

Primary health care in the face of the COVID-19 pandemic: Qualitative systematic literature review

Atenção básica à saúde no enfrentamento da pandemia de COVID-19: Revisão de literatura sistemática qualitativa
Atención primaria de salud ante la pandemia de COVID-19: Revisión sistemática cualitativa de la literatura

RESUMO

Objetivo: Analisar a produção do conhecimento existente acerca da Atenção Básica no enfrentamento da Covid-19. Método: Revisão de Literatura Sistemática Qualitativa. Os descritores "Atenção Primária à Saúde", "Covid-19" e "Pesquisa Qualitativa" e seus termos alternativos foram selecionados a partir da Edição DECS/MESH 2021, no período de setembro de 2021 a fevereiro de 2022. Na análise foram removidos os estudos duplicados, sem metodologia descrita e texto completo não disponível, permanecendo 15 artigos originais. Resultados: A análise foi realizada a partir de três categorias: Atenção integral à saúde que destacou ações potentes das equipes de saúde no enfrentamento à Covid-19; Gestão do cuidado na Atenção Básica que mostrou a dificuldade nos fluxos do trabalho e as ferramentas utilizadas no enfrentamento da pandemia; Educação na Saúde que evidenciou a necessidade de Educação Permanente para resolução de conflitos. Conclusão: Não foi possível identificar textos publicados na região Amazônica, indicando possibilidades de pesquisa na região.

DESCRIPTORIOS: Atenção Básica; Serviços de Saúde; Covid-19; Pesquisa Qualitativa, Revisão Sistemática.

ABSTRACT

Objective: To analyze the production of existing knowledge about Primary Care in coping with Covid-19. Method: Qualitative Systematic Literature Review. The descriptors "Primary Health Care", "Covid-19" and "Qualitative Research" and their alternative terms were selected from the DECS/MESH 2021 Edition, from September 2021 to February 2022. duplicate studies, without described methodology and full text not available, remaining 15 original texts. Results: The analysis was carried out based on three categories: Comprehensive health care, which highlighted the potent actions of health teams in the fight against covid-19; Management of care in Primary Care that showed the difficulty in work flows and the tools used to face the pandemic; Health Education that highlighted the need for Permanent Education for conflict resolution. Conclusion: It was not possible to identify texts published in the Amazon region, indicating possibilities for research in the region.

DESCRIPTORS: Primary Care; Health services; Covid-19; Qualitative Research, Systematic Review.

RESUMEN

Objetivo: Analizar la producción de conocimiento existente sobre la Atención Primaria en el enfrentamiento a la Covid-19. Método: Revisión Cualitativa Sistemática de la Literatura. Los descriptores "Atención Primaria de Salud", "Covid-19" e "Investigación Cualitativa" y sus términos alternativos fueron seleccionados de la Edición DECS/MESH 2021, de septiembre de 2021 a febrero de 2022. estudios duplicados, sin metodología descrita y texto completo no disponible, restantes 15 textos originales. Resultados: El análisis se realizó a partir de tres categorías: Atención integral de salud, que destacó las acciones potentes de los equipos de salud en la lucha contra el covid-19; Gestión de cuidados en Atención Primaria que evidenció la dificultad en los flujos de trabajo y las herramientas utilizadas para enfrentar la pandemia; Educación en Salud que destacó la necesidad de la Educación Permanente para la resolución de conflictos. Conclusión: No fue posible identificar textos publicados en la región amazónica, indicando posibilidades de investigación en la región.

DESCRIPTORIOS: Atención Primaria; Servicios de salud; COVID-19; Investigación Cualitativa, Revisión Sistemática.

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INTRODUCTION

The Covid-19 pandemic, caused by the Sars-Cov-2 coronavirus, was decreed in February 2020 by the World Health Organization (WHO), leading to the need to reorganize health services for the control, prevention and production of care for the population affected by the disease.

The scenario imposed by the pandemic and its effects on relationships also repositioned the debate between “local and global knowledge and culture”.¹ It is also important to understand how the different cultures and the multiple conformations of local identities are rearticulated in this new scenario.² In addition, research institutions, scholars and researchers were mobilized to understand this devastating phenomenon in global health.

To Sarti et al.³, as in other epidemics, such as dengue, chikungunya and yellow fever, Primary Care must be seen as an important pillar in emergency situations, this is because the main tools of this level of care involve knowledge of the territory, monitoring of families and the bond between the user and the team, which favors the containment of the pandemic, therefore, Primary Care must be strengthened as a powerful response to epidemics.

Thus, this article seeks evidence from

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primary studies to answer the question: What is the production of existing knowledge about Primary Care in the face of the Covid-19 pandemic in the Amazon?, from the Qualitative Systematic Literature Review that “allows the combination of theoretical and empirical literature data, that is, it can be directed to the definition of concepts, the review of theories or the methodological analysis of the included studies of a particular topic”.⁴

Finally, given the need for answers to the Unified Health System (SUS), it is urgent to encourage this debate in order to build work processes that take into account the reality of Primary Care in the daily lives of populations in the Amazon. This study is part of the Project entitled: “Prevention and control of COVID-19: the transformation of social practices of the population in territories covered by Primary Health Care in the State of Amazonas, with funding from the Fundação de Amparo à Pesquisa do Estado do Amazonas – FAPEAM.

METHODS

This is a Qualitative Systematic Literature Review, carried out from September 2021 to February 2022, whose method used includes research on qualitative methodologies, allowing interpretations and

conclusions on the topic of interest.⁵ Furthermore, for Whittemore & Knaf⁶ it is also a method that provides a specific examination of the empirical or theoretical literature, providing a more comprehensive understanding of a specific subject, as it evaluates and synthesizes the relevant studies that answer the question previously elaborated.

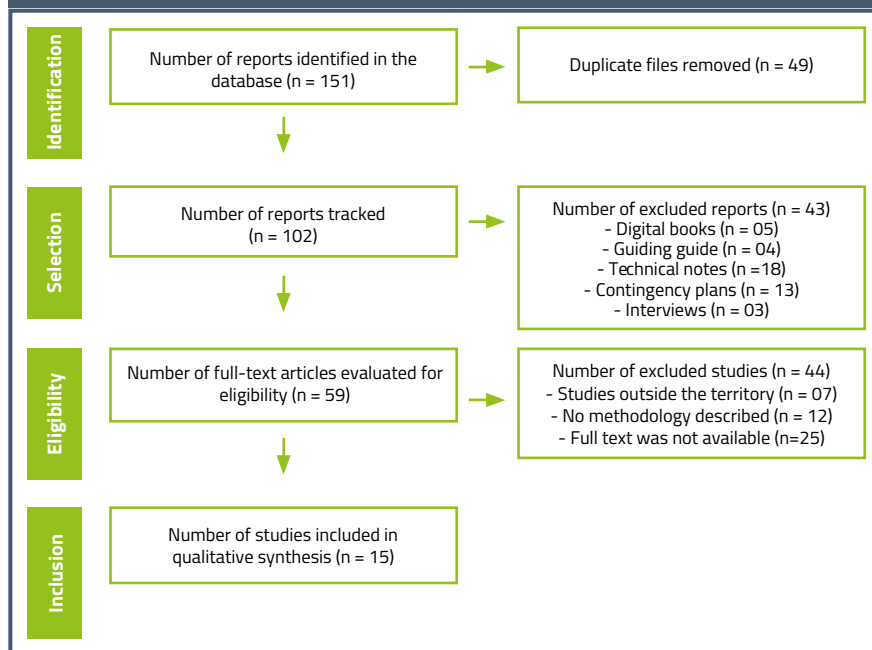
To identify the studies, a protocol was prepared, based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁷, validated jointly by professional librarians from Fiocruz Amazônia and Fiocruz RJ. After validation, the screening stage was started through an electronic search in the Virtual Health Library (BVS Salud) using the relevant descriptors and terms: (basic service - serviço básico) OR (basic service - serviço básico) OR (primary care - atenção básica) OR (primary health care - atenção primária à saúde) AND (pandemic - pandemia) OR (outbreak - surto) OR (covid-19) AND (qualitative research - pesquisa qualitativa).

Following up, we move on to the selection stage, with the application of the inclusion criteria: Original Articles, from qualitative research carried out in Brazil, published from 2019 to 2021, in Portuguese. The sources of Electronic Information chosen for this study were: Literatura Americana e do Caribe em Ciências da Saúde (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE) and COLECONA-SUS. Then the titles and abstracts were read and reports whose method was not described and the full text not available were excluded.

The included studies were read in full, with the aim of verifying adherence to the objective of this study. Then they were analyzed based on the variables: Theoretical framework, Study objective, Results or Main contributions of the study. Data were grouped by similarity of ideas, in which a narrative synthesis was developed.

RESULTS

Figure 1. PRISMA flow diagram for identification of studies via databases



Fonte: Adaptado de Page et al 7.

The identification step resulted in 151 reports, from which 49 duplicate studies were removed with the support of Zotero free software. In the selection stage, 43 documents outside the scope of Original Articles were removed, being digital books (n = 05), guidance guide (n = 04), technical notes (n = 18), contingency plans (n = 13), interviews (n = 03), mainly from Coleciona-SUS. In the eligibility stage, studies outside the territory (n = 07), without a described methodology (n = 12) and those whose full text was not available (n = 25), as indicated in Figure 1.

Thus, 15 original articles were included in this study, mostly published in 2021 and from research carried out in the south and southeast of Brazil. The results found were systematized in table 1.

The discussion of the results of this systematic review was organized into three axes of results: a) Comprehensive Health Care (6 studies); b) Care management in Primary Care (6 studies) and c) Health Education (3 studies).

DISCUSSIONS

Primary Care is the set of individual and collective health actions, developed through integrated care practices and qualified management, aimed at the population in a defined territory, over which the teams assume health responsibility, having as their main function the gateway and communication center of the Health Care Network, coordinator of care and organizer of actions and services available in the network.²³

In the context of the Covid 19 pandemic, the organization and guarantee of PHC services for the population has become even more challenging, as services have been suspended in order to reduce the transmission of the virus. However, several studies have been carried out and may provide solutions or recommendations for health services, as we can see in the following topics.

Comprehensive Health Care

Primary Care, through the Family He-

alth Strategy (FHS) seeks to promote the quality of life of the Brazilian population and intervene in the risk factors identified in their territories of coverage. With comprehensive, equitable and continuous care, the FHS is strengthened as a gateway to the Unified Health System (SUS).²⁴

In this way, during the Covid-19 Pandemic, Primary Care played an important role in caring for the population with mild symptoms, as well as those who were left with sequels. Especially during the COVID-19 vaccination campaign, the study by Souza et al.²² pointed out as potent actions team work, support from other institutions, the mood of society, which had repercussions on feelings of hope, motivation and joy. In addition to the applicability of innovative actions such as the drive-thru and remote scheduling for vaccination, the active search and immunization at home, emerging meetings in the operationalization of vaccination.

The study by Fermo et al.⁸ highlighted that many users sought the Basic Health Unit also to request medicines such as: ivermectin, azithromycin and chloroquine, the “Covid kit”, a fact that generated great discussion in the media and among researchers and health professionals about the use of these drugs as a way of preventing and/or combating the worsening of the disease.

However, during the nursing consultations, say the authors, the health professionals listened to qualified professionals so that the user could bring their experiences in the health-disease process. At this time, biopsychosocial needs were presented as an important component in the production of care, since many users reported fear of losing their job, fear of death, sadness and anxiety resulting from social distancing and the lack of a support network to implement the restriction and/or isolation at home.⁸

Nabuco et al.¹⁶ describe that in order to guarantee the mental health care of the community, in that scenario, the health units carry out actions, such as: the identification of families with risk factors for mental illness; intersectoral articulation

Table 1. Synthesis of articles included in the research.

Ord	Title	Authors	Region/State/City	Year of publication	Journal/Periodic/Collection
1	The nursing consultation in coping with COVID-19: experiences in primary health care (A consulta de enfermagem no enfrentamento da COVID-19: vivências na atenção primária à saúde)	Fermo et al. ⁸	South of Brazil	2021	Rev. eletrônica enferm
2	Care management in a basic health unit in the context of the Covid-19 pandemic (A gestão do cuidado em uma unidade básica de saúde no contexto da pandemia de Covid-19)	Silva et al. ⁹	Pernambuco Forest Zone	2021	Trab. Educ. Saúde (Online)
3	Preceptorship in family and community medicine and strategies for organizing primary care in the face of COVID-19 (A preceptoria em medicina de família e comunidade e as estratégias de organização da atenção primária frente à COVID-19)	Fernandes et al. ¹⁰	João Pessoa	2021	Rev. bras. med. fam. comunidade
4	Community health agents: practices, legitimacy and professional training in times of the Covid-19 pandemic in Brazil (Agentes comunitárias de saúde: práticas, legitimidade e formação profissional em tempos de pandemia de Covid-19 no Brasil)	Méllo et al. ¹¹	Pernambuco	2021	Interface (Botucatu, Online)
5	Care in a territory of social exclusion: covid-19 exposes colonial marks (Cuidado em território de exclusão social: covid-19 expõe marcas coloniais)	Camilo et al. ¹²	Cubatão/SP	2021	Saúde Soc
6	Challenges for Primary Health Care in Brazil: an analysis of the work of community health workers during the Covid-19 pandemic (Desafios para a Atenção Primária à Saúde no Brasil: uma análise do trabalho das agentes comunitárias de saúde durante a pandemia de Covid-19)	Fernandes et al. ¹³	Brazil	2021	Trab. Educ. Saúde (Online)
7	Influence of the Coronavirus pandemic on the performance of the Pap smear in primary care (Influência da pandemia pelo Coronavírus na realização do exame papanicolau na atenção primária)	Andrade et al. ¹⁴	Taguatinga	2021	REVISA (Online)
8	Monitoring the tobacco control program in the context of the covid-19 pandemic: the experience of Bahia (Monitoramento do programa controle do tabagismo no contexto da pandemia de covid-19: experiência da Bahia)	Campos et al. ¹⁵	Bahia	2021	Rev. baiana saúde pública

to enable responses to the demands of the most vulnerable families; and psychological support using technology for those who have lost loved ones.

Fermo et al.⁸ describe that strategies were listed to face the situations that were generated by the pandemic, such as: faith in God, meditation and yoga and physical activities, video calls with family and friends, tele consultations with psychologists and/or psychiatrists.

As for the difficulties of caring for users, the studies^{8, 14, 16, 15, 22} describe the interruption or reduction of care, suspension of collective and face-to-face activities, change in the flows of the units, lack of medication, personal and professional protective equipment, many of them due to illness or death. The lack of effective communication, difficulties with records and in the application of the immunobiological, evidencing a lack of specific training to work in the campaign. Souza et al.²² also highlighted the anti-vaccine movement and the intense work to combat fake news in a long campaign.

However, the study by Marques et al.²⁰ points out that the services maintained the longitudinal monitoring of people with complex chronic conditions, with support through the monitoring of the distance care plan, with the help of primary care, according to normative guidelines.

Domestic violence was also one of the external causes that worsened the most during the pandemic, mainly because victims and aggressors often lived in the same environment during social isolation. Studies like that of Odorcik et al.²¹ evidenced the need for knowledge of the network of assistance services and shelter services for women victims of domestic violence, the lack of knowledge of this network results in the absence of notification leading to the invisibility of cases. As for the assistance of these women, Reis et al.²⁵ showed the relevance of the team showing support and empathy in the promotion of care through qualified listening, also attentive to facial expressions, triggering self-care and autonomy for women.

9	The impact of the COVID-19 pandemic on mental health: what is the role of Primary Health Care? (O impacto da pandemia pela COVID-19 na saúde mental: qual é o papel da Atenção Primária à Saúde?)	Nabuco et al. ¹⁶	Brazil	2020	Rev. bras. med. fam. Comunidade
10	Organization of Primary Health Care in Paraná in the face of the Covid-19 pandemic (Organização da Atenção Primária à Saúde no Paraná no enfrentamento da pandemia Covid-19)	Sousa et al. ¹⁷	Paraná	2020	Rev. Saúde Pública Paraná (Online)
11	Pandemic: experiences of primary health care doctors and master's students in Family Health (Pandemia: vivências de médicos da atenção primária à saúde e de mestrandos em Saúde da Família)	Correia et al. ¹⁸	Alagoas	2021	Rev. bras. educ. méd
12	Potential of Popular Education in times of the Covid-19 pandemic in Primary Health Care in Brazil (Potencialidades da Educação Popular em tempos de pandemia da Covid-19 na Atenção Primária à Saúde no Brasil)	Fernandes et al. ¹⁹	Brazil	2022	Interface (Botucatu, Online)
13	Reorganization of outpatient referral service for chronic conditions during the COVID-19 pandemic (Reorganização do serviço ambulatorial de referência para condições crônicas durante a pandemia da COVID-19)	Marques et al. ²⁰	Paraná	2022	Esc. Anna Nery Rev. Enferm
14	Domestic violence against women: perception and professional approach in primary care in the Covid-19 pandemic (Violência doméstica à mulher: percepção e abordagem profissional na atenção básica na pandemia de Covid-19)	Odorcik et al. ²¹	Santa Catarina	2021	Rev. enferm. UFSM
15	Vaccination campaign against COVID-19: dialogues with nurses working in Primary Health Care (Campanha de vacinação contra COVID-19: diálogos com enfermeiros atuantes na Atenção Primária à Saúde)	Souza et al. ²²	Santa Catarina	2021	Rev Esc Enferm USP

Fonte: Pesquisa bibliográfica, Manaus, 2022.

Care management in Primary Health Care

The study by Silva et al.⁹ showed that health teams had difficulty, especially at the beginning of the pandemic, regarding the organization of work flows, lack of information and Personal Protective Equipment. The authors also reported the use of

technologies that facilitated the production of care during the pandemic period.

Light technologies such as dialogue, reception, education and health promotion were essential. The use of soft-hard technologies were present in the elaboration of protocols and state decrees for the release and operationalization of economic activities. Hard technology had

greater adherence during the great peaks of the pandemic, the use of cell phones and the internet narrowed the communication of professionals and users to solve doubts and stimulate activities, however, with the face-to-face resumption, WhatsApp groups (messaging application) were losing function, professionals pointed out the difficulty of accessing the internet by users.⁹

However, the use of technologies alone was not enough to encourage adherence to protective measures against Covid-19. The pandemic exposed inequality and highlighted the impossibility of complying with sanitary measures in substandard housing and public transport, in addition to contributing to the increase in ills such as hunger, unemployment and violence.¹² Sá et al²⁶ reinforce this by stating that what is at issue is not the importance of health measures such as social isolation, but the perception that each person is prevented from fighting for their own survival, due to the context of inequalities.

Among the greatest difficulties for the management of care in the context of the pandemic, Silva et al⁹ pointed out the refusal to use strategies to combat Covid-19 such as hand hygiene, masks and social isolation as a difficulty in the territory, another relevant point was the fake news (the so-called fake news) that contributed to the low adherence to the guidelines by users.

It is urgent and necessary to invest in strengthening Primary Care with an emphasis on care management tools such as reception, health education, continuing education and technologies in order to increase resolution in crisis scenarios such as

the Covid-19 pandemic.²⁷

Health Education

The study by Fernandes et al¹⁰ points to the need for communication skills and cultural competences in the training of physicians. Thus, the preceptorship acted in the organization of the work process at UBS during the pandemic period, identifying points of reflection on the training and work processes. The authors emphasize that the resident physician who recognizes the community is able to reformulate the work process and offer quality care. Furthermore, the role of the preceptor in this context is to enhance the resident's freedom of action, as a tool for maintaining care and individualized training.

On the other hand, Correia et al¹⁸ analyzes that during the new coronavirus pandemic, internal and external demands resulted in stress, competitiveness and personal problems among health professionals in training. Time management and negotiation with family members, since many professionals stayed away from home for long periods, either for fear of carrying the virus, or for an increase in the workload. And it suggests the need for Permanent Education in Health to alleviate tension points in the teams' daily lives.

Fernandes et al¹⁹ on the other hand, ratify collective work as a guiding and stimulating assumption within the field of Popular Education in Health (PHE). Resumption of contacts and the (re)approximation of some subjects, groups and popular social movements, with the objective of constituting new networks and articulations in the territories. The collaborative network exchange of practices,

ideas and knowledge through education.

The actions of Popular Education in Health, highlight the authors¹⁹, need to encourage the constitution of horizontal relationships between different knowledge (scientific, traditional and popular), paying attention to the fact that it is necessary to understand each way of thinking, considering the context of production and application in the post-pandemic scenario.

This interaction of knowledge, which presupposes an intimate community relationship, leads to the development of respect and trust, which induce popular leadership and stimulate reflection and critical thinking. An evident contribution was the use of Information and Communication Technology and its tools (such as social media), with the intention of welcoming, assisting and helping people in the pandemic.

CONCLUSION

Understanding the research carried out within the scope of Primary Health Care and the methodologies used by the authors is necessary so that we can broaden our view of the Covid-19 pandemic in Brazil. Thus, fifteen texts were included in this review, products of qualitative research, mainly carried out in the south and southeast regions of Brazil. Furthermore, although the initial question sought the knowledge produced about Covid-19 in the Amazon, it was not possible to identify texts published in the region, indicating the need for qualitative research with and for health professionals and Amazonian populations.

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