

Knowledge of students of an undergraduate nursing course about primary health care



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ABSTRACT

Objective: To identify the knowledge of undergraduate nursing students at a public institution on Primary Health Care (PHC). **Method:** A cross-sectional study was carried out with 44 students enrolled in the last year of the undergraduate course. A validated instrument with Likert-type questions was used for data collection, which were divided into four categories that covered the E-SUS strategy, legal provisions, organization of the work process and ASP funding. **Absolute and relative frequency analysis of categorical and descriptive variables was performed.** **Results:** The results of 30 students who answered the questionnaire were evaluated. Category 1 that investigated the legal provisions related to PHC had the highest average of expected responses 56.7%, followed by category 2 that dealt with the organization of work processes in PHC 53.3%. Category 3 that addressed PHC financing and category 4 that investigated the operationalization of e-SUS presented the highest average of unexpected responses, 63.7% and 53.3%. **Conclusion:** The evaluation of knowledge about Primary Health Care revealed important gaps, calling attention to possible flaws in academic training. Pointing to the need for more specific studies on the teaching-learning process in nursing courses.

Keywords: Primary health care, college education, primary care nursing, professional training.

1 INTRODUCTION

Given the current demands of society, Primary Health Care (PHC) represents the search for a model of integral and functional care, which prioritizes improvement in the health conditions of the population, through the provision of quality care and services (BRASIL, 2002). Since the debates in Alma-Ata, in 1978, PHC has been configured in line with the historical and health evolution in the



world - and incorporated in order to meet the needs of each country and / or region (STARFIELD, 2004). Bodies such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO) are great supporters and encouragers of adherence to this model of care and care (PAHO, 2019).

With the creation of the Unified Health System (SUS) in 1988, Brazil has been moving towards universal health supply, having opted for PHC as a model of care (PORTELA, 2017). In this, according to the National Policy of Primary Care (PNAB), the first level of care is characterized by a set of individual and collective actions with a main focus on health promotion and prevention (BRASIL, 2017). In this context, PHC is the main gateway to the health service, responsible for coordinating care in the Health Care Network (RAS) and, thus, enabling the early detection of risks and diseases, screening, treatment and rehabilitation at a lower cost (BRASIL, 2017). This model has the Family Health Strategy (FHS) as the main ordering guide - for expansion and consolidation of care - because it is resolute and provides guaranteed access to basic and specialized services (FAUSTO, 2014).

Given the importance of this theme, it is essential to discuss how the training of new health professionals – in the scope of higher education – has been happening in Brazil, aiming at their understanding of the demands and proposals of the public health service. According to Barros (2018), higher education is in charge of training qualified professionals, requiring an interaction between health services and higher education in order to overcome difficulties and promote quality training. It should also be noted that the training process should seek integrality to rescue the caregiver dimension, and a reform in education that enables the approximation between teaching and work is urgent (OLIVEIRA, 2013).

This articulation between teaching and health services for the process of professional training has been worked on for a long time in the country, being essential for the training of professionals and consolidation of the health system (MARIN, 2004).

It is possible to affirm that, in view of the protagonism of Nursing in the management of PHC – and its potentially innovative, creative and versatile aspect, in addition to the competencies and skills related to decision-making, communication and leadership (THUNE, 2018) – the academic curricula of undergraduate courses have been presenting innovations in order to adapt and promote a teaching more consonant with the purposes of PHC (MARIN, 2004). And, in this context, undergraduate nursing should professionally qualify and fulfill the duty to offer to society professionals prepared and able to provide quality services, especially in the scope of primary care (SCABELO, 2016).

And, in this perspective, it is proposed to identify the knowledge of students of the last year of a Nursing course, of a public educational institution, about PHC, starting from the assumption that future health professionals will be to compose the human resources framework of the SUS.

2 MATERIAL AND METHOD



This is a cross-sectional study, with a quantitative and descriptive approach. For the present study, the valid answers of the students enrolled in the last year of the Nursing Course of a Public Education Institution were considered.

Data collection took place between the months of April 2018 and July 2019, through an instrument validated by Ferreira et al. (2020) forwarded, remotely, using the google docs instrument, to 44 students. This instrument consisted of 28 questions, divided according to Chart 1:

Table I- Categories of questions researched

Category	Description	Number of questions
1	Legal provisions related to Primary Health Care	7
2	Organization of work processes in Primary Health Care	10
3	e-SUS Strategy	11

Source: own elaboration.

The response options were structured in a Likert scale, composed of five alternatives and two fields of variation, one of agreement and the other of disagreement, arranged as follows: 1) I totally disagree; 2) I disagree; 3) I neither agree nor disagree; 4) I agree; 5) I totally agree with the possibility of only one answer choice.

For each item included in the estimate of students' knowledge in relation to PHC, a recategorization of the variables was carried out, with the objective of detailing the level of agreement with a statement, and these were then defined as expected or unexpected responses (GONÇALVE and LEITE, 2005).

A database in SPSS version 20.0 (SPSS Inc., Chicago, United States) containing the collected information was elaborated and, from this, the frequency analysis of the categorical and descriptive variables of the quantitative variables was performed.

It is important to note that during the research the ethical aspects established by Resolution CNS 466/12 on research involving human beings (BRASIL, 2012) were respected, and the project was approved by the Research Ethics Committee of the Federal University of the Jequitinhonha and Mucuri Valleys, under Opinion No. 2,672,823.

3 FINDINGS

Of the 44 students enrolled in the last year of the Nursing course at the institution participating in the study, 30 (68.18%) agreed to participate in the research by answering the questionnaire, 46.7% of whom were students from the 9th period and 53.3% from the 10th period. Regarding the sociodemographic characteristics of the participants, female participants prevailed, with 93.3% of the answers. Regarding marital status, 80% said they were single, and 60% self-declared as brown. The predominant age group in the study was 24 to 26 years, with 53.3% of the total responses (Table I).



Table I. Distribution of students' sociodemographic characteristics
(n= 30). Diamantina, Brazil. 2019

Variables	n (%)
Gender	
Female	28 (93,3)
Male	2 (6,7)
Age group	
21-23 years	8 (26,7)
24-26 years	16 (53,3)
27-29 years	4 (13,3)
30 years or older	2 (6,7)
Race	
Black	7 (23,3)
Pardon	18 (60,0)
White	5 (16,7)
Marital status	
Single (a)	24 (80,0)
Married	4 (13,3)
Stable union	2 (6,7)
Year of course	
9th period	14 (46,7)
10th period	16 (53,3)

Source: Own Elaboration

The analysis of each category, separately, made it possible to identify that the one that presented the highest number of expected answers refers to the "Legal provisions related to Primary Health Care", with 56.7% of expected answers. Among the questions evaluated in this category, items 5 and 6, which addressed problem-solving as a SUS guideline and the FHS as a priority strategy for the expansion and consolidation of PHC, respectively, obtained the highest number of expected responses: 86.6% and 93.4%. Item 2, which addressed PHC as coordinator of the RAS, presented 70.0% of disagreement with what was expected (Table II). In this category, in relation to the organization of work processes in PHC, it was identified that item 10, which addressed territorialization as an attribution of the CHA; and item 13, which dealt with welcoming, presented the highest percentages of expected responses: 100% and 90.0%, respectively. On the other hand, item 16, which pointed to home care as a common attribution of higher education professionals from PHC teams, presented 83.4% of unexpected responses (Table II).

Regarding category 3, which covered the e-SUS strategy, item 29, which refers to the SCNES (National Registry System of Health Establishments) being used for the registration of all public and private health establishments, was the one that obtained the highest percentage of expected responses, 83.3%. Table II shows the percentage obtained in the expected and unexpected responses for each item investigated.



Table II. Answers to the items of the questionnaire on the Knowledge of 'Primary Health Care' of the nursing students. Diamantina, Brazil.2019.

Category 1 - Legal provisions related to Primary Health Care			
Instrument items		Unexpected n (%)	Expected n (%)
Item 1	Ordinance No. 2/2017 deals with PHC standards in the SUS.	19 (63,0)	11(36,6)
Item 2	The PHC regulates the coordination of the RAS, regulating the reference of users.	21 (70,0)	9 (30,0)
Item 3	The problem-solving capacity, coordination and continuity of care are principles of the SUS and the RAS.	20 (66,7)	10 (33,3)
Item 4	The PNAB contemplates actions in line with the equity policy, aimed at specific segments of society.	14 (46,7)	16 (53,3)
Item 5	The problem-solving capacity is one of the guidelines of the SUS.	4 (13,4)	26 (86,6)
Item 6	The FHS is the priority strategy for the expansion and consolidation of PHC	2 (6,6)	28 (93,4)
Item 7	The State PHC Policy establishes the guidelines, principles and portfolio of services for the organization of the basic health network in Minas Gerais.	11 (36,7)	19 (63,3)
Average		13(43,3)	17 (56,7)
Category 2-Organization of work processes in Primary Health Care			
Instrument items		Unexpected n (%)	Expected n (%)
Item 8	Light technologies are a way of producing health, based on welcoming, bonding and the elaboration of norms and care protocols.	23 (76,7)	7 (23,3)
Item 9	Matrix support is a way of producing health, in which two or more teams create a proposal for pedagogical-therapeutic intervention.	13 (43,3)	17 (56,7)
Item 10	The process of territorialization is an attribution only of the CHA.	0 (0,0)	30 (100,0)
Item 11	The household and territorial registration is a strategic process, being executed by all FHS professionals.	19 (63,3)	11 (36,7)
Item 12	Health accountability is the role that teams must assume in their reference territory.	8 (26,6)	22 (73,4)
Item 13	All health team professionals should perform welcoming.	3 (10,0)	27 (90,0)
Item 14	Institutional support is exercised basically in the sphere of municipal management.	15 (50,0)	15 (50,0)
Item 15	The FHS is composed of professionals: physicians, nurses and CHA.	23 (76,6)	7 (23,4)
Item 16	The performance of home care is a common attribution of the higher-level professionals of the PHC teams.	25 (83,4)	5 (16,6)
Item 17	To the FHS, Oral Health teams, modality I or II, may be added.	6 (20,0)	24 (80,0)
Average		14 (46,7)	16 (53,3)
Category 3 -Operationalization of e-SUS			
Instrument items		Unexpected n (%)	Expected n (%)
Item 18	The PNAB establishes that only middle and higher-level professionals should feed the information systems.	12 (40,0)	18 (60,0)
Item 19	The e-SUS Strategy is an information model, consisting of the PHC Information System and the e-SUS System.	29 (96,7)	1 (3,3)
Item 20	In the e-SUS System, the individualization of data is obtained through the Individual Registry (CPF).	12 (40,0)	18 (60,0)
Item 21	In the e-SUS System, the form of information collection occurs only through the CDS and PEC software.	18 (60,0)	12 (40,0)
Item 22	In the e-SUS System, the form of information collection occurs only through the CDS and PEC software.	18 (60,0)	12 (40,0)
Item 23	The lack of nourishment of the production of professionals, for four consecutive competences, leads to the automatic suspension of financial resources.	27 (90,0)	3 (10,0)
Item 24	The SOAP method and RCOP are present only in the PEC.	17 (56,7)	13 (43,3)
Item 25	The CIAP is a tool present only in the CDS.	10 (33,3)	20 (66,7)
Item 26	The agenda is a macro-process for the organization of scheduled attention, whose schedule is defined by CBO.	17 (86,7)	13 (43,3)



Item 27	The Primary Prison Care and eCR teams are exempt from feeding in the e-SUS System.	11 (36,7)	19 (63,3)
Item 28	Operational reports are those that allow access to data regarding the lines of care for chronic conditions in the territory.	17 (56,7)	13 (43,3)
Item 29	SCNES is used for the registration of all public and private health establishments.	5 (16,7)	25 (83,3)
Average		16 (53,3)	14 (46,7)

Source: Own Elaboration

4 DISCUSSIONS

The constant changes in the sociodemographic and health/disease profile of the population have led to a worldwide search for health systems that prioritize equity and the fulfillment of regional and user needs, triggering additional demands and adequacy needs on the part of health professionals. Given this, health education must be constantly adapted to these scenarios, although it is still possible to find fragmented, outdated and static curricula (BATISTA and GONÇALVES, 2011; FRENK et al., 2010).

In this sense, changes based on curricular innovations for the construction of new conceptions in educational institutions and the consolidation of a model of care guided by common principles and guidelines throughout the national territory, as highlighted by Peres, Marin and Tonhon (2018), are unavoidable. And, in this scenario, the curricular changes pertinent to the education of nurses are highlighted, in view of their insertion in multiprofessional health teams, and endowed with ideas and critical thoughts about various social, economic and health issues that meet a global scenario (PRETO et al., 2015). In addition, in addition to constituting half of the health workforce in Brazil, and occupying a differentiated position in the provision of health care and services (CASSIANE and LIRA, 2018), it is nursing that, within the scope of PHC, plays a leading role by presenting as a strong characteristic a professional training that prioritizes the implementation of the principles and guidelines of the SUS (THUNE, 2018). In this sense, agencies such as PAHO and WHO, for example, have been encouraging investment and the creation of policies to value the class, as well as improving the quality of training of professionals, especially those destined to public services. The 2020 Nursing Now campaign featured goals such as investment in education and professional development, increased working conditions, and the influence of these professionals on policies, as well as opportunities for development at all levels of leadership (CHRISP, 2018).

It is in this context, and considering the importance of the theme, and the representativeness of nursing in the Brazilian public health scenario, that the present study presents the initiative to identify the knowledge acquired by academics during their training process. The results obtained in the study call attention, since the categories evaluated presented differentiated performances, a behavior that may be, for example, a consequence of specific methodologies used by teachers to approach the themes



in the classroom, or even because they constitute the categories analyzed, recent changes in the public policies of PHC.

When considering that the academics participating in the research are attending the final periods of graduation, about to enter the labor market and, therefore, future human resources for the various scenarios of health performance, these data should be understood and studied more carefully. Among the findings that can favor the contribution of knowledge, it is possible to highlight the teaching-service integration, an essential condition for the formation of critical subjects, prepared to learn, create, propose and build a new model of health care (PERES, MARIN. TONHON, 20018). Vendruscolo, Prado, Kleba (2016) argues that in order to obtain a more dynamic education, health services are scenarios of fundamental practices for this realization.

Important initiatives occurred with the approximation of the Ministries of Health and Education (MEC) in recent decades, which culminated in the creation of programs such as PET and PRÓ-SAÚDE which, according to Batista et al. (2015):

"Identify potentialities in the teaching-service integration for the reorientation of health education, constituting a central instrument to respond to the concrete needs of the population in the training of professionals, in the production of knowledge and in health practices, committed to the strengthening of the SUS".

The student thus begins to be seen as an active subject in the teaching and learning process, giving teachers new roles and challenging them to create active methodologies that favor the gain of knowledge.

However, professional training in health is still far from what is recommended, and factors such as low adherence by teachers and students, overload of health services, inadequate training, resistance of the population towards the student, inadequate physical structures and demotivation of service professionals are seen as hindering the teaching-service articulation (BATISTA et al, 2015). With this in mind, there is a low sustainability in this integration process, causing a certain incompatibility between the training of professionals and the needs of the health system.

The results obtained in this study show that the knowledge of the legal provisions about PHC by students is evolving satisfactorily, expressed by the high percentage of expected answers for the category - especially with regard to issues considered crucial, such as the understanding of problem-solving as a guideline of the SUS and the FHS as a priority strategy for the consolidation of PHC. This knowledge is essential for professionals working in the health system, and future network workers should be aware of the role they will play (COSTA et al., 2014).

Facchive et al. (2018) recognize the growth of the PHC model in recent decades as a relevant advance of the SUS and relate this progress to the increase in the scope of the FHS, both in coverage and in the provision of actions and services generating positive effects on the quality of health of the



population (FACCHIVE et al., 2018). The students' knowledge on this topic found in this work is encouraging, especially when considering the great challenge experienced in the current shortage of professionals with profile and qualification to work in the area (CECÍLIO and REIS, 2018). However, it can be stated that there are still few studies in the literature that consider the view of academics regarding knowledge about the attributes and other specificities of PHC. A survey conducted by Santos (2017) evaluated the knowledge in graduates of health courses, concluding that they excelled positively in the evaluation. The author also states that the orientation on the attributes is improved by the time of work in PHC.

Regarding the knowledge of the interviewees about the organization of work processes in PHC, the results indicated that the students have knowledge on the subject. This topic has great relevance, since changes in the provision of services and their practices will always require training for, and on the part of professionals, in order to satisfy the demands of the service (CRIVELARO, 2018). The understanding about the work process by future professionals is extremely important, and among the results achieved in this category the ones that presented the best performances were those related to territorialization and welcoming. It is worth mentioning that territorialization is a tool for the planning of health actions, as it enables a multifactorial understanding of local and regional realities and needs (ARAÚJO et al, 2014). The importance of understanding this subject by academics, inclusive, is addressed by Ceccim and Feuerwerker (2004), by affirming that the training of health professionals, when structured from territorialization, allows an interaction between management and care, being the direct active user of the health-disease process. With regard to welcoming, it is important that the student has clarity about its meaning and the mechanisms used by the teams for its realization and implementation.

Regarding the knowledge about the operationalization of the e-SUS, it can be stated that the results were not satisfactory, with a large number of answers that go against the expected in relation to the knowledge on the subject. The e-SUS strategy was presented by the Ministry of Health as an innovation to favor the restructuring of PHC information throughout the national territory, through the computerization of the SUS productivity feeding system (BRASIL, 2017). The understanding of the mechanisms of operation of this strategy is fundamental for academics, considering that they will soon be working and feeding the system. However, recent studies have already pointed to weaknesses that can interfere in the work process and in the daily life of professionals and, thus, the success in the operationalization of the e-SUS also depends on the acceptance by the professionals, so that it is incorporated and done with quality (BRASIL, 2004).

Thus, it is possible to affirm that the strengthening of PHC depends on several factors, among which: the training of qualified professionals committed to the provision of quality care and adequate management of the system. The findings presented in the present study point to the importance of



specific studies and research aimed at a more detailed understanding of the curricular structure of nursing courses and the teaching strategies used, in an attempt to identify the existing weaknesses and potentialities and the points to be changed, in the search for better results in the learning process, especially aiming at professional insertion in PHC.

5 CONCLUSIONS

With regard to the policies and guidelines implemented in PHC, the nursing students participating in the study demonstrated sufficient knowledge regarding some themes and categories investigated, but also reported insufficient information and knowledge about some of the issues investigated, which can impact (positively and negatively) on professional performance. In relation to the legal provisions and the organization of the PHC work processes, there was an increase in the number of expected responses in relation to the other categories, which signals an adequate learning about these contents. In turn, the less satisfactory results include the operationalization of the e-SUS, a subject about which most of the interviewees demonstrated insufficient knowledge. It is important that nursing courses identify effective and feasible forms of teaching and knowledge assessment for their students, making sure to offer qualified labor to the market.

The realization of studies that seek to clarify whether the lack of knowledge about PHC and its strategies and implementation tools lies in the structuring of curricular guidelines, teaching methodologies adopted or in the interest of academics in learning about the subject is necessary and urgent, since – for its consolidation and success the health system lacks competent professionals and endowed with expertise on the subject.



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