

Challenges of nursing in primary health care: vulnerability x equitable access to health*Desafíos de enfermería en atención primaria de salud: vulnerabilidad x acceso igualitario a la salud**Desafios da enfermagem na atenção primária à saúde: vulnerabilidade x acesso equânime à saúde***Thays Heloyse da Silva Souza¹**

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***Corresponding author:**cris4melo@gmail.com**Submission:** 07-16-2023**Approval:** 09-05-2023**Abstract**

This study aimed to reflect on the training of nursing professionals working in PHC, aiming for improved care delivery to vulnerable populations. This is an integrative, descriptive review. The research was conducted from September to December 2022 through consultations with LILACS, BDNF, and Coleciona SUS. The inclusion criteria were articles available in full electronic format, published in either Portuguese or English, and published within the last eight years. The 10 articles analyzed demonstrated a significant decrease in negative impacts on the population when nurses play a leading role in Health Promotion and Prevention. The conclusion is that professional training for vulnerable populations is necessary, beginning in undergraduate studies and throughout the professional career. An understanding of nurses' roles in the care process is essential.

Descriptors: Community Health Nursing; Primary Health Care; Vulnerability; Health Policy; Health Equity.**Resumén**

Este estudio tuvo como objetivo reflexionar sobre la formación de los profesionales de enfermería que trabajan en la APS, con el objetivo de mejorar la atención a las poblaciones vulnerables. Se trata de una revisión descriptiva e integradora. El estudio de publicaciones se realizó de septiembre a diciembre de 2022 mediante consultas con LILACS, BDNF, y Coleciona SUS. Los criterios de inclusión fueron: artículos disponibles en formato electrónico completo, en portugués e inglés, y publicados en los últimos ocho años. Los 10 artículos analizados demostraron una disminución significativa de los impactos negativos en la población cuando las enfermeras desempeñan un papel protagónico en la Promoción y Prevención de la Salud. Se concluye que la formación profesional para poblaciones vulnerables es necesaria, desde la licenciatura y a lo largo de la carrera profesional. Es fundamental comprender el rol de las enfermeras en el proceso de atención.

Descriptoros: Enfermería en Salud Comunitaria; Atención Primaria de Salud; Vulnerabilidad; Política de Salud; Equidad en Salud.**Resumo**

Objetivou-se refletir a respeito da capacitação do profissional enfermeiro que atua na APS, visando um melhor desempenho na atuação assistencial às populações vulneráveis. Trata-se de uma revisão integrativa de caráter descritivo. O levantamento de publicações deu-se em setembro a dezembro de 2022 através de consultas à LILACS, BDNF e Coleciona SUS. Os critérios de inclusão foram: artigos disponíveis em formato eletrônico, na íntegra, em português e na língua inglesa nos últimos 8 anos. Nos 10 artigos analisados, foi notória a relevante diminuição nos impactos negativos na população, quando há protagonismo do enfermeiro nas ações de Promoção e Prevenção de Saúde. Concluiu-se assim que se faz necessária capacitação profissional acerca da população vulnerável desde o período da graduação, e ao longo da trajetória profissional e sobre a atuação do enfermeiro e o entendimento do seu papel no processo do cuidado é essencial.

Descritores: Enfermagem em Saúde Comunitária; Atenção Primária à Saúde; Vulnerabilidade; Política de Saúde; Equidade em Saúde.

Introduction

Since the Brazilian Health Reform, the concept of health has taken on new meanings and a more comprehensive understanding of the determinants involved in the health-disease process. Health has come to be understood as a public good and a civic right, guaranteed by right to every Brazilian citizen, regardless of economic and social status, race, or color¹.

Based on this movement, the Unified Health System (SUS) was created, motivated by participatory struggles and the manifestation of a set of social needs, which reflect ethical and moral principles and defend health as a right of every Brazilian citizen. Therefore, the SUS is developed based on principles of access, such as equity, universality, and comprehensiveness².

Primary Health Care is known as the user's gateway to the SUS (Unified Health System). It coordinates and organizes care within the Health Care Network, overcoming system fragmentation. PHC is a highly effective organization, addressing current demographic, epidemiological, health, and socioeconomic challenges³.

In Brazil, we find many territories where homelessness, hunger, poverty, alcohol and other drug abuse, high unemployment, low educational attainment, and other challenges are prevalent. It's observed that in places where Primary Health Care is weak or where PHC has not yet been implemented, there are higher morbidity and mortality rates and increased population demand for major health emergencies. Given this, it's clear that, especially in vulnerable territories, PHC plays a fundamental role in improving the quality of life of these populations, bringing health services as close as possible to people's places of life and work, representing the first element of a continuum of care³.

The introduction of care practices that respond to the needs of vulnerable populations is one of the main challenges for the health field. To support innovation in these practices, there has been intense interest, especially in the last three decades, in deepening knowledge about social inequalities, their relationship to precarious living conditions, and the development of health vulnerabilities.

In this context, the new concept of vulnerability emerges to broaden the understanding of situations that show the worst health outcomes in scenarios of social inequities (inequalities resulting from injustice and social exclusion)⁴. Because nursing represents a significant workforce in the Unified Health System (SUS), it is positioned to make a significant and transformative contribution to improving the quality of life of people living in socially vulnerable situations. This helps deepen knowledge about health vulnerabilities by understanding the challenges that contexts marked by social inequities pose to these professionals⁵. The rationale for developing this work arose from the author's experience in Primary Health Care, within the framework of the Family Health Strategy, in a highly socially vulnerable area. She was exposed to numerous inequities and needed to intensify her efforts and research to develop health coverage strategies for the area's population. The author noted that her theoretical and

practical foundation on the topic was shallow and even insufficient for such a relevant and strategic role.

Therefore, the relevance of this study is due to the importance of the topic of social vulnerability and equal access to health, as a way of providing instruments for the qualification of nursing professionals, which promotes improvements in the quality of life and the reduction of harm to vulnerable populations.

Faced with this problem, the objective was to reflect on the training of nursing professionals working in PHC, aiming at better performance in providing care to vulnerable populations, based on substantial findings, which will lead to humanized and holistic care.

Methodology

The study was conducted through an Integrative Literature Review (ILR), which involves collecting data from secondary sources through a bibliographic survey. Thus, to gather articles in Portuguese and English, a search was conducted on the following portals: Virtual Health Library (VHL), Caribbean Sciences (LILACS), Nursing Database (BDENF), Scientific Electronic Library Online (SciELO), and Coleciona SUS.

The study design followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline, systematized into methodological stages⁶.

The following descriptors were used to search for articles: "Community Health Nursing," "Primary Health Care," "Vulnerability," "Health Policy," and "Health Equity," and their synonyms were cross-referenced using the Boolean operators "AND" and "OR." Eighty studies were identified in the databases, of which seven were removed due to duplicates, resulting in a final total of 73 articles. Sixty-six articles were selected based on the defined criteria, and 21 manuscripts were selected for full-text reading.

The inclusion criteria were articles published in Portuguese and English, available in full. The exclusion criteria included theses and dissertations, studies that were not related to the topic, and duplicates. The time frame was between March 2015 and December 2021, and met the topic.

The steps followed to develop the review were: defining the problem, reading the articles in full, interpreting the manuscript, and analyzing titles and abstracts. Microsoft Excel was used to organize the articles, narrowing the set of manuscripts to choose the final sample and selection. This filter highlighted abstracts, titles, objectives, and the main characteristics and content of the studies. Ten studies were analyzed and selected for an integrative review.

Results

The study, based on an Integrative Literature Review, sought to better understand nurses' roles in the context of social vulnerability in primary health care. The final sample of this review consisted of ten scientific articles, selected according to previously established inclusion criteria. Of a total of 80 publications, seven were removed due to duplicates, totaling 73 studies. The filtering criteria for



article selection are shown in the specifications of the articles included in the integrative review. Chart 2 shows the

10 selected articles and their main scores based on the objectives and characteristics of each manuscript.

Figure 1. Study search and selection flowchart. Rio de Janeiro, RJ, Brazil, 2023

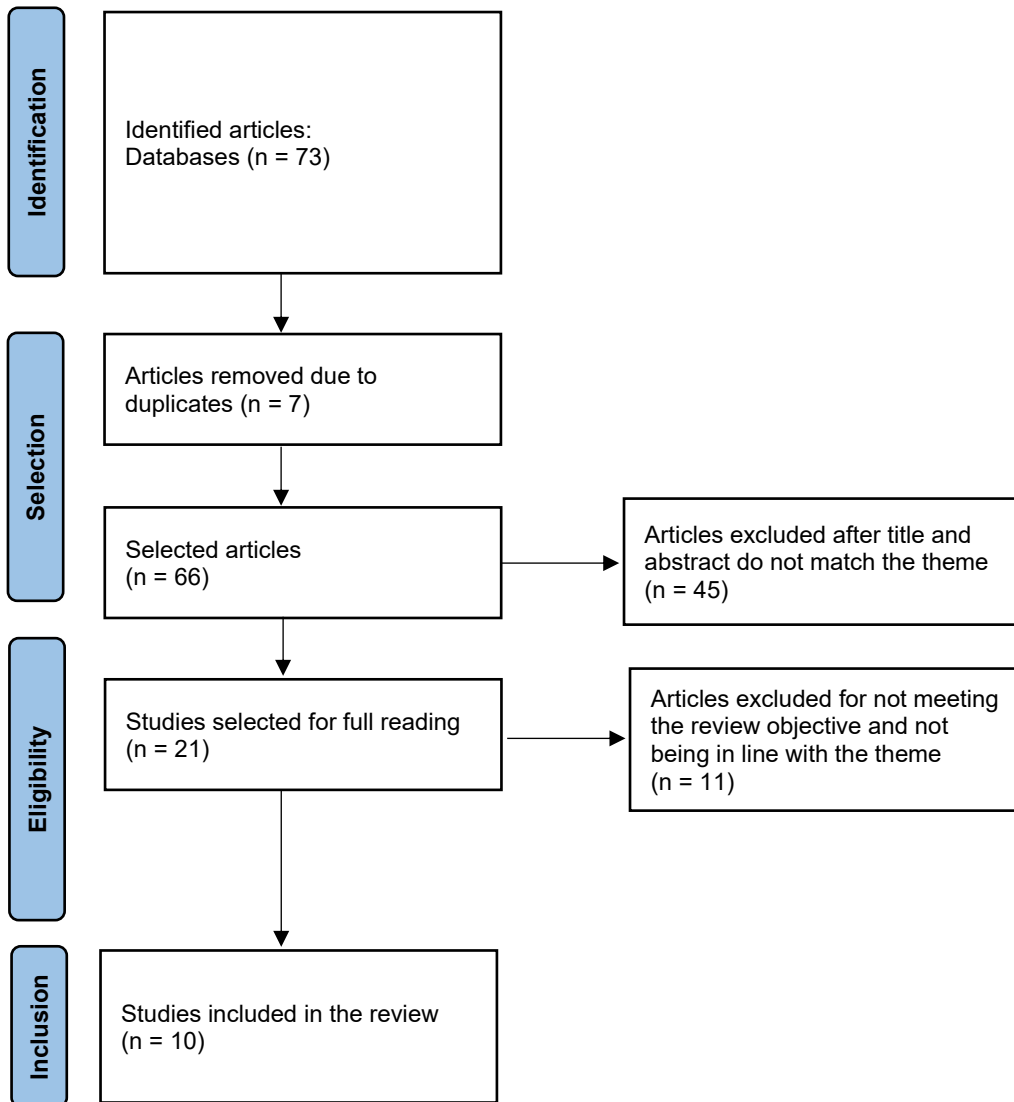


Chart 1. Specifications of articles included in the integrative review. Rio de Janeiro, RJ, Brazil, 2023

Database	Descriptors	Articles found	Filtering criteria		
Total articles (n = 73)					
(VHL) Virtual Health Library (LILACS) - Latin American and Caribbean Literature in Health Sciences	"Community Health Nursing"	26	Portuguese	Full text	Last 8 years
			17		
			English	19	7
(BDENF) - Nursing Database	"Primary Health Care"	33	Portuguese	23	11
			20		
			English		
Coleciona SUS	"Vulnerability"	14	Portuguese	10	4
			9		
			English		
			5		
Total		73	73	52	22
Selected for Integrative Review: 10 articles					

Chart 2. Descriptions of the articles selected for the integrative review and their characteristics. Rio de Janeiro, RJ, Brazil, 2023

No.	Title	Authorship/Year	Objectives and characteristics of the article
01	A formação profissional na orientação da assistência aos grupos vulneráveis na atenção básica	Trindade et al., 2015 ⁷ .	Identify how professional training and Continuing Education in Health processes have guided assistance to vulnerable population groups.
			The importance of the training process in valuing vulnerable groups is highlighted to guide professional practice in caring for these individuals.
02	Vulnerabilidade no desenvolvimento infantil: influência das políticas públicas e programas de saúde	Silva et al., 2015 ⁸ .	Characterize the programmatic dimension of vulnerability in child development, according to the Family Health Strategy nurse.
			The vulnerability of children's development in relation to health is highlighted, encouraging nurses to focus on actions focused on individual accountability of families.
03	Desafios e estratégias no gerenciamento de Unidades Básicas de Saúde	Loch S. et al., 2020 ⁹ .	Elucidate the experience of managers of Basic Health Units with a view to contributing to managerial development in health.
			The nurse's role as a manager brings experience in relationships with the community, identifying situations of vulnerability and user needs for teamwork-sharing initiatives, thus benefiting the population.
04	A (in) visibilidade das necessidades de saúde	Farão et al., 2019 ¹⁰ .	Build a theory about the meaning of users' health needs for Family Health Strategy professionals.
			Encourage reception by teams that provide qualified listening and strengthen the bond between the user and the healthcare team, meeting their needs and enabling care.
05	Estratégias de gerenciamento na Atenção Primária à Saúde em territórios de vulnerabilidade expostos à violência	Nonato et al., 2020 ¹¹ .	Identify management strategies used by Family Health Strategy teams at a Basic Health Unit in organizing work in socially vulnerable areas exposed to violence.
			Strategies for addressing social vulnerability are developed by professionals during their work, and by assisting in confrontations of violence through communication, they use them to warn each other when there is danger or risk in the territory.
06	Effectiveness of lifestyle health promotion interventions for nurses: a systematic review	Stanulewicz et al., 2019 ¹² .	Provide an overview and synthesis of the effectiveness of interventions undertaken to improve the health, well-being, and work-related outcomes of nurses.
			The importance of lifestyle intervention is highlighted, likely requiring more complex solutions, including changes in the work environment.
07	Equity of access to primary healthcare for vulnerable populations: the IMPACT international online survey of innovations	Richard et al., 2016 ¹³ .	Identify, implement, and test best-practice interventions to improve access to PHC for vulnerable populations.
			It is essential to optimize the health of the population and address inequality in access to primary health care, which persists and tends to affect the most vulnerable people.
08	Nursing care coordination for patients with complex needs in primary healthcare: a scoping review	Karam et al., 2021 ¹⁴ .	Provide a summary of nurse-led care coordination interventions for patients with complex health and social care needs in primary health care.
			Registered nurses play an important role in care coordination. This review builds on previous theoretical work and provides a synthesis of nurse-operated care coordination interventions for complex patient populations in primary care.
09	Vulnerability and primary health care: an integrative literature review	Ferreira et al., 2021 ¹⁵ .	Analyze the evidence available in the scientific literature on the concept of vulnerability, from theoretical perspectives, and its use in Primary Health Care.
			Specifying the concept of vulnerability is a challenge when used in the sphere of primary health care, as it is a complex understanding of human needs, especially when it comes to individual health.
10	A equidade no trabalho cotidiano do SUS: representações sociais de profissionais da Atenção Primária à Saúde	Carvalho et al., 2020 ¹⁶ .	Analyze the social representations of the principle of equity according to health professionals of the Family Health Strategy.
			Equal access to the needs of health users in primary care must be in accordance with social vulnerabilities, as well as considering the values of each individual's social profile.

Discussion

Promoting equity is one of the principles of the Unified Health System (SUS) and is directly related to the concepts of equality and social justice. Guided by respect for the needs, diversity, and specificities of each citizen or social group, the principle of equity includes recognizing social determinants, such as different living conditions involving housing, work, income, access to education, and leisure, which directly impact health³.

Authors¹³ emphasize the importance of creating conditions to improve access to Primary Health Care (PHC) for vulnerable populations and highlight health equity as still a challenge. Therefore, family health nurses must seek innovations in primary health services, offering care without discrimination.

According to the article "Organization of Equitable Health Practices in Primary Care in a Metropolitan Region in the Context of Social Inclusion and Exclusion Processes", "the topic of equity has been widely discussed in recent years and has been placed on the agenda in various social sectors, particularly the Unified Health System (SUS)"¹⁴.

However, there are various understandings linked to this term, which, for some, assumes the same meaning as equality, described in the health chapter of the 1988 Constitution; for others, equity is strongly linked to social justice, the pursuit of reducing social inequalities. However, the understanding that equity refers to policies aimed at reducing health inequities and in access to services has been increasingly present in studies and guiding documents of the Unified Health System (SUS), albeit sometimes generic. That is, it recognizes that there are social groups deprived of health care, making them vulnerable to illness and death¹⁴.

Under study¹², stated that the effectiveness of strategies to prevent and improve user health provides positive results in interventions, contributing to patient well-being. Therefore, the role of the family health nurse should be to intervene in situations that do not contribute to the health of the client, the user of the health service.

PHC is the first level of care and is characterized by a set of individual and collective actions that encompass health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, and health maintenance³.

The article "The Complexity of Nursing Work in Primary Health Care" describes that the nurse working in PHC has been constituting himself as a tool for changes in SUS health care practices, responding to the proposal of the new care model that is not centered on pathology, but rather on comprehensive care, intervention in the face of risk factors, disease prevention and the promotion of health and quality of life¹⁷.

Study¹⁴ provides a summary of the organization of nursing care interventions for highly complex patients in Primary Health Care. Thus, nursing practice in Brazilian PHC as a social practice is shaped by social health needs and is constituted and transformed by the dynamics of

relationships with other social practices that comprise the SUS (Brazilian Unified Health System).

Thus, regarding equitable access to healthcare, we can highlight the role of the nursing professional who utilizes a work process model that systematizes care and directs care, ensuring the safety of both healthcare users and professionals: Nursing Care Systematization (NCS).

NCS represents the nurse's work tool that aims to identify patient needs, present a proposal for their care and care, and guide the nursing team in the actions to be taken. It is a dynamic process that requires technical and scientific knowledge in practice¹⁸.

In these researched articles, the authors emphasize the importance of the role of nursing professionals and the positive impacts of their work on the most vulnerable. However, there are still significant weaknesses in healthcare coverage for these families.

Weak technical and scientific knowledge, ineffective special actions, and very sporadic home visits are examples that denote a fragility in the healthcare coverage of this population. Such examples can result in low adherence to appointments and treatments and even the development of comorbidities, due to the low rate of development of Health Promotion and Prevention actions at the UBS and in the assigned territory. Given this scenario, according to a study¹⁹, it becomes important to coordinate care and comprehensiveness for the vulnerable population, which healthcare professionals must value. Furthermore, offering prevention and safety to users is essential²⁰.

Conclusion

Given the need to make the issue of equal access to health care available to the population in extreme social vulnerability, the relevance of the discussion on the deepening of nursing professionals' care practices for this complex public is noted, so that their practices are based on solid evidence.

Thus, it is concluded that professional training in the treatment of vulnerable populations is necessary, beginning in undergraduate studies and throughout the professional career. Regarding the nurse's role, understanding their role in the care process is essential, such as creating bonds, teamwork (home visits, team meetings, situational mapping, among others), and developing specific actions capable of improving quality of life and reducing comorbidity rates in the population.

PHC nurses must overcome barriers, identifying the social, programmatic, and individual vulnerabilities of the community. It is important to be sensitive and decisive as professionals who seek to minimize the negative effects on vulnerable populations. The review's limitations included the limited number of studies addressing user health in the face of vulnerability to care.

Therefore, we suggest encouraging further research on this topic, including nurses' roles in equity and a greater awareness of individuals' needs regarding primary care.



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