The work of nurses in rural primary health care in Montes Claros, Minas Gerais, Brazil

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ABSTRACT

The concentration of health services in urban areas results in difficulties in providing health care to populations living in rural areas. Several factors are identified as hindering access to health, such as investment in public health policies for rural populations and improvement of infrastructure for Primary Health Care (PHC). Considering the importance of the role of nurses in Brazilian PHC, as well as their constant presence in rural areas, this study aims to evaluate the working conditions of these professionals in rural areas. METHODS: An exploratory and descriptive research method was adopted, following a qualitative approach. A semi-structured research guide was used in two sections, divided into sociodemographic characterization and open questions about the work performed in rural PHC in the municipality of Montes Claros, Minas Gerais. Seven professionals participated in the study, with a variation in working time in rural PHC from 1 year and 10 months to 11 years. The interviews were authorized by the Municipal Health Department, and were conducted in accordance with the norms of Resolution No. 466/2012 of the National Health Council. This study was authorized by the Research Ethics Committee of the State University of Montes Claros (UNIMONTES) under opinion no. 6.320.218. RESULTS AND DISCUSSION: The analysis of the work performed by rural PHC nurses made it possible to organize the findings into topics such as the characterization of the sociodemographic and

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professional profile of nurses, the relationship between public rural health policies and the working conditions offered, nurses' daily lives, revealing dichotomies related to work, associations of the life context and health situation of rural and forest populations, in addition to the Family Health Strategy as the only means of access to health. Through this work, it was possible to understand the true meaning of work, revealing a strong influence of work on the quality of life of the professionals themselves. CONCLUSION: Through this study, it was possible to conclude that the work performed by nursing professionals is extremely relevant for the continuity of care offered by PHC. The nurses interviewed revealed that they face adversities in the exercise of their work, such as facing unfavorable conditions when driving to the workplace, such as the weather, difficult access roads, lack of adequate means of transportation, in addition to the poor infrastructure of the places of care and difficulties in communicating with health management, according to the findings of the literature. However, the meaning of the nurse's work is based on the satisfaction of the population, attributing sentimentality to the nursing practice, based on care and health promotion.

Keywords: Rural health, Primary Health Care, Nursing.

INTRODUCTION

The "rural world" is a socio-productive space, historically occupied by the Brazilian population, who through agriculture and livestock led the national economy (Gonçalves and Otte, 2019). However, it was only in the second half of the twentieth century that it was overtaken by the commercial and industrial activities of large urban centers (Navarro, 2019). There are several obstacles to achieving full access to services in these remote regions, such as political and geographic isolation, lack of accessibility, financial limitations, lack of planning, ineffective public health policies, among others (Brasil, 2023; Franco, Lima and Giovanella, 2021).

The concentration of health services in large urban centers results in greater difficulty in accessing health care for those individuals living in rural areas, resulting in a higher incidence of potentially preventable diseases, leading to public health problems (Bousquat *et al.* 2022). The impossibility of locomotion appears in the literature as the main factor in distancing the rural population from the health care network (Soares *et al*., 2020).

Access to health care in rural communities depends on several factors, both governmental and population and/or territory. There are several ways to achieve the provision of health to the wealthiest populations, one of them is through the consolidation of Primary Health Care (PHC), the basis of the Unified Health System (SUS) (Bousquat *et al.* 2022; Franco, Lima and Giovanella, 2021). PHC, through professionals and care projects, aims to ensure access to and promotion of health throughout the national territory. Home visits, in turn, are the most effective means of providing care to hard-to-reach communities (Soares *et al.* 2020).

The territory is a factor that hinders universal access to health, as well as the scarcity of resources and professionals, such as doctors and nurses (Bousquat *et al*. 2022). Such problems generate an overload of the current health system and workers in the area, forming obstacles to the promotion of continuous, comprehensive care, assistance to small and large emergencies, evidencing the need for the presence of health care centers in regions farther from urban centers (Franco, Lima and Giovanella, 2021).

It is evident that the nursing team provides more care to the rural population when compared to medical professionals. Even in the face of salary, contractual and professional devaluation, nurses working in PHC establish greater bonds and care for rural populations (Fausto *et al.* 2023). Members of family health teams reveal that they need more time spent in more remote areas to comply with the comprehensiveness and problem-solving capacity of care (Oliveira *et al*., 2020).

In view of the relevant care role provided by PHC nurses in rural areas, this study aims to evaluate the working conditions offered in these areas, discussing the means that facilitate and hinder the work process and care coordination. In this context, by enabling the knowledge and qualification

of nurses in rural areas, the level of health care in non-urban communities can be classified (Oliveira *et al*. 2022).

METHODS

To achieve the proposed objective, the exploratory and descriptive research method with a qualitative approach was adopted. The qualitative methodology allows the researcher to adopt a systemic view of the problem under study, revealing the essences of social processes, enabling the understanding of the meanings and beliefs of the subjects (González, 2020).

This study was carried out in rural primary health care in the city of Montes Claros, located in the state of Minas Gerais, Brazil. In the last census conducted in 2022 by the Brazilian Institute of Geography and Statistics (IBGE), the municipality had 414,240 inhabitants, concentrating the majority of the population between 20 and 59 years of age (IBGE, 2022). Rural PHC has 11 Family Health Units (FHUs), while urban PHC has 80 FHUs, totaling 91 health care points in Montesclarense territory.

Nurses working in the rural service for a period of more than six months participated in this study. Of the total of 11 nurses who provided care in all 11 rural FHUs, 7 made up the final sample. Of the 7 participating professionals, 5 were women. The length of time working in rural PHC ranged from 1 year and 10 months to 11 years, in addition, only one male professional reported not having a postgraduate degree in the health area.

The data presented in this research come from a qualitative data collection, a method that contributes to the understanding of the existing interactions about the phenomenon studied in a broad way, especially in the area of health (González, 2020; Pinto, Campos and Siqueira, 2018).

A semi-structured research guide was constructed, organized into two sections: the first corresponded to the sociodemographic characterization of the interviewed professionals; the second session was structured with open questions about the work performed in rural PHC.

The collected data were treated according to the Content Analysis (CA) method, understood as the search for the meaning of a document. In this way, CA describes the content considering all its explicit content, in addition to its subtext (Campos, 2004). Thus, the findings were divided by theme, and discussed based on the evidence in the literature.

The interviews were authorized by the Municipal Health Department (SMS), took place in a previously scheduled manner and carried out at the SMS headquarters, from November to December 2023. The study was carried out in accordance with the norms 466/2012 of the National Health Council, which provides for research involving human beings, in addition to being approved by the Research Ethics Committee of the State University of Montes Claros – UNIMONTES, under opinion number 6.320.218.

RESULTS AND DISCUSSION

For the organization and analysis of the work performed by rural PHC nurses, the results and discussions will be presented in topics, making it possible to objectively characterize the findings resulting from this research and the evidence found in the scientific literature.

SOCIODEMOGRAPHIC PROFILE AND SAMPLE CHARACTERIZATION

To describe the sociodemographic characterization of the study participants, criteria such as age, sex, marital status, number of children, according to the **Table 1.** Occupational characteristics were described in the **Table 2**, such as time since graduation, post-graduation, time working in rural PHC, type of employment relationship, and other work activities.

Of the group of seven participants, five were female. The participants' ages ranged from 36 to 47 years, with four professionals single, two married, and one divorced. The time since graduation ranged from 5 to 18 years, however, the time of work in rural PHC was shorter, ranging from 1 year and 10 months to 11 years. Most of the interviewees reported a contractual relationship with the SMS, and only one nurse had a statutory relationship.

Regarding complementary education, only one nurse reported no post-graduate degree, while the other participants had complementary training in several areas, with a predominance of specialization in Family Health by six participants. Other areas of specialization reported were Obstetric Nursing, Management, Occupational Health, Public Health, and Urgency and Emergency.

The characterization allows us to conclude that the nurses working in rural Primary Care in Montes Claros have adequate levels of qualification, professional experience and appreciation for their work. However, although they are properly qualified, the professionals report dichotomies that exist in the exercise of work in rural areas, such as the lack of continuing education for professionals.

> "...I like it a lot... To work in the rural area, we have to have a profile, we have to like what we do, because there are many difficulties, it's a completely different job... I miss, for example, guidance, training of professionals, especially in relation to the greater demand for care in rural areas, such as accidents with animals, use of pesticides, in short, total health... Things that we know would be very important, even if we have a residency in Family Health. We see a different dynamic in the rural area... some way to train these professionals, because even though they have the profile of enjoying this involvement with the community... We also need training to be able to better serve this population, which is very differentiated..." (Nurse 4).

Table 1: Sociodemographic characterization of rural PHC nurses in Montes Claros, MG, Brazil, in 2023.

Participant	Age	Gender	Marital status	Offspring
Nurse 1	39	M	Single	0
Nurse 2	47	F	Single	1
Nurse 3	36	M	Single	0
Nurse 4	44	F	Divorced	2
Nurse 5	41	F	Single	0
Nurse 6	39	F	Married	1
Nurse 7	42	F	Married	1

Source: Researcher, 2024. / F: female; M: male.

Other studies that aim to identify the professional profiles working in rural areas of Brazil confirm the prevalence of actions performed by nurses in rural areas. A study carried out in the state of Amazonas found that 83% of the nursing professionals working in rural PHC in Amazonas were female, aged between 29 and 40 years. Regarding specialization, only 2.5% did not have a residency, 46.9% had a postgraduate degree, and 15.4% in family health (Dolzane and Schweickardt, 2020).

On the other hand, a study carried out in the state of Pará sought to identify the specificities of PHC in 5 municipalities in the west of the state, where the majority of the population lives in rural areas, verifying the prevalence of nursing professionals with a contractual relationship, similar to the findings of this research (Lima *et al.* 2023).

Table 2: Characterization of the occupation and title of rural PHC nurses in Montes Claros, MG, in 2023.

Training Time (years)	Postgraduate studies	Time in rural PHC	Link	Other occupations
12	SF/Obstetrics	11 years	Contractual	No
12	SF/Management	2 years	Contractual	No
13	No	1 year and 10 months	Contractual	No
18	SF	10 years	Statutory	No
17	SF	5 years	Contractual	No
5	SF and ST	5 years	Contractual	No
14	SF/SP/Urg. e Emerg.	2 years and 7 months	Contractual	No

Source: Researcher, 2024. / FH: Family Health; TS: Occupational Health; SP: Public Health.

PUBLIC POLICIES ON RURAL HEALTH AND WORKING CONDITIONS

Brazil is characterized by a great diversity of races, ethnicities, peoples, religions, cultures, social and economic activities. Most of Brazil's production is found in rural areas, such as agriculture, cattle ranching and extractive activities. The north of the state of Minas Gerais is in a

region of transition of biomes, from the cerrado to the caatinga. The area is home to diverse peoples, such as quilombolas, riverine communities, indigenous peoples, rural peoples and forest (Brasil, 2013).

In 2011, the Ministry of Health presented the National Policy for the Comprehensive Health of Rural and Forest Populations, PNSIPCF, through Ordinance No. 2,866, of December 2, 2011, with the purpose of meeting the health care needs of the most remote populations. Prior to that, Ordinance No. 2,460 of December 12, 2005 instituted, through the Earth Group, a draft of the care for these populations (Brasil, 2013).

> "...The working conditions are very difficult, because we have to adapt, we are thirsty because we don't have a stretcher, we don't have an adequate table, bathrooms, we don't have all that support to care for the patient, so the rural area is totally different, I think that as was said earlier, even the professionals have to have the profile, because it's really hard..." (Nurse 1).

The PNSIPCF aims to meet, according to the Brazilian rural reality, respecting the economic, political and cultural history, considering the suffering and particularities of the populations, the fragile health conditions, aiming to reduce health inequities, reducing diseases that are precursors of morbidity and mortality rates. The Brazilian policy had groups representing government agencies, social movements and guests for its elaboration, enabling social and governmental dialogue to achieve health demands (Brasil, 2013).

> "... I realize that there are many demands, many demands that they want to charge just like here, in the urban area, for few working conditions... Yesterday, for example, it rained and there was a power outage, they kept asking me for a schedule, but I was unable to send because I didn't have power..." (Nurse 2).

A study carried out with the objective of comparing the demand for health services among elderly people living in urban and rural regions showed that those living in urban areas use health services more frequently. Several factors contribute to the drop in the search for health services, making it possible to identify conditions that interfere with the quality of life of rural populations, such as difficulty in accessing healthcare, waiting time for care, lack of vacancies for care, lack of professionals and resources, among others (Alves, Parente and Herkrath, 2024).

In this context of great difficulties in promoting access to health services, the PNSIPCF acts dependently on the SUS and the other institutions that are part of it, revealing the need for a commitment between the operationalization of the Brazilian health system, at the federal, state and municipal levels, and social control. In this way, health care for rural populations is based on the organization, planning, and articulation of services, improving the Federative Pact for Health, responsible for guaranteeing the right to health of Brazilians (Brasil, 2013; Pase, Patella, and Santos, 2023).

In this sense, the nurses reported facing difficulties and precarious conditions for working with the Family Health Strategy (FHS) in the rural environment.

> "Quite precarious. When care is provided in nearby communities, or even far away, we will always be in a place that is not suitable for the correct care, whether for personal care, patient anamnesis... Sometimes the place is open and everyone listens to what is said... Sometimes to carry out prenatal care, prevention... That complicates it a lot. These are associations, deactivated schools that we end up attending. Outlying communities that we end up serving. Poor hygienic conditions, physical structure, a bit complicated." (Nurse 3).

LIFE CONTEXT AND HEALTH SITUATION OF RURAL AND FOREST POPULATIONS

Brazil is located in a region with an important energy strategy, food security, a major producer of oil and mineral extraction, becoming an important scenario for the economic investment of major world powers, such as China. However, even with several economic advances, Brazil presents inequalities in the distribution of its wealth, significantly affecting the national population by more than 30%. Several indicators are evidence of the inequity faced by the country, which is reflected in the national economic structure, labor market, living conditions, housing, health, and education (Busilli and Jaime, 2021; IBGE, 2023).

According to the latest National Health Survey, conducted in 2019, the percentage of people who rated their health situation as "bad or very bad" reached 7.8%, with urban 5.2%. Meanwhile, those who rated their own health as "good or very good" reached only 55.2%; The urban population reached 68%. The percentages remain low for the rural population when it comes to the indicator of "medical consultation in the last 12 months", reaching only 68.6%, when rural populations reach 77.5% (Brasil, 2019).

The PNSIPCF expands the meaning of poverty, including the absence of opportunities and conditions of access to essential goods for the provision of health, vulnerability to the lack of opportunities and possibilities, as evidenced in the lack of jobs, decent housing, food, basic sanitation, lack of health and education services, situations of violence, in addition to the lack of social participation. The policy then brings to light the social determinants of health, which are important indicators of quality of life (Brasil, 2013).

The model of capital accumulation advocated by capitalism, present in Latin America, foresees the extraction of wealth, especially in Brazil, a country of extensive geography, diversity and labor. In this model of agribusiness expansion, there are gaps in the health of rural populations, who suffer from the abuses of large landowners, agricultural modernization and precarious health, implying several insecurities in their work, such as water and food, soil degradation, air pollution, among others (Brasil, 2013; Pontes, Silva and Silva, 2023).

From the perspective presented by the authors, it is possible to identify factors that contribute to the poor quality of life of rural and forest populations, showing that physical and environmental

exposure to pesticides causes poisoning and disturbances in several biological systems, increasing the incidence of cancer and precancerous alterations, increasing morbidity and mortality rates in this population (Brazil, 2013; Pontes, Silva and Silva, 2023).

> "It is a population that is very lacking in everything, financial resources, studies, there are difficulties in access, so for them it is very gratifying when we are able to provide quality care." (Nurse 4).

The existence of significant numbers of underreporting of diseases proves the existing difficulty for access to health in rural populations, such as schistosomiasis, which persists in territories of social vulnerability, poor socio-sanitary conditions and lack of effective care. The morbidity of the rural population indicates a higher number of individuals with symptoms of diarrhea, vomiting and pain in limbs, associating rural areas with a higher occurrence of gastrointestinal symptoms (Brasil, 2013; Feitosa, Meireles and Lara, 2021).

> "And we talk about neglected diseases that are very common in rural areas, but the population is neglected due to issues of precariousness of roads, housing, it is a more neglected population in this sense..." (Nurse 4).

Violence in rural areas is present and often exacerbated, since there is no mediation for conflicts. Violence over land and property disputes, domestic and sexual violence against women are the main demands. Rural populations, mostly female, report episodes of physical, psychological, moral, sexual, patrimonial violence and private imprisonment. The Southeast region ranks second in violence against women living in rural areas in the country (Brasil, 2013; Stochero and Pinto, 2024).

THE FHS AS THE ONLY MEANS OF ACCESS TO HEALTH

The creation of the Unified Health System and its implementation and organization made it possible to expand access to health to the entire Brazilian population, in an equitable and egalitarian manner. From this perspective, the Family Health Strategy acts as a model for the application of the system's doctrinal and organizational principles, recognizing the needs of the population. The formulation of public health policies, such as the PNSIPCF, aims to assist the provision of health care to rural communities (Brasil, 2013).

> "We have a great response when we see that patients come to us as a reference, as said, we see that it is a certain recognition of what we are developing and working on. Always trying to help the patient, solve the problem so that he doesn't go home without a more reliable and correct answer..." (Nurse 3).

It is common to observe in rural populations the use of traditional knowledge and practices to solve health problems, so popular knowledge is passed down through generations and put into practice in many rural communities. In this regard, the Brazilian health model is still based on the

model of meeting spontaneous demands, a factor that has been altered according to professional updates and working conditions (Gomes *et al.* 2024).

> "There's something I would change, that I think... What happens... We have a community with a very large population, with more than six thousand inhabitants, and our unit has a very large spontaneous demand, so all that is needed, and what I would change, is to have a doctor just to meet this spontaneous demand." (Nurse 1).

As well as reporting diseases, the FHS works as support for the prevention and protection of people suffering from domestic violence. The population's access to health services requires continuity in planning, implementation, and monitoring of actions, aiming to provide health in a qualified and comprehensive way (Brasil, 2013; Stochero and Pinto, 2024).

A Basic Health Unit is considered to be a place with a complete family health team, however, there are frequent complaints about the lack of doctors in the interior UBS. Nursing care is present in all units of rural PHC in Montesclar, working in nursing consultations, spontaneous demand care, management and emergency care (Lima *et al.* 2023). Nurses working in primary care perceive the work as extremely relevant, seeking to solve problems with the demands of the rural population:

> "I think it's very important because of the issue of problem-solving, of the population's access, because as we serve the population in rural areas, it is very difficult sometimes for them to have access to services, such as vaccination every day, collection of materials for exams, which makes it much easier for them to have this type of service in the communities." (Nurse 4).

A study of rural PHC reveals the importance of professional nurses for the provision of health care to the population living in areas of difficult access, evidencing the wide scope of health-related practices in rural areas. Nurses perform day-to-day health monitoring of people with comorbidities and chronic diseases, as well as prenatal consultations for low-risk pregnant women (Lima *et al.* 2023).

> "... I arrive at the unit, make appointments, do triages and then I go to perform the scheduled appointments. There goes everything, childcare, prevention, prenatal care, or any demand that the patient wants to talk to me about. We take a break for lunch, which is from noon to an hour... He is also hampered by having to speed up the services in the afternoon. I arrive at the Secretariat, clock in and close the workday." (Nurse 5).

The professionals interviewed frequently highlighted the importance of the activities performed by the Community Health Agents for the success of the FHS in rural territory. The frequent presence of CHWs in the areas served helps to strengthen and bring FHTs closer to the community, maintaining the link between users and the local health service (Lima *et al.* 2023).

DAILY LIFE OF RURAL FHS NURSES

Nurses play a key role in PHC, since their performance must be balanced, available, productive, problem-solving and competent. Nurses work according to nursing processes, allied to nursing practices, aim to achieve excellence in care management using evidence-based nursing; domain in health promotion and prevention, research incentive, and leadership (Cassiani *et* al. 2018; Miranda-Neto *et al*. 2018).

The functions performed by nurses are one of the pillars of Brazilian PHC, integrating most of the functions performed by the FHS, both in the provision of care services and in the administrative part. Common to national primary care, nurses perform territorialization, an important factor in socio-sanitary diagnosis and conditioning factors, essential for the implementation of health practices and actions that promote the health of the population (Toso *et al.* 2021).

> "My day-to-day life is a bit busy, because every day we are in a different place, and my unit has its own headquarters, where we stay three days a week and go out one day to the countryside. So, we have to have logistics and flexibility to serve the patient in a humanized way. It's totally different from the urban area, because sometimes we make schedules and schedules, which – he laments – immediately have to change them." (Nurse 1).

Seeking to increase adherence to health services, nurses rely on health promotion, prevention and protection practices, which are also included in the scope of nursing practices, assuming the role of educator in addition to being caregiver and manager. In addition to continuing education for health professionals, nurses carry out health education practices aimed at the population, with the aim of promoting knowledge, autonomy and self-care, preventing risks and protecting health (Falcão *et al*. 2023).

> "The importance of my work as a nurse is that we are able to help the community, in bringing prevention and health promotion care, things that in the communities leave something to be desired, because sometimes they go a long time without medical care, you know..." (Nurse 2).

The difficulty in establishing a continuity of health care services for this population is due to the levels of exclusion and discrimination, justified by the lack of consolidation and effectiveness of public policies and misinformation, since the demands that arise in rural areas are mostly of urgency. This fact justifies the need for continued care for these populations (Rodrigues *et al*. 2021).

THE TRUE MEANING OF WORK

Work has historical importance in people's lives, becoming inseparable from the individual's personality, criterion of value and self-perception, it is one of the indicators of quality of life (Sousa-Filho *et al.* 2022). In the course of the development of the work, various feelings such as pleasure or suffering can influence interpersonal situations and relationships (Franco *et al.* 2021).

The qualitative approach employed in this study allows us to collect information about the perception of the work performed10 in PHC, which is a factor of strong influence for the maintenance of the quality of life of the professionals themselves. From the questioning about the perception of the meaning of work, the professionals point out several factors, such as sentimentality, problem-solving, social relationships, satisfaction, among others.

> "That's when we're seeing the results of what we're doing and developing." (Nurse 3).
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> "It's the work that makes the difference, that is resolute, and that makes a difference in his life in some way." (Nurse 4).
>
> "... Mostly, love." (Nurse 5).

LABOR RELATIONS AND MANAGEMENT

When asked about the management's perception of the nurse's work, a certain distance and dissatisfaction were observed in relation to the service of the professional nurse in the health care of the rural population. It was also pointed out the need to broaden the view related to the rural environment, focused on improving the living conditions of the population.

> "For management, I believe it's also productive, although we don't have that much conversation, a lot of feedback, because there is something that is put forward such as the differentiation of the schedule, even the issue of meetings... Requests often don't get resolved much because of a lack of communication." (Nurse 4).

The difficulties related to management and the lack of communication with the family health teams demonstrate the non-compliance with the National Primary Care Policy. The unavailability of professionals and excessive expenses for unit maintenance and displacement concentrate the FHS, making the most distant and rarefied communities unassisted (Fausto *et al*. 2023). However, improvements related to the supervision performed by the current management were revealed.

> "... From the management, we realize that there is, lately, a very big improvement, but the demand has started to be very large as well, without us having the necessary conditions to be developing certain actions, activities and quality care for the population" (Nurse 3).

From the testimonies collected by this study, it can be inferred that there are still obstacles in the provision of health care for the populations assisted by the PNSIPCF, evidencing gaps in the inclusive health process. In this way, it is possible to identify PHC as an enhancer of integral health, an important tool for social inclusion and promotion of the quality of life of individuals.

Finally, the presentations carried out in this study aim to promote improvements in the provision of health and the working conditions offered by rural PHC, identifying in the speech of health professionals, universal problems in the provision of rural health (Almeida *et al.* 2021).

CONCLUSION

The meanings attributed to the work of the professional nurse are extremely relevant factors for the continuity of care in PHC. Thus, nursing professionals reveal that they suffer adversities from the beginning of their work, when facing long distances, to the lack of adequate physical structure to perform their functions.

On the other hand, the lack of conditions conducive to full health care does not limit the work of these professionals, who reveal satisfaction related to care and contact with the rural population as driving factors for work in Primary Health Care.

Finally, the analysis of the work performed by nurses in rural PHC made it possible to unveil typical characteristics of work in distant communities, in addition to confirming the findings of the literature that show the lack of structural conditions for the performance of functions. In this sense, although Brazil has public policies aimed at the rural population, there is little involvement of the managerial sectors in the search for improving the health conditions of these populations.

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