acceso y la Calidad de la Atención Básica en el proceso de trabajo de los equipos de la Estrategia de Salud de la Familia, a partir de la visión de los profesionales de enfermería.
Método: investigación cualitativa, descriptiva y exploratoria desarrollada con nueve profesionales de enfermería en el interior del estado de Rio Grande do Sul. Las entrevistas tuvieron lugar entre enero y abril de 2017 y fueron sometidas a análisis temático.
Resultados: los estándares de calidad requeridos por el Programa contribuyen a superar los déficits en la organización y la asistencia de los servicios de salud. El acuerdo con respecto a metas e indicadores estimulan la movilización de los actores involucrados, con intermediación de acciones, manejos y recursos, cubriendo así las necesidades de los equipos.
Conclusión: implementar el Programa en los equipos aportó mejorías en el acceso y en la calidad dentro del contexto estructural, de equipamientos y de insumos, reflejándose directamente en el proceso de trabajo de los equipos.

DESCRIPTORES: Enfermería; Estrategia de Salud de la Familia; Política de Salud; Administración de los Servicios de Salud; Calidad, Acceso y evaluación de la Asistencia a la Salud.

INTRODUCTION

Brazil is internationally renowned for being the only country with a population of more than 200 million inhabitants maintaining a public, universal, comprehensive and free health system: the Unified Health System (*Sistema Único de Saúde*, SUS). Associated with the expressive number of inhabitants, regional inequalities constitute a scenario of numerous challenges for the consolidation of a good quality public health[1].

To face and sustain the reality experienced in the SUS, Primary Health Care (PHC) is the preferred gateway to the public health system, based on the National Primary Care Policy (*Política Nacional de Atenção Básica*, PNAB). This policy is guided by the principles of the SUS, in addition to actions of promotion and prevention, and of access to the health system, which must take place within the scope of PHC, with the Family Health Strategy (FHS) as a priority[1-3].

The creation and consolidation of the FHS enabled the expansion of PHC services, progressively requiring the development of initiatives aimed at evaluation, prompted by the quality and effectiveness of the health interventions, work processes, and improvement of the management practices and care provided to the population in the territories[4].

The workers who are part of the FHS teams are responsible for evaluating the health indicators in their area. In this configuration, they must prioritize and get to know the reality of the families, identifying strengths and weaknesses, and devising health coping strategies, in addition to educational actions, direct assistance in the unit and at the homes of these users. For this purpose, the FHS model assumes the involvement of the team among themselves and with the population, enabling health promotion and problem solving. Thus, the relationship bond may require adaptations, given the characteristics of each worker, team, and organization[3,5].

The work in the FHS is configured as a collective process, performed through the articulation and integration of the skills of several individuals. However, over time, this model has become uncharacterized, absorbing the culture of the individual benefit related to productivity or to the responsibility of the professionals on the quantification of health actions, thus generating greater fragmentation of the health services. In this scenario, the work process remains in continuous transition, trying to distance itself from the traditional model centered on a single professional, but without much success. Obstacles and gaps in collective, educational, and care practices are evident[6], demonstrating the need for interventions in the work process, in the use of technologies, in the interactions among professionals, in the model and in the way of organizing service planning[7].

Aiming at qualifying and resolving health promotion, harm prevention, and work processes actions, the National Program to Improve Access and Quality in Primary Health Care (*Programa de Melhoria do Acesso e da Qualidade da Atenção Básica*, PMAQ-AB) was developed. The program aims to encourage the expansion of access and the improvement of the quality of PHC, in order to guarantee a comparable quality standard at the three levels of government, i.e., national, regional, and local, showing the transparency and effectiveness of government actions directed to public health[8].

Each PMAQ cycle consists of three phases. The first stage is the adhesion and voluntary contracting by the municipalities; in the second, there is a self-assessment and monitoring of the agreed actions that were performed by the team, being the focus of change strategies; and the third is the external evaluation, in which the conditions of access and the quality of the teams are checked based on quality standards stipulated by the PMAQ. After the evaluations are finished, the services receive certification and re-contracting takes place based on the performance evaluation, with the agreement of new commitments and indicators[9].

In the quest to achieve quality standards and expressive certification, nurses

have assumed the role of coordinators in the FHS teams, playing a strategic role in the management and execution of care, educational, and preventive practices at the PHC level, as well as responsibility in management and in the progress of the PMAQ execution process[10,11]. Therefore, the question is: What are the reflections that nurses have seen in the FHS teams after the implementation of the PMAQ?, aiming to understand the reflections of implementing PMAQ-AB in the work process of the FHS teams, from the perspective of nurses.

METHOD

A qualitative, descriptive and exploratory research, developed with nurses from the FHS, members of a Regional Health Coordination of the state of Rio Grande do Sul. It is important to highlight the specificity of the studied territory, in which 24 of the 26 municipalities agreed with the PMAQ, comprising 191,323 inhabitants, according to data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE)[12]. This represents a total of 44 re-contracted PHC teams and 14 ranked PHC teams, i.e., who proposed to join PMAQ[9].

Considering the significant population difference of the municipalities, it was decided to categorize them into three groups: the first one is composed of municipalities with less than 5,000 inhabitants; the second, by municipalities with a population between 5,000 and 10,000 inhabitants; and the third, by municipalities with more than 10,000 inhabitants.

The selection of the participants was made considering the population profile of the 24 municipalities agreed with the PMAQ, as well as the 44 re-contracted PHC teams, considering the FHS nurses. Three municipalities from each population group were drawn and, subsequently, from the selected ones, one team was drawn by municipality. The inclusion criterion considered was being a nurse working exclusively in PHC in FHS teams, and with adherence to the PMAQ. Municipal civil servants who were on probation, or on emergency or outsourcing contracts were excluded. Thus, nine nurses from the FHS team participated in the research, considering the data saturation criterion.

Data was collected by the lead researcher from January to April 2017, through interviews with semi-structured questions. These contained aspects related to the professional's experience with the health service evaluation process; knowing the field actions and core knowledge involved in the FHS; the process of approaching the nurse and the team with the PMAQ; aspects related to the implementation of the PMAQ in the FHS, as well as the guidelines received; incentives for joining the program; survey of the mediators of the PMAQ implementation process; participation of the municipal manager and health secretary in training moments, considering the possibility of it being carried out; positive and negative aspects inherent to the nurse's participation in the implementation process, with a view to assessing their insertion and experience; reflections of the PMAQ in the professional performance of nurses and in health actions in Primary Care; and perceptions of the impact of the PMAQ on the team's work process. The interviews were audio-recorded with a mean duration of 60 minutes and later transcribed for analysis.

Interpretation and analysis were performed using the thematic analysis method[13], which favors pre-analysis, in which all the interviews were gathered and a floating reading was carried out, in addition to the development of indicators for data interpretation; exploration of material and categorization of data, in order to understand the text and highlight the significant words; and treatment of the results obtained and interpretation, comprising the critical reflection of the results and the correlation with the findings of the literature.

The ethical precepts were followed as determined by the legislation in force, and the research was approved by the Research Ethics Committee, under opinion No. 1,280,829. The participants were identified by the letter 'E', followed by the numerical order. It is

noteworthy that this study comes from the matrix project entitled "The perception of users, managers, professionals, and municipal health counselors about the implementation of the Program to Improve Access and Quality (*Programa de Melhoria do Acesso e da Qualidade*, PMAQ) at the 19th Regional Health Coordination/RS".

RESULTS

The participants in the study were female, aged between 27 and 51 years old, with a training time between four and 21 years, and working in the FHS drawn between 20 days and 18 years. It should be noted that nurses with less than a year of experience had previously worked in other FHS. The specializations of these professionals included the areas of Family Health, Collective Health, Public Health Management, Sanitation, Occupational Health and Management and Care in the Intensive Care Unit (ICU), in addition to two professionals having a Master's degree in Nursing and in Child and Adolescent Health.

In relation to their work experiences, there was a variation from four months to six years, in public and private hospitals, in Basic Health Units (BHUs), in public Higher Education institutions, and in municipal Health Secretariats. However, only two confirmed having experience with assessment instruments, considering the evaluation of hospital health services (technical responsible) and the Self-Evaluation for the Improvement of Access and Quality (*Autoavaliação para a Melhoria do Acesso e da Qualidade*, AMAQ) of Primary Health Care.

In the nurses' view of the team's work process after the implementation of the PMAQ, two categories were obtained: (Re)Organization enhancing the work process of FHS teams; and Qualification of the nurse's role as a manager in the FHS based on the PMAQ.

(Re)Organization enhancing the work process of FHS teams

The quality standards direct to the adequate ambience of the health services, seeking greater quality in the infrastructure, equipment and in the inter-professional relationships, which are fundamental for the development of the teams' work process. Added to this, the importance of the convergence between demand and valorization of the professionals was pointed out, regarding the team's commitment.

It is important to highlight that the work process is characterized by a teaching-learning process, which will trigger changes that directly and indirectly interfere in the team's routine, generating greater integration and encouragement among the professionals, enhancing health actions.

[...]meddled with the attitude of the professionals, they organized themselves to do a good job. If we go through all the professionals, we will notice this differential, before and after the PMAQ. (E1)

In fact, it demands what should be done naturally. But it comes with incentive, because, then, you know you have those goals, but if you don't have, let's say, the support, you have no motivation[...]. There's also no point in only demanding. Sometimes the employee is overwhelmed, so, I think it was a good way to demand, encouraging. (E4)

[...]it's a program that really came to favor, value the health professional, in the sense also to alert that he needs to provide quality care. There's no point in him being valued and not qualifying his services, not improving his actions[...]. (E8)

Qualification of the managerial role of nurses in the FHS based on the PMAQ

The participants revealed that, with the PMAQ proposal, the configuration of the positioning in the work process has changed, with emphasis on the nurse's duties, focusing on the care management and co-participation of the other team professionals in administrative demands, which were commonly assigned to the nurse. Thus, all the professionals began to take responsibility for issues inherent to the operational functioning of the FHS, enabling nurses to dedicate themselves more to the care and activities inherent to the management of care.

Among the factors that involve the management process, it is noteworthy that, from the implementation of the PMAQ, the structure of the units provided better technological support for the actions, qualifying the managerial role and the relations with the users. The management qualification process contributed to the construction of a new organizational reality, aligned with the development of skills that are inherent to nurses' activities.

[...]in the past, we spoke briefly, a matter very quickly and released the patients. Not anymore. Now, I access a computer, I have multimedia, overhead projector[...]. I can provide other types of activities for this group, so it just came to qualify what we already did, which was done before without many instruments. (E1)

So the idea was not to increase service, it was to improve what we already had to be able to work better, also thinking about our quality at work and then everyone thought it was interesting and adhered [...] If all the teams were able to put in practice the PMAQ in its entirety, the services would be totally different. There would be a much more resolute care, with more quality, more organized[...]. (E6)

DISCUSSION

The instrument of the PMAQ external evaluation process must be answered by a professional with a higher education degree, chosen by the team, with comprehensive knowledge about the community and the functioning of the health services[14]. The PMAQ data show that the nurse is responsible for informing about the work processes of the health team. Corroborating with this, nurses often play the role of a manager, performing the maintenance and control of the health services, intensifying and expanding their activities in the FHS, both in the area of health care and education, and in service management, which justifies the coordination of the process and search for the quality standards stipulated by the PMAQ[10,11].

The components of the PMAQ evaluation process, in the dimension of "valuing the worker", significantly change the conditions and quality of work, expressing the interest of the teams and becoming a source of relevant mobilization[15]. In an evaluative study[16] carried out to estimate the quality of the health services, it was concluded that the obstacles that promote changes in the teams' behavior may be related to the context and structure presented in the service, as well as to the organization of the work process[8,15], which has justified the PMAQ proposals and the reflections in the teams.

The normative document of the PMAQ, designed by the Ministry of Health (MoH), recognizes the weaknesses existing in PHC, reasserting the need to qualify the work processes of the teams, with work integration and orientation, visualizing the priorities, goals, and results according to the SUS guidelines[15,16].

In this sense, work management is configured through the relationships established from its conception, in which each professional is essential for the effectiveness of the health system. Under this configuration, work is considered an exchange process, based on co-participation and co-responsibility[7], promoting professional valorization and, therefore, changes.

The work process can be influenced by the absence or insufficiency of incentives for

qualification, developing obstacles for maintaining activities and discouraging professionals. Permanent education activities have an influence on the qualification and motivation of workers, as long as they permeate their needs, based on the reality of concrete health practices, using active methodologies and seeking to interact with the demands of work[10,17].

The adequacy to the quality standards proposed by the PMAQ includes financial incentives that can subsidize permanent education processes for the professionals, contributing to the advancement of services developed in the FHS, as well as improvements in the working conditions. This path is directly related to the dimensions of the PMAQ, in the form of guaranteeing working conditions in standards instituted and self-styled by the team itself[15-18].

These changes reflect on the daily lives of the FHS teams. In addition to enhancing the improvement of access and quality of PHC services, they enable advances in the universality of access, in comprehensive care, promoting well-being and improving the work process[15,17,18]. Often there is a partial division of work duties, considering the fragmentation of the acts of production by specialized workers, which may result in gaps in the organization of the health care network, thereby reducing the problem-solving capacity[17].

The PMAQ has been promoting a set of actions necessary to produce a quality standard corresponding to the assessment and, as a consequence, to the certification. This process has stimulated the management of municipalities, providing teams with changes in the daily services available to the population. These changes have highlighted the teams that adhered to the PMAQ in differentiated quality standards and, consequently, user satisfaction[19].

Eventually, the user does not feel protected by the professionals, situations that are often related to their cultural habits, customs or religion, influencing satisfaction patterns and, as a result, may affect bonding relationships. Lack of interest in the life context, inappropriate solutions to the user's reality, lack of attention, of qualified listening, of commitment, and of open communication with a common language, are among the main causes of user dissatisfaction[19,20].

Along this path, the FHS teams have required professionals with an increasingly improved core of knowledge, with performance in addition to technical skills, which requires nurses to act in managerial actions and in the management of the health services itself[10,11].

The professional practice of nurses in the context of public health is described in legal documents, based on the aspects of the production of care and management of the therapeutic process, and the management activities of the health services and of the nursing team[1]. Sometimes, administrative actions overlap with other nurses' actions, in addition to conflict management, everyday tensions and the organization of the teams' work process[10,11,15].

The PMAQ promotes the management of the municipalities by expanding health resources, but also the teams by stimulating the adoption of remunerations based on results and performance, leaving the decision of the municipality to resolve the use of the resource. Often, the resource stimulates the context of changes in the work process and, therefore, the quality of service[15,21].

The reflections of the investments promoted by the PMAQ influence the work performed by the nurse as the team coordinator. The qualification in health that the program proposes provokes a greater commitment and involvement with the service, participation in team meetings and in the processes of permanent education, especially of community health agents and nurses[8].

The team meeting is the moment with the potential to organize the work and evaluation process, as a social interaction, providing spaces for reflection on actions, activities, and their progress. The meeting should be permeated by dialog, with the right to express an opinion, aiming at discussions and new agreements for interventions in the

organization of the work process, considering the way of life of the population, in order to achieve comprehensive care[21-23].

The reflections observed and felt in the FHS teams, from the interviewees' report, lead to new configurations in the work processes that the nurse, as a team coordinator, will have to assimilate, transcending the traditional model, reconstructing new directions in strategies and actions in health, requiring teams to re-structure the productive conditions in the health care network[10].

However, it is understood that, in the scenario of primary care, specifically directed to the FHS, qualitative studies of the empirical field on the PMAQ are incipient. Most of the existing research is derived from the PMAQ secondary database, Cycles I, II and III, considered a limiting factor in this study, as well as the focus only on the nurses' view, without including the perspective of other FHS professionals. The possibility emerges of developing new studies that seek an analysis from the multiple perspectives of the health team.

FINAL CONSIDERATIONS

The quality standards required by the PMAQ narrow a bridge of possibilities in supplying organizational and assistance aspects of the health services, which are often disregarded. The agreement of goals and indicators by the municipalities promotes mobilization in the context of municipal management, also enabling in the field of the perspective of doing, and not of what has already been done, new actions, strategies, and fundraising, in order to meet the needs demanded by the teams aiming at improving the quality of the services.

Consequently, the PMAQ triggers and instigates changes in the organizational, structural, and financial model that permeates the conduct of the work process, building possibilities for significant changes in the relational and procedural context. The evidence signaled that the work process must be permeated by encouragement and motivation, indicating the need to value the professional in the multiple dimensions of being and doing in health, especially the nurse.

The position that nurses have taken as coordinator/manager of the FHS teams demonstrates the need to break the traditional limits of their professional performance and to develop strategies for the performance of management in an effective and efficient way, breaking with the fragmented model of the work process and relationships. As much as the results demonstrate the enthusiasm of the professionals with the implementation of the PMAQ, there is still a long way to be paved to visualize the effective improvements in the access and quality of PHC.

Socially, the study contributes to investigations about a health care model that reorganizes the management practices and provides effectiveness of actions and services to the user. One of the objectives of implementing the PMAQ is to exert influence on the work process of the teams and on changing standards of the organizational work practices, in addition to strengthening the critical reflection of the professionals.

In this perspective, the reframing of the work process can be consolidated with the establishment of a permanent, effective, and efficient evaluative culture, based on quality and concerned with the users of the health system. The need is emphasized for future studies mediated by more in-depth reflections on the existing link in expanding access and the quality of actions in PHC based on financial incentives.

The study reveals the need to expand the construction of knowledge about the managerial and care practice of nursing within the scope of the FHS from the implementation of the PMAQ. Scientific research into new paths and directions of the Program to Improve

Access and Quality is essential, with the aim of attaining horizontal changes in the work process model, in decision making, and in the innovation of practices with the team and the user.

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Corresponding author:
Isabel Cristine Oliveira
Universidade Federal de Santa Maria
R. João da Fontoura e Souza, 365 - 97105-210 - Santa Maria, RS, Brasil
E-mail: isakbel@hotmail.com

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