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ORIGINAL ARTICLE

ARCHITECTURAL BARRIERS IN PRIMARY CARE SERVICES: NURSES' PERCEPTION

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ABSTRACT

Objective: to analyze the architectural barriers of access to health services in Primary Care and the repercussions of these in the nurses' work process. **Method:** descriptive, exploratory research, with a qualitative approach, conducted in eight primary care services in Rio Grande do Sul, with ten nurses. For data collection, semi-structured interviews were conducted from April to July 2018. The data were analyzed according to the Thematic Content Analysis. **Results:** the physical and architectural difficulties experienced by nurses interfere with the care of users and the nurses' work process, as well as the environment is configured as a risk factor for their health. **Conclusion:** inadequate and unhealthy physical structure interferes negatively in the process of work and care, as well as exposes them to occupational risks. There is an urgent need for reforms and investments in public health services of primary care in order to achieve better health conditions for the population.

Keywords: Primary health care. Architectural accessibility. Health services accessibility. Nursing. Unified health system.

INTRODUCTION

Primary Care (PC) is considered the gateway for users to the Brazilian health system[1,2] and is guided by principles and guidelines that organize its functioning in the Health Care Network[3]. In order to guarantee the principles and guidelines, public policies are developed, which are carried out transversely to PC, and consider the diversity of health needs of users[4].

However, users often face challenges in accessing PC health services, from the moment they leave their homes, even in the unit itself, such as architectural barriers. In some cases, they cannot enter the place of care or face structural obstacles that hinder social participation or even prevent health care[5].

Access to health services is related to the ability of users to seek referral services until their availability. Accessibility, on the other hand, is an essential attribute for PC to play its role as a preferred gateway[6,7]. Thus, it constitutes a considerable dimension in studies on equity in health services and represents one of the main characteristics of PC[8], and thus is a broader term than access itself.

In Brazil, few studies discuss the physical structure of health services from the perspective of health workers. Most of them are about the inadequate disposition of physical space[9,10], while others show the perception of users[7,8]. Moreover, studies tend to address access difficulties and prioritize the perception and opinion of users. In this sense, the differential of this study is that it allows nurses to express their understanding and perception about the subject in evidence. Therefore, the importance of discussing this issue, since it is a subsidy for the

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Unified Health System (UHS), since it allows planning and implementing actions that guarantee universal access to services[11].

It is necessary to evaluate the quality of services regarding the attributes of PC[2]. Thus, the development of research that investigates the experience of care and the difficulties that workers experience in their daily work becomes fundamental to qualify the work process, health care and professional valuation[8]. Therefore, it is essential to discuss this issue, because the difficult access, as well as the structural and architectural barriers experienced by workers and users directly influences the integral, humanized care and the guarantee of the principles of the UHS.

These aspects justify the importance of this study that had the following research question: how do nurses perceive the barriers to access Primary Care health services? Furthermore, this study aimed to analyze the architectural barriers to access Primary Care health services and their repercussions in the nurses' work process.

METHOD

This is a descriptive and exploratory research, with a qualitative approach, carried out with nurses working in Primary Care in a city of Rio Grande do Sul, which has 14 health teams, including those from Family Health Strategy and Basic Health Units.

All nurses working in these services were invited to participate in the study, through an invitation sent to a private email address. The e-mail contact was provided by the Municipal Health Department after the approval of the research by the Ethics Committee.

The only inclusion criterion established was to be a nurse working a BHU or FHS. In turn, as exclusion criteria, nurses with a period of work in the BHU or FHS below six months. These professionals were chosen because they are in direct contact with the population and expend much of their working hours in the physical space of the health service where they are allocated.

After the nurses returned the e-mail expressing willingness to participate, the researcher contacted to verify the eligibility for the study. In case the nurse had been working in the service for more than six months, she scheduled the date and time to conduct the interviews in person. Ten nurses participated - seven from BHU, and three from FHS. There were no refusals of the participants.

Data were collected from April to July 2018, through semi-structured interview, audio-recorded, and transcribed manually in a Word document. After, two researchers checked the transcriptions simultaneously in order to avoid mistakes in the data transcription. The interviews lasted between 18 and 37 minutes. The question that guided the interview was: How do you perceive the barriers of access in Primary Care health services? A single researcher performed the interviews, with experience in data collection of qualitative research.

Next, the data were analyzed according to the assumptions of the Thematic Content Analysis[12]. This type of analysis allowed understanding the text, discovering the cores, the speech and the testimonies as simultaneous results of a social process and knowledge, from three stages: pre-analysis, exploration of the material and treatment of the results and interpretation. Only after interviewing all nurses who expressed interest and met the previously defined inclusion and exclusion criteria, the researchers ceased the interviews.

The project was approved by the Research Ethics Committee according to CAAE n. 61023916.4.0000.5306 and Opinion n. 1.876.855. Data were collected after signing the Informed Consent Form (ICF) and participants were assured of the confidentiality and anonymity of information, according to the recommendations of Resolution 466/12, of the National Health Council. To guarantee anonymity, an alphanumeric code (NUR1, NUR2, NUR3, and so on) was used, so that the participants were not identified during the research.

The article also met the quality and transparency standards established by the guidelines for the production of health research - Enhancing the Quality and Transparency of Health Research Network (EQUATOR). Thus, the instrument used to guide this research was the Consolidated criteria for reporting qualitative research (COREQ)[13].

RESULTS AND DISCUSSIONS

The participants were 10 nurses, whose time working in the institution was between 1 and 11 years.

From the data analysis, three categories emerged: physical and architectural difficulties experienced by nurses that interfere with care, environment as a factor of health risks for nurses and users, and difficulties of architectural access in the surroundings of the service.

Physical and architectural difficulties experienced by nurses that interfere with care

This category denotes that the physical and architectural structure of PHC health services does not correspond to the team's needs to develop the work process based on humanization. In this sense, both the small space for the number of active professionals and the lack of a planned and adequate environment to meet the demands interfere with the care and embracement of users:

> Our structure here is small. I think it's small to accommodate the demand of a population that is already over ten thousand. And it's too small for two health teams to be fighting over a room in here. It was poorly designed. It was badly done! It was made for a health team, and there are two working here. **(NUR9)**

> The post has no ceiling. It's a shed! It has no window. It has a single front door and one back. I'm in an environment that is a gym. Not long ago there were no faucets. It's been six months since they put sinks and faucets in some rooms. **(NUR4)**

> The right thing is to have a bathroom in the rooms and offices, but we don't. **(NUR2)**

> Here we don't have a bathroom inside the preventive room [...] The bathroom has no space for the wheelchair. We have to change the person to another chair so they can access the bathroom. Depending on the wheelchair, it does not go through the doors. **(NUR5)**

Architectural projects do not provide an adequate ambience, that is, a healthy, welcoming and comfortable space so that intersubjective relationships can occur between nurses and users. It also exposes users to embarrassing situations, especially in the case of people who have mobility limitations, making them dependent on other people.

Nurses express concern about ambience due to physical and architectural structure. Inadequate infrastructure impairs the work process, as it generates conflicts, interferes with the quality of service and causes discomfort among staff/users, which directly affects the bond between them[14]. In addition, it prevents the completeness of care and can have repercussions on users' dissatisfaction.

The ambience should provide a warm and human attention, as well as a healthy environment for users. Thus, the planning and provision of quality health actions in health services is directly related to an adequate physical structure that enables the performance of health activities[3,15]. Thus, some aspects can influence the access and use of services by the Brazilian population, highlighting the weaknesses of the architectural project.

The fact that a health service does not have in its architectural design a bathroom for users is incompatible with health needs and at the same time becomes disrespectful and inhumane to users. Therefore, for adequate care to the health needs of users, health services need to meet the specifications contained in the National Primary Care Policy, which provides, among the environments, a public bathroom. The infrastructure and ambience of health services should be in accordance with the activities offered, allowing accommodating spontaneous demand and meeting the health needs of the population, ensuring access to all citizens and users as a reference for organizing services and carrying out strategic actions[3].

Still, nurses manifest difficulties in the work process related to changes in climatic conditions. Thus, climate change, such as intense cold or hot days, are shown as architectural difficulties that interfere with the environment, and in the care of the user:

> We have no air conditioning in this room. Users are right to complain! Because either we are at 40 degrees, or we are at 4 degrees. It's all or nothing. **(NUR1)**

> The heat here is unbearable! When it's hot, it's really hot! And when it's cold, it's very cold. **(NUR 4)**

It is also possible to identify that, on rainy days, the health services are flooded, as well as on windy days the environment presents more dust:

> We are in a Unit that is actually a school. It should be provisional for six months, and we have been here for over 6 years. So, it doesn't have an adequate physical structure. It rains inside. **(NUR3)**

> On rainy days, it rains inside. As if we were outside. **(NUR 4)**

> We're inside the gym that has no roof. At least, my room has it, but I have, a tipper that today with north wind, I used alcohol on the countertop three times. **(NUR 1)**

In the structural problems where occurs exposure to environments with low ventilation, humid and hot or cold, they generate physical loads and lead to the illness of nursing professionals[16]. In this sense, it is important that services meet the minimum requirements for their proper functioning and care for health needs. The architectural design needs to promote a welcoming space and provide health safety for nurses and users.

Environment as a factor of health risks for nurses and users

The architectural design of the services exposes nurses and users to situations of health risks due to contamination of the environment. Thus, it is evident that the environment that should be a space of production of health gives space to an unhealthy place, with lack of material and human resources.

> When you're going to open a bandage, you have to look up to see if there's anything to fall off. If there isn't a pigeon flying, because we have pigeons flying inside our structure. **(NUR 1)**

> There's a lot of dust here for patients who have respiratory problems. It's an absurd! Pigeons fly over people's heads. We know that it is an animal that brings a lot of disease. **(NUR 2)**

> The professionals end up removing the garbage. If the professional doesn't do it, it will get dirty, for example, the day I have preventive collection in the afternoon, the garbage will stay there until the next morning. In fact, I do it on Friday and the garbage will stay there until Monday. Contaminated garbage. **(NUR 4).**

> The dressing and the nebulization, it's all done in the same room. We don't have purge. **(NUR 7)**

> 70% alcohol is really not available in sufficient quantity. **(NUR 6)**

Moreover, nurses express that there is no adequate space for them to eat their meals. This situation shows that the ambience does not cover the needs of nurses in moments of rest and shows the unhealthy workplace of these workers:

> The sewage in the kitchen, which is where we eat, runs straight through. So you can't eat there. **(NUR 4)**

The minimum physical infrastructure of a health unit should be able to perform health care with quality and safety[17]. The nurse is responsible for a range of activities in health services and the inadequacy of the infrastructure makes them exposed to numerous risk factors, leaving them stressed and dissatisfied with the work process. This can have repercussions on the inadequacy of health actions and also put users of the services at risk[18].

The relationship between health and the environment can trigger diseases and consequently health problems[16,19]. At the same time that nurses' working conditions are omitted, the health of the population is omitted, given that there is no way to maintain quality care for people while health professionals themselves are unassisted[10]. Therefore, it is incumbent on nurses to discuss with managers about the importance of a reorientation in the health service and greater investments, since these services are the articulating axes of care.

The infrastructure must contain the minimum necessary spaces, electrical, hydraulic installations, ventilation, adequate luminosity, observing the space for the flow of users and ease in cleaning and disinfection[3]. The lack of inputs and inadequate infrastructure directly affects the care process[20], generating dissatisfaction among professionals and harming the user who needs care, as well as the relationship within the team[21].

Consequently, the population decreases the frequency of demand for health services, and the place that should be designated for health promotion ends up not being strategic as recommended by PNAB. Given the above, it is evident the urgent need for investment and reforms of architectural projects so that these are spaces producing health. Furthermore, the importance of encouraging the appreciation of the worker in these spaces is emphasized.

Difficulties of architectural access in the surroundings of the service

The surroundings of health services are also expressed by nurses as architectural barriers that hinder users' access to health services:

> The street is all dirt road. Up there when it rains, it's very difficult for them (users) to access here. **(NUR 7)**

> Our street is bumpy, it's dirt, full of stone. The driveway access ramp has a very steep slope. To go up or down a wheelchair or a stroller, it's a horror! Because whoever manages to get here, who is a wheelchair user, is a warrior. **(NUR 10)**

> We have to lift the wheelchair to get through. There's that ramp over there to go up. There's no access. **(NUR 9)**

> Many regions have no access. Many people here are unable to access. **(NUR2)**

Accessibility to the health service is essential to ensure the continuity of comprehensive care. Given the difficult access, the principles of the UHS become ineffective[22], since they compromise the user's health. Also, they promote their social exclusion.

It is important that accessibility meet the different needs of the population, given that the surrounding conditions means that people do not seek assistance, distancing them from health services. People with disabilities face embarrassing situations seeking care because they need help from other people to be able to reach the BHU due to the difficult access to the surroundings, thus preventing their inclusion in the health service[6].

It is relevant to add the architecture of health units to their surroundings, according to the values of the local community, to facilitate access and identify clearly the units and to adapt spaces for people with disabilities, in accordance with current regulations[3]. Unfavorable situations are recurrent for people with mobility[23]. When health services do not have easy access to users, the suppression of the principles of universality and equity becomes evident.

The impossibility of recurrent access makes users seek less health services, thus becoming more susceptible to the onset of diseases/illness and, consequently, to non-adherence to treatment[17]. Barriers to accessibility compromise the comprehensiveness of care and institute social injustice[7].

Nurses recognize that the difficulties experienced by users in the surroundings of the architectural project means that the work process is not performed to its full potential, because many cannot maintain access due to the difficulty to enter the service. Architectural design and its surroundings interfere with the work process and the care of users. Thus, professionals should recognize their role in achieving better conditions in the overall structure of health services and encourage users to seek and guarantee their rights with managers, active subjects in the processes of change.

One limitation of this study is its development a single municipality. Thus, this study should be expanded to other regions of the country, in order to express the different realities regarding access and architectural barriers of public health services.

FINAL THOUGHTS

The present study, which aimed to identify the architectural barriers to health services in PC, as well as the repercussions of these in the nurses' work process, allowed showing that the access to the architectural project difficulties related to the inadequate infrastructure of the buildings, as well as its surroundings. This denotes the importance of planning and investments through adequate financial resources for management from the moment it decides to offer another health service. Thus, health professionals and users need to have quality services at their disposal.

The difficulties and barriers of architectural design interfere with the ambience and directly affect the nurses' work process and the users' health needs. They also demonstrate the scrapping of public services of PC and the exposure of workers and users to risks, as well as hurts the principles of the UHS. For there to be quality assistance, it is essential to promote spaces for discussion among health workers, users and managers about the urgent need to reform architectural projects.

BARREIRAS ARQUITETÔNICAS NOS SERVIÇOS DE ATENÇÃO BÁSICA: PERCEPÇÃO DE ENFERMEIROS

RESUMO

Objetivo: analisar as barreiras arquitetônicas de acesso aos serviços de saúde na Atenção Básica e as repercussões dessas no processo de trabalho dos enfermeiros. **Metódo:** pesquisa descritiva, exploratória, com abordagem qualitativa, realizada em oito serviços de Atenção Básica, do Rio Grande do Sul, junto a dez enfermeiros. Para a coleta dos dados realizou-se entrevistas semiestruturadas, no período de abril a julho de 2018. Os dados foram analisados de acordo com a Análise de Conteúdo Temática. **Resultados:** as dificuldades físicas e arquitetônicas vivenciadas pelos enfermeiros interferem no cuidado dos usuários e no processo de trabalho dos enfermeiros, bem como o ambiente se configura como fator de risco à saúde desses. **Conclusão:** a estrutura física inadequada e insalubre interfere negativamente no processo de trabalho e cuidado, bem como os expõe a riscos ocupacionais. É urgente a necessidade de reformas e investimentos nos serviços de saúde públicos da atenção básica a fim de se alcançar melhores condições de saúde à população.

Palavras-chave: Atenção primária à saúde. Acessibilidade arquitetônica. Acesso aos serviços de saúde. Enfermagem. Sistema único de saúde.

BARRERAS ARQUITECTÓNICAS EN LOS SERVICIOS DE ATENCIÓN BÁSICA: PERCEPCIÓN DE ENFERMEROS

RESUMEN

Objetivo: analizar las barreras arquitectónicas de acceso a los servicios de salud en la Atención Básica y las repercusiones de estas en el proceso de trabajo de los enfermeros. **Método:** investigación descriptiva, exploratoria, con abordaje cualitativo, realizada en ocho servicios de Atención Básica, de Rio Grande do Sul/Brasil, junto a diez enfermeros. Para la recolección de los datos se realizaron entrevistas semiestructuradas, en el período de abril a julio de 2018. Los datos fueron analizados de acuerdo con el Análisis de Contenido Temático. **Resultados:** las dificultades físicas y arquitectónicas experimentadas por los enfermeros interfieren en el cuidado a los usuarios y en el proceso de trabajo de los enfermeros, así como el ambiente se configura como factor de riesgo a su salud. **Conclusión:** la estructura física inadecuada e insalubre interfiere negativamente en el proceso de trabajo y cuidado, así como los expone a riesgos ocupacionales. Es urgente la necesidad de reformas e inversiones en los servicios de salud públicos de la atención básica a fin de lograr mejores condiciones de salud a la población.

Palabras clave: Atención primaria de salud. Accesibilidad arquitectónica. Acceso a los servicios de salud. Enfermería. Sistema único de salud.

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