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# ADEQUACY OF PROFESSIONAL COMPOSITION AND PLANNING ACTIONS OF FAMILY HEALTH SUPPORT CENTERS TO THE TERRITORIAL REQUIREMENTS

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## ABSTRACT

**Introduction:** It sought to verify the adequacy of the professional composition of the family health support centers (FHSC), to the needs of the territory of its reference teams, from the professional's perspective of family health strategy (ESF).

**Methods:** We have developed descriptive study, exploratory, retrospective, quantitative, transversal. The same study was processed from the information provided in the second national program cycle of improving access and quality of primary care in health (PMAQ-PCH), through external assessment tool, module II, applied throughout the national territory to the PCH professionals.

**Results:** Statistical significance was observed to the alpha 0.05 level, to variables of interest, in specially the manager's query the teams with a view to training the NASF (72.8%) and over 70% of cases these teams are adequate to the demands of the territory and population.

**Conclusions:** there are evidence to say that strategic points for the proper functioning of the network and realization of matrix support were made, culminating in the satisfaction of the reference team. The FHSC's reference teams dialogue with management in most situations, intending to build FHSC teams based on the epidemiological and social demands of the population, therefore appropriate to the contextual reality.

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## INTRODUCTION

The implementation process of the National Program for Improving Access and Quality of Primary Care (PMAQ) and the Centers of Support for Family Health (NASF) introduce, between other attributions, as unique strategies on the pursuit of overcoming and providing information to the management aiming the aid on making decisions on health, overcoming the challenges of the Primary Care (PC) in Brazil and search assistance with desirable quality by its users, human resources and management (Silva, 2014). The NASF were created within the scope of PC in Brazil by means of Portaria GM nº 154, of January 24th, 2008 of Health Ministry (MS), in order to support the insertion of the Family Health Strategy (ESF) on

the services network and extend the reach, resolution, care integration, territoriality, and its regionalization, as well as expand its actions (Brasil. Ministério da Saúde, 2010). The choice of professionals who will compose the NASF teams (EqNASF) will be ordered on the health necessities of each locality, such as socioeconomics vulnerabilities, epidemiological profile of the several territories where it's found the health services, which must be synchronized to the ESF professionals', holding a knowledge exchange and daily health practices, especially the dialogue when leading unusual situations on the reference team professionals' daily life in order to build a determined knowledge for specifics situations (Nascimento and Oliveira, 2010). The EqNASF need to contribute so that the care directed to the users of the service is integral, particularly in regard of the clinic's extension, assisting on the enhancement of the abilities of analysis and intervention despite the health problems and needs, both in clinical, epidemiological and sanitary terms (Brasil. Ministério da Saúde, 2011).

The matrix support made by the EqNASF focuses in a reflective process of the professional practice, seeking in a dialogical way between the team and institutional supporters an analysis of the elements involved on the working process of the reference team professionals, on management and health practices. This way, the supporters will help the team to reflect on the daily life and its practices (Castro and Campos, 2014). In this perspective, Piauí is among the federal states in which the NASF presents statistics close to 90%, implying on the execution of planning activities, scheduling developed actions and performances (Silva, 2014). Knowing this reality, of the social yearnings for a service of quality, deliberative and that is able to reach in a maximized form the doctrinal principles of universality, equality and, above all, the integrality of the assistance under the Unified Health System (SUS) of the country, it was intended to verify the adequacy of the professional composition of the EqNASF to the necessities of its assigned territory and served population, besides analyzing the agreements made for the purpose of this adaptation and adjustment of the working process of the reference teams and EqNASF.

## MATERIALS AND METHODS

It was developed a retrospective census study of quantitative, descriptive and exploratory nature with a cross section. The data for the development of the research were provided by the data base of PMAQ – PC in Brazil, referring to the modules II of the 2° cycle of external evaluation occurred on the second semester of 2013, through the webpage of the PC department of the Health Ministry. In the second cycle of the PMAQ the adhesion of the primary care teams – EqPC occurred in a universal form (Family Health Teams – EqFH, Parametrized Primary Care Teams, Oral Health Teams and the Family Health Support Centers) and of the Dental Specialties Centers (Brasil. Ministério da Saúde, 2013). So that the interview could be answered, the PMAQ - PC interviewer, during the external evaluation, made a prior contact with the professional who would respond to the interview. This professional would be the one with the greatest knowledge regarding the work process of his team, indicated by the same and who posteriorly would answer the instrument (Brasil. Ministério da Saúde, 2013). The questionnaire of module II of PMAQ-AB was applied to all EqFH teams of the chosen scenario, the Piauí state, however, on this study includes those who have reported receiving support of EqNASF, which totalizes 628 teams. The adequacy of the teams' composition to the necessities of the territory is contemplated on the instrument on the questions NII 33.1 to NII 33.7 of the external evaluation instrument of PMAQ-PC, module II. The variables were codified by the Ministry of Health of Brazil itself, which makes available a decoder dictionary on its webpage. The data were organized in tables on the Microsoft Excel format by the ministry itself and, a posteriori, used to create the data bank of this study. The chi-square test was performed with the intention of verifying the form of how the differences between the observed and expected frequencies in each qualitative category behave, in a way that it is possible to test the hypothesis that such observed frequencies are, in fact, occurring and representing the reality seen. The Komolgorov-Smirnov test was applied to the variable of ordinal nature 'team's satisfaction related to the workload dispensed by the EqNASF to the matrix support', aiming to know the median level of such satisfaction.

According to the resolution nº 446 (Costa *et al*., 2014) of the national ethics commission in research of the national health council – CONEP/CNS concerning the ethics principles related to the researches involving human beings, the external evaluation of PMAQ-PC was submitted by the ministry itself for appreciation by the research ethics committee of the Federal University of Rio Grande do Sul – UFRGS (protocol number 21904).

## RESULTS

The table 1 shows results referring to the items agreed by the reference teams and EqNASF professionals previously on the beginning of their performance on the territory, as recommended by the Ministry of Health of Brazil. All the variables showed significant statistics (p – verified value $< 0.0001$) to the alfa level 0.05, indicating that the verified frequencies, in fact, allow a reliable view of the event. From the data presented by the table 1, about the adequacy of the teams' composition to the territorial necessities, it is possible to verify that a big part of the managers (72.8%; n = 457), keep a communication with its health team, aiming to know the reality of the attached region before hiring the employees to compose the EqNASF. Furthermore, the data show that 91.7% (n = 576) of the interviewed analyze as indispensable that more than one EqNASF is inserted in their municipality. When it comes to the NASF performance, observing the table 1, 86.1% (n = 541) of the interviewed, agree with the aspects of the necessity/demands of their team. It may be noticed that the team performs, mainly, in the resolution of cases that arise and that there is a need of the performance in the service as well as agreeing with the epidemiological reality and the amount of events/diseases that occur in the region. Around 84.2% (n = 529) of the professionals of NASF say that when starting their support activities, there was a moment for articulation/ planning of the joint actions while the ones who didn't perform or didn't know how to answer add up to 12.1% (n = 76) and 3.7% (n = 23), respectively. The adequacy of the teams to the epidemiological reality and to the demands of the group and users had a frequency higher than 2/3 (two thirds). The manager in fact debated with the reference team about the possible composition. Because, as observed on the table 2, all the planning and organizing actions planned by the Health Ministry to be agreed between the teams occurred with a frequency higher than 70%, according to the interviewers of the second cycle of the PMAQ-PC.

**Table 1. Distribution of the samples regarding the agreements made between EqFH and EqNASF. Piauí, 2017**

| Variable | | Answers | | | | | | p - value |
|---|---|---|---|---|---|---|---|---|
| | | Yes | | No | | Didn't know | | |
| | | n | % | n | % | n | % | |
| The municipal manager discussed with his team about which professional category should compose the NASF? | | 457 | 72.8 | 141 | 22.5 | 30 | 4.8 | <0.0001 |
| Do you consider it important for another category to compose the NASF? | | 576 | 91.7 | 52 | 8.3 | - | - | <0.0001 |
| The EqNASF is appropriate to: | Necessities/ demands of your team | 541 | 86.1 | 87 | 13.9 | - | - | <0.0001 |
| | Epidemiological and social reality of this territory | 471 | 75 | 157 | 25 | - | - | <0.0001 |
| | Direct demands to the users | 500 | 79.6 | 128 | 20.4 | - | - | <0.0001 |
| | Others | 52 | 8.3 | 576 | 91.7 | - | - | <0.0001 |
| When the NASF professional started their support activities, was there a moment for articulation/ planning of the joint actions? | | 529 | 84.2 | 76 | 12.1 | 23 | 3.7 | <0.0001 |

**Table 2. Agreements made between EqFH and EqNASF before its installation on the attached territory, Piauí, 2016**

| Variable | Answer | | | | | | p-value |
|---|---|---|---|---|---|---|---|
| | Yes | | No | | Don't apply | | |
| | n | % | n | % | N | % | |
| Agreements of the activities to be developed. | 496 | 79 | 33 | 5.3 | 99 | 15.8 | <0.0001 |
| Definition of the functions and attributions between the teams. | 479 | 76.3 | 50 | 8 | 99 | 15.8 | <0.0001 |
| Definition of objectives, goals and results on the NASF actuation. | 471 | 75 | 58 | 9.2 | 99 | 15.8 | <0.0001 |
| Organization of criteria and flows to the NASF's support. | 479 | 76.3 | 50 | 8 | 99 | 15.8 | <0.0001 |
| Organization of criteria and flows to send the users to other services/ attention points. | 454 | 72.3 | 75 | 11.9 | 99 | 15.8 | <0.0001 |
| Others | 39 | 6.2 | 490 | 78 | 99 | 15.8 | <0.0001 |

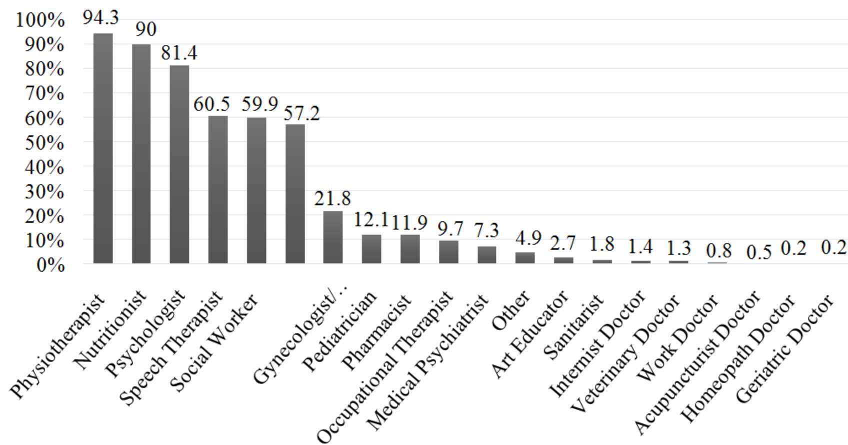


**Figure 1. Descriptive presentation of the professional categories of the EqNASF. Piauí, 2017**

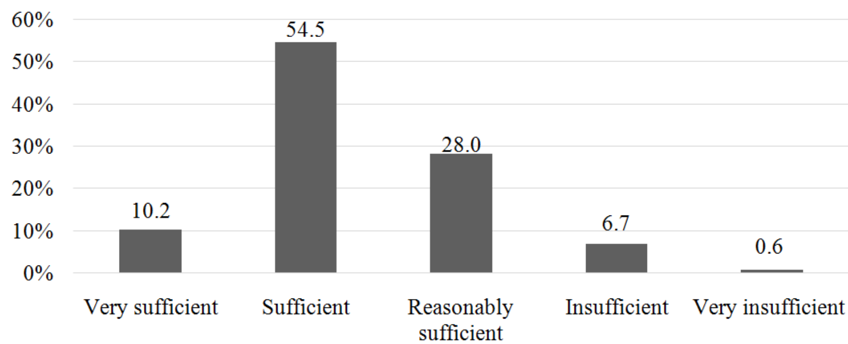


**Figure 2. EqFH professionals' analyzation of the workload provided by the NASF professionals to the matrix support**

Of the activities indicated, discussed in the planning, there is the agreement of the activities to be developed, which 79% of the teams interviewed claim being presents on its moment. Furthermore, another relevant data is the verification of the frequency higher than 75% to the definition of attribution and functions; definitions of goals and objectives and; organization of support criteria and flows between EqNASF and EqFH, which shows the benefits to the working process of the matrix support team. When it comes to the professional profile of the centers, the figure 1 has information related to the professional categories that support the EqFH of reference in the whole state of Piauí. As demonstrated on the Figure 1, the physiotherapist is the most frequently cited professional category (94.3%; n = 565). Following the physiotherapist is the Nutritionist (90%; n = 565), the psychologist (81.4%; 511) and the Speech Therapist (60.5%; 380). Among the less quoted, the medical specializations are verified: Homeopathy (0.20%; n = 01), Internist (0.20%; n = 01) and the Acupuncturist (0.5%; n = 03).

Analyzing the Figure 2, it's possible to notice that 54.50% (n= 342) of the researchers consider sufficient the workload provided by the professionals supporters to the attendance of the reference teams demand, while the ones who consider as being very insufficient reach 0.06% (n=4). Mediante the performance of the Komolgorov-Smirnov test, in order to ascertain the hypothesis that the professional of the EqFH is reasonably satisfied is occurring, it was verified that there are statistical evidences, to the alfa level of 0.05, to reject it (p-value < 0.0001). This way, in fact, among the professionals who answered the second cycle, module II of PMAQ-PC in the country and in the study scenario, it's able to see a different satisfaction from the one hypothesized, which demonstrate itself as successful to the matrix support team.

## DISCUSSION

So that the settlement of the teams could be performed is necessary for the managers to have their own expectation and perception of the NASF's role on the HCN, even for having a joint view of the PC and locoregional network. Furthermore, it's important to be done an evaluation of the territory's reality, considering the epidemiological and social situation, the support necessities, the characteristics of the locoregional attention network, the health demands and needs of the users, thenceforth the professionals will be inserted in each NASF[3]. The team work represents one of the greatest challenges to the NASF work. However, the lack of clear definition of the roles happens frequently, which can become a reason for the conflicts between the professionals (Magalhães, 2014). It's relevant to be done a joint planning, because the working process will become more organized, besides the service becoming effective and efficient daily. It's also possible to analyze that the EqNASF have been establishing an interrelation with the reference teams, objectivating the obtainment of better results, to the actors involved on the work qualification process in PC. However, even though there is a planning, it alone won't guarantee that the goals and purposes stablished will be enforced, much less reached, due to the fact of the instruments used not being adapted to the demands as well as the professionals who also need to be qualified to use it, from its creation and organization until its control and execution (Andrade *et al*., 2012; Silva, 2014). The FHS and NASF professionals have an important participation on the planning of the health actions and services and present themselves as unique actors on the elaboration and analysis of the ways that influence the health process and, what they do to make it possible to understand their influences, perspectives and preparation for a benefic effect to emerge and impact the society in a transformative way on the reality. On this transformation process, the unpredictability must be considered, as well as the context and its predictable determinants/groups (Andrade *et al*., 2012). In a survey carried out on planning the NASF and FHS actions, 83% of the researchers claim that the meetings with the purpose of the professionals acting with more effectiveness and efficiency happen and that the teams' objectives could also be reached. In 36% of the cases, the professionals composing the FHS confirm the holding of the meeting, showing a certain unconformity between the professionals of these two categories (Nóbrega, 2013).

However, even though there is a planning, it alone won't guarantee that the goals and purposes stablished will be enforced, much less reached. This is due to the fact of the instruments used not being adapted to the demands as well as the professionals who also need to be qualified to use it, from its creation and organization until its control and execution (Andrade *et al*., 2012). Therefore, it's observed that there are many areas of EqNASF's actuation that actually work together, helping the reference team to solve many clinical and technic-pedagogical problems. Nonetheless, the PC's users demand is not necessarily being completely attended, when it comes to the state's epidemiological reality, and the weaknesses of the health system all over the country. In its foundation, the FHS grounds itself in a multi-professional work, capable of creating transformative results of the reality on the territory and context in which it is inserted. The work in this area has challenges not only when it comes to solving problems for the clientele, but also in the implementation of the health model proposed and consolidation of the SUS principles (Costa *et al*., 2014). The insertion of NASF as a member of PC came to implement the EqPC's work and expand its operative scope.

According to the research conducted with the ten (10) EqFH linked to the NASF of the municipality of Parnaípa-PI, with population comprised for 113 health professionals (100% from FHS), from these, 76 (67.25%) participated on the sample for being adequate to the criteria of inclusion showed, even though there are places, members of FHS and users who don't know the EqNASF composition, stands out the presence of the Physical Educator, followed by the Physiotherapist. Among the most frequently cited professionals there are: social worker, psychologist, occupational therapist, speech therapist and nutritionist, who are also part of the evaluated teams, even the FHS members didn't remember or couldn't quote, for the lack of experience or knowledge of their work, showing a mismatch in the NASF-FHS relationship (Ribeiro *et al*., 2014). The PC and specialized service professionals show a difficulty in comprehend what the matrix support is. What aggravates for the lack of capacitation, polysemy of the thematic, fragilities of HCN and strong presence of the medicalized model in certain populational and regional segments (Machado and Camatta, 2013). The interaction and performance of the shared activities is compromised, in most of the cases, due to the difference of the workload among the professionals of the same team. To the professionals who work in more than one EqNASF, the stress and overweight become even worse. Intending to improve the quality of life of the professionals, a lot of them pointed that they would like to have a smaller workload (Leite *et al*., 2014). Making it possible for the EqNASF to search for innovative strategies, that could potentialize the actions of EqFH and confront the challenges to be faced, such as: responsibility for the care, the functional articulation between various levels of attention, the guarantee of time on the professional's schedule for cases discussion, the elaboration of the care plan and shared actions is the NASF role as a formator of human resources, is still a challenge and needs to be better worked.

### Conclusion

The PC coverage in Piauí is one of the best in the country, however, there are still teams that are not within the required standard by the Health Ministry, what could prevent the effectiveness of the actions, questioning the quality of the service provided and hampering even more the resolution of the assistance. The professional profile of NASF is completely faced to strategical areas of ESF actuation, maternal and child

care, nutritional care, care for the people with chronic-degenerative diseases and health rehabilitation. The majority of the management consultation/debate is carried out to the teams to be referenced by the NASF, as well as the consultations aiming their adequacy to the population needs, in epidemiological and social aspects and the demands of the supported teams. There are statistical evidences to affirm that the strategical points for a proper functioning of the network and effectuation of the matrix support were firmed, being them: definition of the functions and attributions among the teams, definition of the objectives, goals and results of actuation of NASF, organizing the criteria and flows to the NASF support, organizing the criteria and flows to conduct the users to other care services/points. Since Piauí presents many small municipalities, as a huge part of the national territory, there is a tendency to install the EqNASF of the 2 or 3 modalities, which serve a smaller population contingent, differentiated workload that intends to enable more intensive actions, specially the modality 3, configurated as an ampliated team. This may be leading the reference team satisfaction, knowing that a possible transference and responsibility may be happening.

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