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Challenges and potentiality of the multiprofessional team's performance in primary health care

Retos y potencialidad del desempeño del equipo multiprofesional en atención primaria de salud

Desafios e potencialidade da atuação da equipe multiprofissional na atenção primária em saúde

ABSTRACT

Purpose: To describe the perception of the NASF-AB multiprofessional team about their performance. Method: Qualitative and observational analytical study, carried out with 32 professionals from 11 NASF-AB teams in Belém (PA). A semi-structured interview was carried out that dealt with the performance, duties, guidelines, barriers and potential of the multidisciplinary team. The data were analyzed by the ALCEST software. Results: Three classes were identified: "difficulties and barriers" such as lack of resources, lack of security, little training; "Potentialities", primarily multidisciplinary work; and, "team performance" in health prevention and promotion. Conclusion: Although NASF-AB professionals recognize the potential of the multidisciplinary team and that their work is mostly based on prevention and health promotion, barriers are always present, hindering their full performance in PHC.

DESCRIPTORS: Unified Health System; Primary Health Care; Family Health Strategy; Health professional; Multiprofessional team.

RESUMEN

Objetivo: Describir la percepción del equipo multiprofesional NASF-AB sobre su desempeño. Metodología: Estudio analítico cualitativo y observacional, realizado con 32 profesionales de 11 equipos NASF-AB en Belém (PA). Se realizó una entrevista semiestructurada que abordó el desempeño, deberes, lineamientos, barreras, potencialidades del equipo multidisciplinario. Los datos se analizaron utilizando el software ALCEST. Resultados: Se identificaron tres clases: "dificultades y barreras" como falta de recursos, falta de seguridad, poca formación; "Potencialidades", principalmente trabajo multidisciplinario; y "desempeño en equipo" en prevención y promoción de la salud. Conclusión: Si bien los profesionales de NASF-AB reconocen el potencial del equipo multidisciplinario y que el trabajo se basa mayoritariamente en la prevención y promoción de la salud, las barreras siempre están presentes dificultando su pleno desempeño en la APS.

DESCRIPTORES: Sistema Único de Salud; Primeros auxilios; Estrategia de salud familiar; Profesional de la salud; Equipo multiprofesional.

RESUMO

Objetivo: Descrever a percepção da equipe multiprofissional do Núcleo de Ampliado de Saúde da Família e Atenção Básica (NASF-AB) sobre sua atuação. Método: Estudo qualitativo, observacional, analítico, realizado com 32 profissionais de 11 equipes do NASF-AB de Belém (PA). Foi realizada entrevista semiestructurada que versava sobre a atuação, atribuições, barreiras, potencialidades da equipe multiprofissional. Os dados foram analisados pelo software ALCEST. Resultados: Foram identificadas 3 classes: "dificuldades e barreiras" como a precariedade de recursos, falta de segurança, pouca capacitação; "potencialidades", primordialmente o trabalho multiprofissional; e, "atuação da equipe" na prevenção e promoção à saúde. Conclusão: Embora os profissionais do NASF-AB reconheçam as potencialidades da atuação da equipe multidisciplinar e que o trabalho esteja em sua maioria pautado na prevenção e promoção à saúde as barreiras sempre se fazem presentes, dificultando a sua plena atuação na atenção primária em saúde.

DESCRIPTORES: Sistema Único de Saúde; Atenção Primária à Saúde; Estratégia Saúde da Família; Profissional da Saúde; Equipe Multiprofissional.

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INTRODUCTION

In the process of prioritizing the Unified Health System - SUS, the strengthening of Primary Health Care (PHC) has been carried out to expand the coverage of family health care, achieve equity and improve the quality of health care. The actors in this process comprise both the Family Health Strategy (Estratégia de Saúde da Família - ESF) team that since 1994 have consolidated the entrance door of SUS, and the Extended Family Health and Primary Care Center (Núcleo de Ampliado de Saúde da Família e Atenção Básica - NASF-AB), which since 2008 have acted primarily based on the principles of integrality, interdisciplinarity, resolvability, following the guidelines of the National Primary Care Policy (Política Nacional de Atenção Básica - PNAB).^{1,2,3,4,5}

In order to support the ESF, the NASF-AB is composed of a multidisciplinary team, which has historically been linked to secondary and tertiary health care as a speech therapist, physiotherapist, nutritionist, occupational therapist, among others. The selection of professionals takes place according to the demand of each region covered by the ESF teams.³ There are several activities to be carried out by these professionals, and every proposal must be shared with the team - be it

individual care, home care for bedridden, group care, health education workshops or case studies, among others.^{6,7}

The model implemented while increasing access and resolvability, imposes issues related to its practice, such as individual or collective activities, prevention/promotion or assistance, matrix assistance model, professional training, in addition to the complexity that multiprofessional work and intersectoral drive.^{8,9}

NASF-AB is an innovative program and still has many challenges to implement a proposal that aims at integrality, multidisciplinary and even intersectoral work. There is a need for reorganization and decentralization in order to have priority actions for prevention and health promotion. Numerous studies verify the perception, performance, advances, challenges of a specific professional class in NASF-AB. This research proposes to study the perception of the NASF-AB multiprofessional team on their performance, in relation to their duties and that of the team, and to verify the potentialities and barriers of NASF-AB's performance.

METHOD

This is a qualitative and observational analytical study that was carried out after approval by the Ethics and Rese-

arch Committee (CEP) of the University Center of the State of Pará, under CAAE: 85946318.2.0000.5169/2018.

32 professionals from different categories of the 11 NASF-AB type II participated in Belém (PA) from August to December 2018. After signing the Free and Informed Consent Term, two data collection instruments were used: questionnaire for data sociodemographic data analyzed by descriptive statistics and semi-structured interview for the performance of the multiprofessional team.

The semi-structured interview was composed of 7 questions which address the relevance of multiprofessional work, team assignments, interaction with the ESF, if the performance occurs according to what is recommended, barriers and potentialities found, in addition to challenges and goals of the team, which was recorded individually and in person, by a single interviewer.

For data analysis, the audios were transcribed and analyzed using the Alceste program (from the French "Analyse Lexicale par Contexte d'un Ensemble de Segment de Texte", and in Portuguese "Lexical Contextual Analysis of a Set of Text Segments"), in which the transcribed data were first adapted to a corpus, in which words taken as their own term were transcribed for proper reading of the program, for example, "promoção_à_

saúde”, “estratégia_de_saúde_da_família”, “Equipe_multiprofissional”. Then, the program performed the parameterization following some steps: vocabulary analysis, definition of context units, classification of context units and definition of meaning classes.¹⁰

From the classes of meanings established by the software, these classes were nominated, and afterwards, listed comments from the transcribed interviews themselves (both at the suggestion of the program itself and by the general corpus) that represent the unit presented by the software. For the identification of the speech, maintaining the confidentiality of the interviewees, each professional category was cited followed by the number of the NASF_AB of performance.

RESULTS AND DISCUSSION

Sociodemographic characterization of NASF-AB professionals

The average age of the participants was 35.43 years (± 8.31), and the professionals working in NASF-AB, in their majority, were young adult individuals; 71.87% of the participants were female and 28.12% male; the professions that participated were: Physical Educator (3), Psychologist (7), Occupational Therapist (4), Nutritionist (1), Speech Thera-

pist (3), Physiotherapist (10) and Social Worker (4); the average time since graduating was 8.96 years (± 5.35) and the current service time averaged 3.38 years (± 1.22).

Classification of classes

The qualitative analysis used 65% of the units of the corpus, which were qualified according to the level of relevance, and the classified units were then divided into three classes (FIGURE 1). Class 1 was the most specific, its vocabulary was more homogeneous, representing 57% of the classified units, being characterized by words such as: barrier, difficulty, lack; Class 2, which represents 24% of classified text units, has significant words: importance, relevance, potential; and, class 3, which represents 19% of classified text units, has as significant words: performance, prevention, quality of life, health promotion.

Class 1 - Barriers / Difficulties

It represents what the team faces in its performance, such as difficulties related to infrastructure, insecurity with violence, deficits in multiprofessional communication and professional training, lack of understanding by users and a multiprofessional team about the NASF-AB's duties.

The aspects of the infrastructure, which involves both transport and materials, are highlighted below:

"The distant regions that we serve, sometimes it is not possible for us to make more than 2 or 3 visits a day, it really is not feasible, so if there was transportation, it would help a lot." (Physiotherapist - 5).

"These are the barriers: lack of tools, materials for activities with groups, with the community, simple things like ball, hula hoop, cone." (Physiotherapist - 8).

Transport difficulties are recurrent in several NASF-AB, either due to the absence or partial availability of transport.^{11,12,13} Home visits are one of the actions provided for in the PNAB 4 for the comprehensive assistance that the NASF-AB proposes. As for the materials, it is common practice for professionals to make use of their personal materials or their own resources to make up for the lack, something that may be correlated to management deficiency.¹¹

Insecurity is another issue addressed:

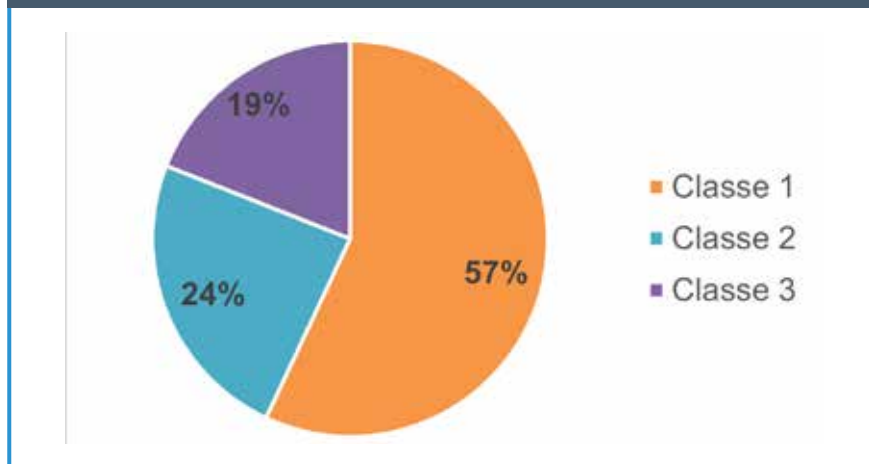
"Sometimes we are afraid to go to the area because we experience this on a daily basis, the issue of assault, violence, so this needs to be improved." (Physiotherapist - 10).

"For us to enter the community, sometimes, the issue of trafficking, right? That you have to ask the dealer for authorization, the issue of violence." (Physical educator 7)

The dangerousness of some geographic areas in carrying out work on the NASF-AB, usually associated with drug trafficking, is a major obstacle to job performance.¹¹ Although the link with the community minimizes the effects of violence towards professionals, the work process in which they are inserted becomes "sick", as they face situations of great vulnerability.¹⁴

Other aspects of the team's own functioning can also be barriers to performance:

Figure 1: Percentage of representation of the analyzed corpus classes. Belém/PA (2018).



Source: Field research, 2018.

“But before that, we already went to the ESF, we already had the request and due to the lack of communication, we were unable to respond.” (Physical educator - 10)
“The main barrier that we encounter is the issue of this communication, this interaction between professionals, is the partnership with some ESF professionals because the NASF does not work alone.” (Fisioterapeuta - 7)

The quality of the relationships established with the ESF, involving communication, is an important aspect for reorganizing the work process between the teams. However, there are differences between the two teams that could hinder this process, such as the training and experience of professionals; the expected dynamics of the work; the ease and/or difficulty in sharing some actions.¹⁵ In addition, NASF-AB is not configured as a gateway to the health system and must act in an articulated and integrated way with the ESF.²⁴ As a consequence, the lack of communication interferes with the more comprehensive and resolute care that SUS proposes.¹⁶

In addition to the communication, the lack of understanding of the users and staff of the ESF about the attributions of the NASF-AB, are described below:

“The biggest barrier we encounter is acceptance even in the community. We are there to promote people's health and people still don't have that awareness.” (Psicólogo - 11)

“The biggest barrier you have is to change the culture of care, medicine, dressing, you understand prevention.” (Fisioterapeuta - 6)

“So we are always exposing, training and qualifying community health agents for this understanding of what our work is, so that they can also understand ... yes ... the big challenge is to try to pass on the work to them of our team and

the individual work of each one.” (Social Worker - 8)

There is a lack of understanding of both the teams and managers involved and the users¹⁵, about the PNAB and the performance of NASF-AB, and the different interests related to the different models of health care in force. The work proposal of the nucleus has provoked resistance in some ESF teams, which demonstrate a distance in the field of work.^{3,4} As a result, the NASF-AB requires changes from the ESF teams in the way they work, which are sometimes centered on care, healing and individual practices.

Another difficulty encountered and discussed is the deficit in professional training:

“You will realize that you came from that very individualistic formation, mainly in health, right? And getting here is nothing individual, it shouldn't be at least.” (Occupational Therapist - 11)

Professional training based on a biomedical model is still a factor that makes it difficult to carry out actions in PHC. Many professionals do not show a training profile adequate to the NASF-AB objectives and there are some gaps in training.^{18,19} Having a comprehensive approach involves the ability to contrast the biomedical paradigm, emphasize prevention and the promotion of quality of life, and work with a multidisciplinary team.

Class 2 - Potential

Professionals emphasize multidisciplinary work as the main potential, from different perspectives. This is able to guarantee the resolution and comprehensiveness of care and health, as shown below:

“[...] multiprofessional work is a potential, you have professionals from different areas working together, this makes it much easier for you to work on a problem, because there are several looks [...] that will help you, suddenly in your referral.” (Social Worker - 8)

The purpose of the NASF-AB work process is to qualify and assist the work developed by the ESF, acting in a participatory manner and cooperating to overcome the fragmented care that still works in the current health model, contributing to the structuring of health care networks (RAS).²⁰

“We are able to understand the problem, the demand that comes, as a whole, within a multidisciplinary perspective. So, we can have a better perception, so for case study, so we can work with this demand that comes.” (Social Worker - 8)

The participation of NASF-AB professionals, as a major differential that promotes greater agility and resolution through case discussions meetings, enabling the health actions of these professionals in the distribution of knowledge and actions assuming greater security in the adopted activities, to generate interventions joint actions, valuing the discussion of cases and their developments with the ESF.²¹

“Actions at school, preventive actions, health actions, strengthening actions are... Education and health, individual care, home visits for bedridden patients.” (Occupational Therapist - 11)

The work process of the multiprofessional team helps to meet the community's demand by reducing damage and injuries, promoting health.¹⁹ For the performance in different scenarios, the use of NASF tools are essential: Matrix Support, Expanded Clinic, the Singular Therapeutic Project (Projeto Terapêutico Singular - PTS), the Territory Health Project (PST) and the Support Pact.² It is observed that the actions described in the statements above bring with them the practice of tools, which offers subsidies for the promotion of the population's quality of life.

Class 3 - Performance of the team

Exposure of the relevant points

about the comprehensive assistance offered by the team, as well as the activities planned and executed in a multidisciplinary way to achieve prevention, are factors that can be observed in the speech below:

"[...] Prevention and guidance work, so that users do not come to acquire, for example, hypertension and diabetes, some problem in the case of physio, some locomotor problem, kinesiological [...]" (Physiotherapist - 1)

Comprehensiveness can be considered the main guideline to be practiced by NASF-AB, being understood in the practices of health promotion and prevention actions.¹² These actions increase the resolution of primary care actions and also act as a facilitator of users' access to more complex and comprehensive health care.¹⁵

Highlights are the duties and services offered by the professionals, and the planning of actions with the ESF team:

"We are assigned [...] to provide collective care, home care, give lectures, we promote and prevent health through guidelines [...]" (Psychologist - 10)

"NASF's duties advocate prevention. With therapeutic groups, cognitive therapeutic workshops, memory and various lecture themes in order to prevent." (Psychologist - 2)

One of the NASF-AB's responsibilities is to collectively develop, with a view to intersectoriality, actions that are integrated with other social policies, such as education, sport, culture, work, leisure, among others.¹² These are your responsibility and carried out in conjunction with the FHS, such as the development of the health project in the area, planning, support for groups, educational work, social inclusion and actions in public spaces with a focus on health promotion and prevention.

Matrix support and other prevention issues are also mentioned.

"We do matrix support, in addition, the active search for those patients who need guidance. Our main job is actually prevention and health promotion. It is not tertiary care. It is primary care really. It is to guide and promote health." (Physiotherapist - 5)

Matrix support stands out as a strategy of NASF-AB, which guarantees specialized assistance to ESF. Such assistance can occur in two ways: offering assistance in specialized health care to the individual, and through technical pedagogical support.^{12,15} Through the agreement between the teams, specialized assistance is offered to the user in the most comprehensive clinical situations and, regarding technical and pedagogical support, their assistance consists of an action linked to the exchange of knowledge and practices/experiences.

Regarding the active search for a specific user profile, it favors service offerings geared to the needs of each territory, taking into account the knowledge / information and perceptions of countless professional categories.¹⁵

Regarding other team assignments, it is mentioned:

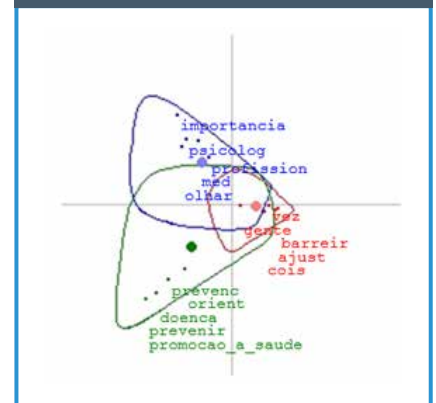
"[...] At the UMS, work is done with patients who already have some change, some delay, right? In development or that have a suspicious exam that they need to refer to us." (Physiotherapist - 9)

Although the NASF-AB is part of the PHC, it does not constitute a gateway to the RAS and its action is initiated only after the identification of the needs of the territory assigned to the ESF.¹² However, the lack of access to specialized services can induce the wrong performance, establishing outpatient care proposals, which is not the responsibility of NASF-AB.²⁴ This would be a setback related to the current health care model, which does not offer resolvability and hinders the full implementation of the PNAB.^{4,25}

Interrelationship between classes

It is understood that each class has its particularities, words and distinct objectives, however, the aspects punctuated in the word classes evidenced by the professionals, also interconnect with points in common, meaning that, although the NASF-AB works in an interdisciplinary way and integrated to the ESF, it still finds limitations to carry it out and in addition to having health promotion as an assignment and with a diversity of potentialities, barriers are still present, justifying that because it is a program being implemented, it still finds many limitations (Figure 2).

Figure 2: Interrelation between classes 1, 2 and 3 in coordinates. Belém / PA (2018).



Source: Field research, 2018.

CONCLUSION

We conclude that there are many challenges that need to be overcome to optimize the work of the NASF-AB multiprofessional team, such as the precariousness of the infrastructure, insecurity in the face of violence, deficits in multiprofessional communication, deficiency in professional training to work in PHC and lack of understanding ESF users and multidisciplinary team on NASF-AB assignments.

Even with these challenges, the multiprofessional team perceives the

potential of its performance as action planning in an integrated and contextualized way with the demands of the

registered population, intervention both individually and collectively, optimization of the functioning of RAS,

quality in the continuity of care users, that is, integrality. ■

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