



## PERSPECTIVE OF NURSES FROM THE FAMILY HEALTH STRATEGIES ON THE ATTRIBUTE COORDINATION OF ATTENTION

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### ABSTRACT

**Objetivo:** descrever as vivências de enfermeiras intensivistas durante a pandemia pela Covid-19. **Objective:** to analyze the attribute coordination of attention in the perspective of nurses of Family Health Strategies. **Methodology:** a descriptive study of qualitative nature, conducted with 14 nurses who had at least six months of experience in the Family Health Strategy of a municipality in the central region of Rio Grande do Sul. Data were collected in the period from March to May 2021, through semi-structured interviews, with the following triggering question: what are the facilities and difficulties you perceive in the attribute coordination of attention? Data were submitted to thematic analysis of Minayo. **Results:** three categories were obtained: Exchange of information through the computerized system; Finding ways for teams to communicate for care coordination; Coordination of care in practice. **Final considerations:** The results of the study point out important issues to be considered as possible failures in services and that require adjustments in processes to facilitate work between teams. With the improvement in the execution of the attribute coordination of care, it will be possible to perform the reference and counterreference.

**Keywords:** Primary health care. Nursing. Health Services.

### INTRODUCTION

Primary health care (PHC) is the gateway to health systems in Brazil that aims at prevention and health promotion, and the Family Health Strategy (FHS) is its main implementation site, as it is a model of basic health care, according to the Decree N. 2.488 of 21 October 2011. From this access, users are served, each in their uniqueness, and referred to the secondary level, in cases of medium complexity, and tertiary, high complexity when necessary, being necessary to counter-reference to the place of origin. Thus, it has access to health care, which enables an integral, effective, resolving and quality care within the principles of the Unified Health System (UHS)<sup>(1)</sup>.

PHC has essential attributes for its organization, which are: first contact access, longitudinality, integrality and coordination of

attention; and as qualifiers, we have the derived attributes: family orientation, community orientation and cultural competence<sup>(2)</sup>. In this scenario, the coordination of attention is one of the attributes that stands out in the management of the service denoting the integration of PHC with other levels of care in order to order care and ensure continuity of care for users with reference and counterreference. PHC through this attribute has an essential function and aims at the global care to the user proposed by the principles of the UHS, such as universalization, equity and integrality<sup>(2)</sup>.

This attribute involves the availability of information from previous services and the information collected from a current care need. It is understood as a set of actions that aims at the continuity of care, seeking the articulation of health services to integrate and rationalize the system, being a strategic point for planning and

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executing interventions<sup>(3)</sup>.

Therefore, the coordination of care contemplates the continuity of care and has two components: the integration of care and the information system. The integration of care facilitates access to other levels of attention and reduces the lack of coordination among levels of care. The information system component refers to the availability and access of information related to the user. Thus, it makes possible to provide continuous assistance to the population<sup>(4)</sup>.

The lack of articulation among services causes a fragmented system that is not organized by the isolation of information. The decree N. 4.279, of December 30, 2010, has guidelines that allow the placement of the Health Care Network (HCN) in the Unified Health System (UHS), which promotes the systemic integration of health actions and services and allows for improved access and equity, for example<sup>(5)</sup>.

In this attribute, there is the reference and counterreference system, which are one of the important points in the coordination process. The reference is known as the referral of a user attended in one health service to another of greater complexity and the counter-reference is the referral of the user to the establishment of origin, after resolution of the cause responsible for the referral. Thus, it establishes a flow of patient referral to the various levels of care<sup>(6)</sup>.

There are weaknesses in the coordination provided in primary care services, due to lack of communication amid professionals, deficit in the use of resources and high demands for care, for example. Without coordination, other attributes of primary care would suffer negative interference and, for this not to occur, it is necessary to implement in a transversal way the actions in health in primary care, being a process of management and care shared by the multiprofessional team<sup>(3)</sup>.

Thus, it is important to carry out research on this subject in order to show the reality of nurses' performance in relation to the exchange of information between health services. Thus, the objective of this study is to analyze the attribute coordination of attention in the perspective of nurses of Family Health Strategies.

## METHODOLOGY

This is a descriptive study, of qualitative nature. To guide the clarity and writing of this report, we used the checklist Consolidated criteria for Reporting Qualitative research (COREQ). The scenario was the teams of the Family Health Strategy of a municipality with about 300,000 inhabitants in the central region of Rio Grande do Sul, Brazil. The city has a total of 24 FHS teams, divided into nine districts and coordinated by the 4<sup>th</sup> RHC (Regional Health Coordination).

The only inclusion criterion previously established was to have at least six months of experience in the FHS. Nurses who were on vacation, leave or absence during the data collection period were not included.

Amongst the 24 nurses working in the FHS of the city, 14 were eligible (more than six months of service), 10 nurses were on leave. Data were collected in the period from March to May 2021, through an individual semi-structured interview conducted in a health service room, with privacy and conditions to comfortably welcome participants.

The interviews were previously scheduled, in personal contact, according to the availability of nurses. They lasted approximately 20 minutes and were developed by nursing students properly trained by the research leaders. During them, a guiding instrument was used with questions regarding the attributes of Primary Health Care.

After the presentation of the study and the acceptance of the participants, the interview began with the collection of characterization data (age, sex, graduate and time of operation) and the triggering question: What are the facilities and difficulties you perceive in the attribute coordination of attention? From the participants' answers, new questions were asked in order to deepen and elucidate the exposed, allowing flexibility in conversation and the absorption of new topics and issues brought by the research subjects. The interviews were recorded in audio, being transcribed in full.

Through the procedural analysis of the data, it was considered that the number of participating nurses was sufficient for the recurrence and saturation of information, reaching the proposed objectives and the understanding and contextualization of the research object.

The data analysis followed the steps of thematic analysis<sup>(7)</sup>, which implementation was

based on the following steps. The pre-analysis, which consisted of the gathering of the material to be analyzed, resuming the initial objective of the research, with the floating reading of the interviews. In the material exploration stage, we made an exhaustive reading of the interviews to reach the core meaning of the text, highlighting the issues that emerged, with its codification.

In the treatment of the results and interpretation, the most cited themes were highlighted, allowing the articulation of the structured material of the interviews and the theoretical framework. Following these steps, it was possible, by the aggregation of ideas contained in the contents of the interviews, to build the categories of analysis, called: Exchange of information through the computerized system; Finding ways for teams to communicate in order to coordinate care; Coordination of care in practice. Throughout this step, the most cited themes were highlighted, enabling the articulation of the structured material of the interviews and the theoretical framework. Following these steps, it was possible, by the aggregation of ideas contained in the contents of the interviews, to build the categories of analysis, called: Exchange of information through the computerized system; Finding ways for teams to communicate in order to coordinate care; Coordination of care in practice.

The research occurred according to the Research Ethics Committee (REC), institution of a municipality in the central region of Rio Grande do Sul, Brazil, under the number 4.364.738, respecting the ethical aspects. All nurses were instructed about the study's objectives and procedures, read and signed the Informed Consent Form (ICF). To ensure anonymity, the statements are identified with the letter N, to designate a nurse, and an indicative number of the order in which interviews were conducted.

## RESULTS

The 14 nurses, participants of the study had an average age of 40.5 years (78.55%), all female; regarding training, five were masters, eight specialists and one graduate. The average time that professionals were working in FHS was 9.7 years. Considering the speeches, three categories emerged, which will be presented below.

### Exchange of information through the computerized system

When analyzing the reports, it was observed that the electronic chart is a satisfactory tool for health services:

The question of computerization helped a lot, because previously it was all on paper, then lost paper, disappeared, disappeared. (N1)

I believe that we can have enough effective points with respect to this by the fact of having the electronic records that is a facilitator right, we have more record of information from these users. (N2)

The issue of electronic medical records was a blessing that was created right, because we can see where the user has passed, if he has gone through some other FHS[...] (N3)

However, some weaknesses are evident in the statements regarding the electronic record:

In the University Hospital of Santa Maria (HUSM) also has no access, is not interconnected. In the Emergency Unit (UPA) and even in the Health Center we cannot see what happened to the patient in these services. (N4)

The only bad thing that for example, when it passes by the Emergency Care Unit (UPA) or the University Hospital of Santa Maria (HUSM), we do not know what happens because the information is not talked about, in fact we do not have access to what is done there. (N3)

From the Emergency Unit (UPA) we do not have, not from the Emergency Unit (UPA) is something you do not have access to, there is no way to see if the patient was there, what was prescribed and what was not. (N5)

Finding ways to optimize communication between teams for care coordination has been a perceived need by nurses, since some points of attendance do not follow the same method to improve patient care.

### Finding ways for team communication to coordinate care

It was observed that, despite the difficulties without electronic medical records, nurses from FHS try to find ways to continue care:

The network meeting helps a lot, our team meetings, the fact that some specialized services come to the team meeting, we have this space for

discussion to know the services is also an [...] (N1)

From the regional hospital they send everything by e-mail to us, all care that was done there, all guidance, care plan, each patient they send to us, understood. (N2)

There was even a user in my area that we home visit every month, and he accompanies at the University Hospital, until I made a letter to the hospital if they can send a copy of his medical record so we know what happens there [...] (N3)

The Regional Hospital is not the same system as our electronic system right, so what they do, they send the patient's medical record in writing, printed for the patient, and send us a copy [...] (N5)

We have a very fast access so coordination, has a language very close, we are always talking, always evaluating, so I think it makes the work very easy nor [...] (N6)

The facilities are the team integration, respect, hierarchy here inside, everything here. Because outside we have no coordination and no support from the municipal management. (N7)

There are difficulties in communication in this context that prevent the relationship between services and professionals:

Lack of communication with some services of the network, some services have flows instituted, but that are not operationalized in practice, you have a way that is for everyone to follow the same path, but sometimes there is some service that do not follow that path [...] (N1)

Unlike the Emergency Unit (UPA), the Emergency Unit (UPA) cannot send medical records by the internet, by e-mail of all patients in the area who attend there. (N5)

Another thing that does not allow to coordinate this care is the hospital, especially the University Hospital of Santa Maria (HUSM), he still finds and believes by the actions we perceive from other professionals [...] (N8)

The reports suggest that, although they find ways to maintain good care, some services are not able to follow up on these strategies.

### Care Coordination in Practice

The system allows to keep information saved from the various places of service of the user, and can be made referrals by it:

Now, when we need to refer any user, we can send it by the system. (N1)

0The coordination of attention for me is precisely because the basic care is the gateway so it is people who coordinate, all other services right by these referrals [...] (N4)

We coordinate all care because if someone needs some specialty, first will be passed by the doctor and if not solve will be made a referral [...] (N9)

0We have some well-defined flows for example the health of the woman right, the child we have quite easy to need some referral [...] (N10)

We usually guide all options in relation to the need for a referral. (N11)

Moreover, there are challenges that, after referral, do not have access to the result of this process:

Now the Emergency Unit (UPA), does not have, so if we refer a patient to the Emergency Unit (UPA), we cannot get a return of what was done with this patient in the Emergency Unit (UPA), no more return [...] (N4)

For example, they know that he is hospitalized for two weeks, but do not know what is happening, has no access, where the health agent has to go to see what can help the family [...] (N12)

And as for other specialties we have quite a problem. For example, a referral to a psychiatrist is already much more difficult, sometimes we do not know very well who to refer, see if it will take time, if it will be fast [...] (N10)

Basic care is the ordering of care, and as I say and repeat in my point of view, care it starts from the principle of health promotion, the promotion of health protection, that sins right? [...] (N13)

But I think that in general the investment in basic care has to have a differentiated look. The last National Primary Care Policy (PNAB) was a giant setback in my view [...] (N13)

Of difficulty comes to me nothing like that. But I think it is the difficulties that everyone faces, this thing of people still being a municipality that has a small scope [...] (N6)

0This I still think we do not. Basic care still cannot do, for various reasons, because it is very troubled, much immediate order [...] (N8)

I think a difficulty is the great demand that we have of patient, that often we have a great demand for bureaucratic activities to do [...] (N11)

The difficulties repeat that first question which is our demand that is very expressive [...] (N14)

After referrals, a counter-reference must be made to the professional who referred, which, thus, becomes aware of the situation when the user returns to the unit, but it is noticed that this does not occur in all locations.

## DISCUSSION

The conduct of research that investigates the experience of care coordination and the complexities that workers experience daily in their work makes important in order to improve the development of services and the appreciation of professionals<sup>(8)</sup>.

The attribute coordination of care establishes connections between the elements involved in primary, secondary and tertiary care, where generally health services use electronic records that have the general data of users, their health history and what other services they had attended in order to meet the needs of individuals<sup>(9)</sup>. The computerized system in the health area becomes a useful tool for daily activity of health professionals, being possible to have greater control of the information collected with the user in different places of attendance. Thus, it is necessary to follow the same system for qualification of the assistance provided<sup>(10)</sup>.

It was observed that the electronic chart is a resource that helped much to facilitate access to information and referrals of users, but not all services use the same way, which ends up designating barriers to perform quality care. It is important that the nursing has a strategic planning with your team to find methods that keep contact between professionals and that they can exchange information. Lack of communication makes care fragmented among health services<sup>(11)</sup>.

With this, some professionals use other tools to maintain the exchange of information, such as writing a letter or by e-mail. However, not all nurses perform this care coordination, with loss of information from the users' visits. Coordination in practice depends on reference and counterreference through computerized systems and information technologies that enable the organization of information and users in health networks. When these means do not work, major problems occur that impair user care and increase

expenses due to duplication of work<sup>(12)</sup>.

From the assessment of the coordination attribute, many services have adequate structuring of the internal work of the teams. Other services do not articulate the information of the services, which becomes a problem, especially when we talk about reference and counter-reference.

The Health Care Networks were created to avoid this scenario, once they are organizational groups of health services and actions, with varied technological densities that are transversal and management, connected through technical and logistical support systems to ensure the comprehensiveness of care<sup>(13)</sup>.

The Family Health Strategy is fundamental in the fragmented scenario of information articulation, which, through community health agents, develop actions that help professionals to improve care, because this team often has a greater bond due to home visits and collects information to be passed on in primary care and continue the care<sup>(1)</sup>.

Primary health care seeks to coordinate actions in a shared way among the various sectors of the Health Care Network. However, there are several specific issues for the coordination of attention to be put into practice, and it is necessary to identify the weaknesses to intervene and seek to achieve the objectives of this attribute, in which all population can enjoy this feature.

Recommendations for conducting and subsequent report of qualitative research were followed. Even so, the evaluation of results from 14 interviews in a universe of 24 may be a limitation of the findings.

## FINAL THOUGHTS

According to the analysis of the attribute coordination of care in the perspective of nurses of the FHS, positive points were observed where professionals use the electronic chart to refer users to other levels of attention and exchange information by e-mail or letters when necessary. Some negative points reported by nurses were the lack of counter-referrals from some health services for not using the same system, work overload and lack of infrastructure.

The present study contributes to nursing as a profession, since it offers subsidies for thinking about strategies to improve the qualification of

the attribute coordination of care. This work contributes to the health of the population, since it qualifies the assistance provided to the community.

The results of the study point out important issues to be considered as possible failures in

services and that require adjustments in processes to facilitate work between teams. It is believed that with the improvement in the execution of the attribute coordination of care, it will be possible to perform the reference and counterreference.

## PERSPECTIVA DE ENFERMEIROS DAS ESTRATÉGIAS SAÚDE DA FAMÍLIA SOBRE O ATRIBUTO COORDENAÇÃO DA ATENÇÃO

### RESUMO

**Objetivo:** analisar o atributo coordenação da atenção na perspectiva de enfermeiros das Estratégias Saúde da Família. **Metodologia:** estudo descritivo de natureza qualitativa, realizado com 14 enfermeiros que tinham pelo menos seis meses de atuação na Estratégia Saúde da Família de um município na região central do Rio Grande do Sul. Os dados foram coletados no período de março a maio de 2021, mediante entrevistas semiestruturadas, tendo como questão disparadora: quais as facilidades e dificuldades você percebe no atributo coordenação da atenção? Os dados foram submetidos à análise temática de Minayo. **Resultados:** obtiveram-se três categorias: Troca de informações por meio do sistema informatizado; Encontrando formas para que ocorra a comunicação de equipes para coordenação do cuidado; A coordenação do cuidado na Prática. **Considerações finais:** Os resultados do estudo apontam questões importantes a serem consideradas como possíveis falhas nos serviços e que necessitam de ajustes nos processos para facilitar o trabalho entre as equipes. Acredita-se que, com a melhora na execução do atributo coordenação do cuidado, será possível realizar a referência e contrarreferência.

**Palavras-chave:** Atenção primária à saúde. Enfermagem. Serviços de Saúde.

## PERSPECTIVA DE ENFERMEROS DE LAS ESTRATEGIAS SALUD DE LA FAMILIA SOBRE EL ATRIBUTO COORDINACIÓN DE LA ATENCIÓN

### RESUMEN

**Objetivo:** analizar el atributo coordinación de la atención desde la perspectiva de los enfermeros de las Estrategias Salud de la Familia. **Metodología:** estudio descriptivo de naturaleza cualitativa, realizado con 14 enfermeros con al menos seis meses de actuación en la Estrategia Salud de la Familia de un municipio en la región central de Rio Grande do Sul/Brasil. Los datos fueron recogidos en el período de marzo a mayo de 2021, a través de entrevistas semiestruturadas, teniendo como pregunta disparadora: ¿qué facilidades y dificultades se perciben en el atributo coordinación de la atención? Los datos fueron sometidos al análisis temático de Minayo. **Resultados:** se obtuvieron tres categorías: Intercambio de información a través del sistema informatizado; Encontrando formas para que ocurra la comunicación de equipos para la coordinación de cuidado; La coordinación del cuidado en la Práctica. **Consideraciones finales:** los resultados del estudio señalan cuestiones importantes a considerar como posibles fallas en los servicios y que requieren ajustes en los procesos para facilitar el trabajo entre los equipos. Se cree que, con la mejora en la ejecución del atributo coordinación de cuidado, será posible realizar la referencia y contrarreferencia

**Palabras clave:** Atención primaria de salud. Enfermería. Servicios de Salud.

### REFERENCES

1. Nunes AM. Avaliação do grau de integração da atenção primária à saúde com atendimento especializado no modelo de unidade local de saúde experimentado em Portugal. Saúde soc [Internet]. 2021;30(1):e180532. Doi: <http://dx.doi.org/10.1590/S0104-12902021180532>
2. Will TK, Dalbello-Araujo M. Princípios da atenção primária à saúde nos dias de hoje: uma revisão. Rev Enferm Atenção Saúde [Internet]. 2023;12(2):e202393. Doi: <http://dx.doi.org/10.18554/reas.v12i2.5052>
3. Bandeira D, Damaceno NA, Weiller TH, Lopes LFD. Avaliação da coordenação da atenção por usuários dos serviços de Atenção Primária à Saúde. Reme, rev. min. enferm. [Internet]. 2020;24(1):e1278. Doi: <http://dx.doi.org/10.5935/1415-2762.20200007>
4. Silva GS, Alves CRL. Avaliação do grau de implantação dos atributos da atenção primária à saúde como indicador da qualidade da

assistência prestada às crianças. Cad. Saúde Pública [Internet]. 2019; 35(2):e00095418. Doi: <http://dx.doi.org/10.1590/0102-311X00095418>

5. Brasil. Ministério da Saúde. Gabinete do Ministro. PORTARIA Nº 4.279, de 30 de dezembro de 2010. Diário Oficial da União, 2010 [acesso em: 20 set. 2024]. Available from: [https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2010/prt4279\\_30\\_12\\_2010.html](https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2010/prt4279_30_12_2010.html)

6. Machado GAB, Dias BM, Silva JJ, Bernardes A, Gabriel CS. Avaliação de atributos da Atenção Primária à Saúde: a perspectiva dos profissionais. Acta Paul. Enferm. [Internet]. 2021; 34:eAPE00973. Doi: <http://dx.doi.org/10.37689/actaape/2021AO00973>

7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo (SP): Hucitec; 2010.

8. De David CD, Silva APF, Farinha AL, Backes DS, Soccol KLS, Colomé JS. Barreiras arquitetônicas nos serviços de atenção básica: percepção de enfermeiros. Ciênc., Cuid. Saúde [Internet].

2022;21:e60638

<http://dx.doi.org/10.4025/ciencuidsaude.v21i0.60638>

Doi:

assistência farmacêutica em UBS. REASE [Internet]. 2024;10(5):6452-65. Doi:

<http://dx.doi.org/10.51891/rease.v10i5.14342>

9. Santos MT, Halberstadt BMK, Trindade CRP, Lima MAD, Aued GK. Continuity and coordination of care: conceptual interface and nurses' contributions. Rev Esc Enferm USP. 2022;56:e20220100. Doi: <http://dx.doi.org/10.1590/1980-220X-REEUSP-2022-0100en>

10. Santos SE, Viana MC. Tecnologia renovadora das vantagens e desvantagens do prontuário eletrônico do paciente na área da saúde: especialização em informática em saúde. REASE [Internet]. 2021;7(10):300-6. Doi: <http://dx.doi.org/10.51891/rease.v7i10.2413>

11. Lima SP, Lima CG. O uso de ferramentas de qualidade básica e sua contribuição no planejamento estratégico na otimização da

12. Oliveira CCRB, Silva EAL, De Souza MKB. Referral and counter-referral for the integrality of care in the Health Care Network. Physis [Internet]. 2021; 31(1): e310105. Doi: <http://dx.doi.org/10.1590/S0103-73312021310105>

13. Ribeiro SP, Cavalcanti MLT. Atenção Primária e Coordenação do Cuidado: dispositivo para ampliação do acesso e melhoria da qualidade. Ciênc. Saúde Colet. [Internet]. 2020; 25(5):1799-808. Doi: <http://dx.doi.org/10.1590/1413-81232020255.34122019>

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