Knowledge of health professionals about the family health support center

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Conocimiento de los profesionales de la salud sobre el centro de apoyo a la salud familiar

RESUMO

Objetivo: Verificar na literatura científica o conhecimento dos profissionais de saúde acerca do Núcleo de Apoio à Saúde da Família (NASF). Método: Trata-se de uma revisão integrativa. Realizou-se a busca por artigos; publicados nos últimos dez anos (2009 a 2019); nos idiomas português, inglês e espanhol; disponíveis na íntegra. Foram consultadas as bases: BVS, MEDLINE, LILACS; e Biblioteca Virtual: SciELO. Os dados foram organizados e apresentados em figuras e tabelas. Resultados: Dos 128 estudos encontrados, 12 estavam disponíveis na BDENF; 1 na MEDLINE; 69 na LILACS; e 46 na SciELO; contudo, após a leitura permaneceram apenas 13 estudos. Após a leitura os artigos foram categorizados em recortes temáticos, classificando o conhecimento produzido. Conclusão: Constatou-se que os profissionais de saúde compreendem a estrutura do NASF, ainda que com algum déficit de informação, declarando o serviço como de extrema importância, apresentando satisfação acerca das atividades realizadas, categorizando como serviço alcançável pela população.

DESCRITORES: Estratégia Saúde da Família; Equipe de Assistência ao Paciente; Atenção Primária à Saúde.

ABSTRACT

Objective: To verify in the scientific literature the knowledge of health professionals about the Family Health Support Center (NASF). Method: This is an integrative review. The search for articles was carried out; published in the last ten years (2009 to 2019); in Portuguese, English and Spanish; available in full. The following databases were consulted: BVS, MEDLINE, LILACS; and Virtual Library: SciELO. Data were organized and presented in figures and tables. Results: Of the 128 studies found, 12 were available in BDENF; 1 in MEDLINE; 69 in LILACS; and 46 in SciELO; however, after reading, only 13 studies remained. After reading, the articles were categorized into thematic sections, classifying the knowledge produced. Conclusion: It was found that health professionals understand the structure of the NASF, although with some information deficit, declaring the service as extremely important, showing satisfaction about the activities performed, categorizing it as a service reachable by the population.

DESCRIPTORS: Family Health Strategy; Patient Care Team; Primary Health Care.

RESUMEN

Objetivo: Verificar en la literatura científica el conocimiento de los profesionales de la salud sobre el Centro de Apoyo a la Salud de la Familia (NASF). Método: Esta es una revisión integradora. Se realizó la búsqueda de artículos; publicado en los últimos diez años (2009 a 2019); en portugués, inglés y español; disponible en su totalidad. Se consultaron las siguientes bases de datos: BVS, MEDLINE, LILACS; y Biblioteca Virtual: SciELO. Los datos se organizaron y presentaron en figuras y tablas. Resultados: De los 128 estudios encontrados, 12 estaban disponibles en BDENF; 1 en MEDLINE; 69 en LILACS; y 46 en SciELO; sin embargo, después de la lectura, solo quedaron 13 estudios. Después de la lectura, los artículos se categorizaron en secciones temáticas, clasificando el conocimiento producido. Conclusión: Se encontró que los profesionales de la salud comprenden la estructura de la NASF, aunque con cierto déficit de información, declarando el servicio de suma importancia, mostrando satisfacción por las actividades realizadas, categorizándolo como un servicio accesible para la población.

DESCRIPTORES: : Estrategia de Salud de la Familia; Equipo de Atención al Paciente; Atención Primaria de Salud.

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INTRODUCTION

The Family Health Strategy (FHS) was designed to expand the population's entry and provide a focused action in territories and residences. Starting with the work of minimal teams, very close to the teams that were already operating in BHC, however, the indispensability of other professionals became perceptible, so that there could be an expansion of perspectives and greater possibility of approaching the principle of integrality. (1)

The Ministry of Health (MH), through ordinance GM n. 154, of January 24, 2008, developed the Family Health Support Center (NASF - Núcleo de Apoio à Saúde da Família), with the purpose of restructuring health care in relation to primary care and contributing to the qualification of the Unified Health System (SUS - Sistema único de Saúde). In this way, the NASF aims to collaborate with BHC professionals, having as a basic principle an interdisciplinary and support work, acting according to regional specificities, with the aim of providing more effective health care and covering professions and areas until then, not awarded within the scope of the teams in the FHS, having as its central responsibility to act and reinforce the BHC guidelines. (2)

The NASF can be composed of professionals from different areas of knowledge, sharing health practices in the territories under the responsibility of the FHS teams and/or the Primary Care Teams (EqAB) for specific populations, such as riverside, fluvial or those that are seen in medical offices on the street. There are three NASF modalities, namely 1, 2 and 3, which differ in terms of working hours and the number of ESF/EqAB teams that assist. According to data from the Department of Primary Care of the Ministry of Health (DAB/MS), in June 2017, 4,342 NASF teams were implemented in the country, 2,490, 853 and 999 of modalities 1, 2 and 3, respectively. (2, 3)

However, the work of the NASF can only be carried out based on the organization of relational moments, when, through moments of encounter, there is an exchange of knowledge/affections between professionals from different areas or sectors, aiming to expand the opportunity for teams to establish cooperative relationships, taking charge of the actions triggered, in a process of building comprehensive care. Which can end up contributing to the overcoming of a work process centered on existing models and with little resolution, starting to focus its efforts on users, going beyond the production of procedures itself for the production of health in defense of life. (3)

Primary Health Care, more than being the main means of access to the Brazilian health system, has the capacity to solve about 85% of the population's health demands. The NASFs were designed with the aim of qualifying and expanding the purpose of BHC actions with multidisciplinary teams. Prioritizing shared work with Family Health teams (FHt) and aiming to transpose the fragmented, and still hegemonic, logic in health care, with work guided by new forms of organizational arrangements. (2, 3)

The relevance of the present project is associated with the fact that although the potential of the NASF in the resolution and qualification of BHC is identified, several ways for its implementation and operationalization are still pointed out; and little understanding of the professionals related to the way of exercising the matrix support is described. Given the above, this study aims to verify in the scientific literature the knowledge of health professionals about the NASF. Conducted through an integrated review of the literature, which aims to assess the knowledge regarding the proposed topic.

METHOD

This is a bibliographic study, integrative review type where the search for articles for methodological development was carried out and the following steps were covered: elaboration of the guiding question and objective of the study; definition of inclusion and exclusion criteria for scientific productions; search for scientific studies in

databases and virtual libraries; analysis and categorization of the productions found; results and discussion of findings. (4)

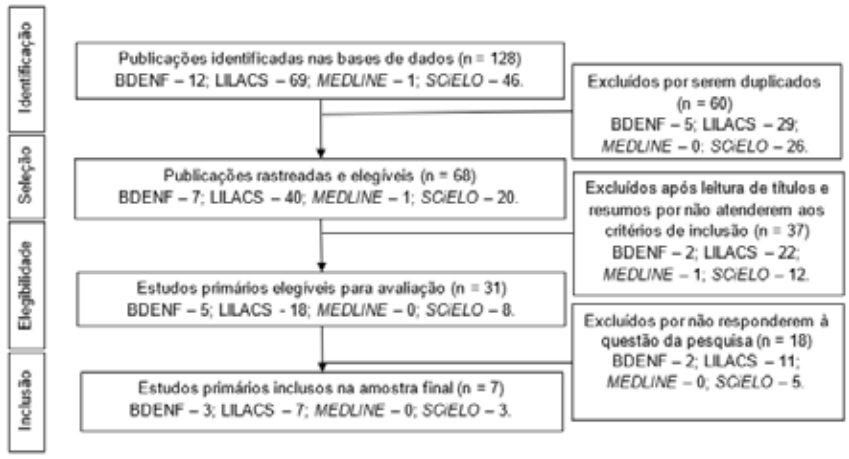
To survey the guiding question, the PICo strategy was applied, where P = Population/Patient; I = Interest; and Co = Context (P – Health professionals; I – Knowledge about; Co – Support Center for Family Health. Strategy based on the segmentation of the hypothesis, which aims to collect data in a systematic way. Thus, the following guiding question was defined for the research: "What is the knowledge of health professionals about the NASF?".

For the selection of articles, the following inclusion criteria were used: being an original article, having been published in Portuguese, English or Spanish, in the last ten years (2009 to 2019) and being available in full. Gray literature was excluded, as well as repeated publications of studies in more than one database and articles that did not answer the guiding question of the study.

The data collection, which took place during January and March 2020 in the following databases and virtual libraries: Database on Nursing (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE); in Latin American and Caribbean Literature on Health Sciences (LILACS); and in the Scientific Electronic Library Online Virtual Library (SciELO). Choosing these databases and libraries for understanding that they affect the published literature, as well as Brazilian technical-scientific references in public and collective health. Crossings of the following descriptors were performed: "Atenção Primária à Saúde/Primary Health Care", "Saúde da Família/Family Health", "Estratégia Saúde da Família/Family Health Strategy", present in the Health Sciences Descriptors base (DecS) and "Núcleo de Apoio à Saúde da Família", which is not included in the DecS but is relevant to the objectives of the study, combined with the Boolean operator AND, performing a joint and individual search so that possible differences were corrected.

The selection of studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analyse (PRISMA), a checklist with 27 items and a four-step flowchart, with the objective of assisting in the development of articles. (5) At first, duplicate studies were eliminated by reading titles and abstracts. Of these pre-selected, a full reading was carried out in order to verify those that meet the guiding question and the inclusion/exclusion criteria. The final sample was then constructed with studies relevant to the pre-established criteria (Figure 2).

Figure 1: Flowchart of the selection of studies according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2015). Recife (PE), Brazil, 2020.



Source: Survey data, 2020.

The level of evidence of the selected studies was determined according to the Agency for Healthcare Research and Quality (6): Level I- Meta-analysis of multiple controlled studies; Level II- Individual studies with experimental design; Level III- Study with quasi-experimental design as a study without randomization with a single group pre- and post-test, time series or case-control; Level IV- Study with non-experimental design such as descriptive correlational and qualitative research or case studies; Level V- Case reports or data obtained in a systematic way, of verifiable quality or program evaluation data; and finally Level VI - Opinions of reputable authorities based on clinical competence or expert committee opinion, including interpretations of information not based on research.

In order to simplify the understanding of the publications selected in this integrative review, the data were organized in figures and tables, exposed in a descriptive way.

RESULTS

The studies surveyed are arranged showing their titles, authors, years of publication, levels of evidence, objectives and results. After reading the selected articles, the studies were categorized, classifying the knowledge produced on the topic, in levels of evidence, mostly level IV - Study with non-experimental design as descriptive correlational and qualitative research or case studies. The main findings set out in the objectives and conclusions are directly associated with the interaction between NASF and the EqAB, as well as focused on the work processes and professionals that make up the NASF teams in an interdisciplinary way (Chart 1).

Given the above, it is possible to observe that although the reasoning of the NASF-AB demands a broader understanding of health care practices, this support/assistance strategy shared with the FHS is gradually being integrated and valued by BHC workers.

DISCUSSION

Chart 1: Synthesis of the main findings on the knowledge of health professionals about the Family Health Support Center. Recife, Pernambuco (PE), 2020.

N	Title/Database	Authors (Year)	Country	Level of Evidence	Objective	Results
1	Evaluation of the implementation process of the teams of the family health support centers/ BDENF.	Martiniano et al., (2013).	Brazil	IV	Evaluate the process of implementing teams from the Support Centers for Family Health.	The Ministry of Health's tenuous way of guiding the implementation of NASF, combined with the management model of each municipality, ends up establishing a NASF model that does not always meet the proposal of reorganizing the health services network.
2	Evaluation of the multiprofessional work of the family health support center (NASF) / BDENF.	Reis et al. (2017)	Brazil	IV	Understand the meanings attributed by agents (social worker, physical educator, pharmacist, nutritionist and psychologist) to the work developed in a unit of the Family Health Support Center.	However, this differentiated action does not extend to linked Family Health teams, except in specific mental health situations, when Matrix Support is used to discuss and conduct the cases presented by the Family Health Strategy teams.
3	Family health support center: team performance with the family health/ BDENF strategy / BDENF.	Santana et al. (2015)	Brazil	IV	To analyze the performance of NASF teams with the Family Health Teams and identify potential for improving the NASF work process within the municipality of Cabedelo, Paraíba, Brazil.	The need to strengthen the NASF work process with the Family Health Strategy was highlighted, building an action of interaction between workers and users, in order to overcome the challenges in the teamwork process and seek to achieve better collective health care.
4	The understanding of primary health care professionals about occupational therapy practices at NASF/ LILACS.	Andrade, Andréa Saraiva de; Falcão, Ilka Veras. (2017)	Brazil	IV	To analyze the professionals' understanding of the Family Health team and the Family Health Support Center (NASF) regarding occupational therapy practices in PHC, as a member of the NASF team.	There was difficulty in differentiating the occupational therapist's own practices, even when there is work sharing. This suggests the need to implement strategies, such as matrix support, to overcome gaps in knowledge regarding the specifics of each profession that works in PHC.

5	Evaluation of Speech-Language Pathology and Audiology actions at the NASF in the city of Recife/ LILACS.	Andrade et al. (2014)	Brazil	IV	To evaluate the actions of Speech-Language Pathology and Audiology in the Support Centers for Family Health in the city of Recife (PE).	Speech Therapy has consistently played its role in the NASF in the city of Recife. Although its performance is based on the work process, there is a need to intervene in issues related to the structure, in order to improve the development of actions carried out in this context.
6	Characterization of the work of nurses and professionals from the Family Health Support Center in Primary Care. / LILACS.	Pedraza et al. (2018)	Brazil	IV	This study aimed to characterize the work of nurses from the Family Health Strategy and health professionals from Family Health Support Centers in a city in Paraíba, Brazil.	Primary Health Care professionals in the municipality have to deal with limitations imposed by an unfavorable structural scenario of health units and employment relationships marked by insecurity, lack of solidarity and low recognition.
7	Family health support center: reflecting on the emerging meanings of the practice /LILACS.	Sampaio et al. (2013)	Brazil	IV	To analyze the professional practices of the teams of the Family Health Support Centers (NASF) in the cities of Campina Grande and João Pessoa, in line with the identified matrix support models.	The assumption of one or more conceptions of matrix support by a management is not just a technical option, but is influenced by a variety of political and economic factors that influence the adoption of a certain technical-assistance model in health.
8	The work of the family health support center from the perspective of its workers/ LILACS.	Leite, Denise Fernandes; Oliveira, Maria Amélia de Campos; Nascimento, Débora Dupas Gonçalves do. (2016)	Brazil	IV	To analyze the perceptions of NASF professionals about the work they do.	According to the professionals' perceptions, the understanding of the NASF work process is still not completely clear and appropriate by the professionals of the NASF itself, the ESF, nor by the users, making a greater and better integration between them necessary, with a view to the quality and effectiveness of work at this level of care.

9	Care profile of a Family Health Support Center in the area of rehabilitation, Municipality of Belo Horizonte, State of Minas Gerais, Brazil, 2009/ LILACS.	Reis et al. (2012)	Brazil	IV	To describe the profile of care provided by the Family Health Support Center (NASF) in the area of rehabilitation, Regional Barreiro, Belo Horizonte--MG, Brazil.	The NASF care profile showed that this strategy contributed to the continuity of care in rehabilitation based on integrality and to the promotion of interdisciplinary work in Primary Health Care.
10	Work process between the Primary Care Team and the Family Health Support Center/ LILACS.	Silva et al. (2017)	Brazil	IV	To analyze, in Paraíba, the organization of the work process between the NASF and the BHCt regarding their access to the NASF teams and the planning of joint actions.	There is, between the BHCt and the NASF team, an initial planning of joint actions, definition of attributions and flow/routing criteria, but dynamic planning tends to be less frequent. As for access, the BHCt are satisfied with the support they receive from the NASF, but written referrals and direct scheduling predominate as a way of sharing cases between teams; satisfaction may be associated with the division of demands in BHCt.
11	Analysis of the work process in the family health support center in a municipality in northeastern Brazil / SciELO.	Macedo et al. (2016)	Brazil	IV	To analyze the organization of the work process of the Family Health Support Center (NASF).	There is a need for critical discussion and renegotiation of work processes at the NASF, with a view to materializing its guidelines, guided by meeting the health needs of the population.
12	Matrix support and actions in primary care: experience of ESF and NASF/SciELO professionals. / SciELO.	Santos, Rosimeire Aparecida Bezerra de Gois dos; Uchôa-Figueiredo, Lúcia da Rocha; Lima, Laura Câmara. (2017)	Brazil	IV	To characterize the way in which matrix support actions are inserted in daily life; and the tools favored by FHS doctors and nurses and NASF specialists.	The results indicate that teams have difficulty in performing shared matrix support actions.
13	Perceptions of users and family health professionals about the Family Health Support Center. / SciELO.	Aciole, Geovani Gurgel; Oliveira, Dayana Kelly Silva. (2017)	Brazil	IV	Explore the perception of users and professionals of the Family Health Strategy about the Family Health Support Center (NASF).	Perceptions suggest that the proposal is recognized and valued by the population and that it is necessary to strengthen the practices of continuing education and matrix support among professionals.

Source: Survey data, 2020.

The interdisciplinary approach is a premise that underlies all the work of the NASF, which is understood as an experience of collaboration between professionals from different disciplines that reflects the union of concepts and interprofessional relationships that require integration and a close relationship between knowledge and practice, enabling a holistic view of the patient. To this end, some attitudes among professionals become even more relevant. Among them, the recognition of the relevance of every profession, professional respect, tolerance, acceptance of suggestions aimed at improving the action, in addition to respect for divergences and competences applicable to each area and especially ethics. (7-10)

The interaction between these two axes is necessary both at the time of exchanging information between professionals and possibilities of interference, as well as aiming at the quality and veracity of the information offered from one professional to another. The current method used for interdisciplinarity is the NASF, which consists of; only simple team meetings where they can share actions, it still raises the concern of the professionals of this body, as they believe that there must still be an am-

plification in this field. (8, 11)

The support provided by the NASF to the FHS aims at the constant process of interprofessional collaboration. However, there are objections to the support matrix that contains interaction of professionals in PHC due to the different reality of the territories, the lack of communication resources, the shortage of professionals, specialized services and structural problems. Another factor that implies the fragmentation of care is the lack of full understanding of the project by NASF and FHS professionals, which accentuates the vulnerability of interdisciplinary work. (9, 10)

The NASF seeks to train new professionals trained in primary health care, expanding the field of teaching medicine and nursing in addition to occupational therapy, physical therapy and speech therapy, which are professions not much explored by the SUS. In this way, the NASF, together with the managers, falls under the obligation to discuss the necessary assistance to the problems mentioned above related to the quality and quantity of professionals, and the communication that requires greater investment as it is the medium in which there is sharing both professional information as well as interpersonal information and problem solving. (10-14)

Through the search strategies, we found a small sample and little availability of scientific articles for comparison of results. Just as few articles appeared as a result of the descriptors, few met the objective of the study. Also, the included studies have limitations such as: single center, different comparison systems, small sample size and lack of randomization.

Thus, it was not possible to prove the existence of scientific evidence related to the knowledge of health professionals about the NASF. Making it necessary to carry out more studies containing a larger sample and enabling discussion about the knowledge of health professionals about the NASF.

Being able to contribute by disseminating the importance of knowledge of health professionals about the NASF. Expanding the awareness of the profession and assisting in the training of the multiprofessional health team.

CONCLUSION

It was found that health professionals understand the structure of the NASF, although with some information deficit, declaring the service as extremely important, showing satisfaction about the activities carried out and categorizing it as a service achievable by the population, which is ensured by the NASF on their rights in public health. Given its progressive characteristic, the challenges determined by the health situation in the country and the perspectives associated with the NASF, it is necessary to prepare studies that address this issue and favor the expansion of debates about the conception, functioning, knowledge and evaluation of the impact of NASF actions on the quality of care.

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