

**EVALUATION OF ACCESS TO PRIMARY CARE SERVICES UNDER NURSES' PERSPECTIVE****AVALIAÇÃO DO ACESSO AOS SERVIÇOS DA ATENÇÃO PRIMÁRIA NA PERSPECTIVA DOS ENFERMEIROS****EVALUACIÓN DEL ACCESO A LOS SERVICIOS DE ATENCIÓN PRIMARIA DESDE LA PERSPECTIVA DE LA ENFERMERÍA**

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**ABSTRACT**

The access is considered an essential attribute to Primary Health Care (HPA). **Objectives:** to characterize the sociodemographic and professional profile of nurses in traditional Health Care Unities (HCU) and to evaluate the first contact access of users. **Method:** field research, transversal, descriptive, carried out by interview and application of a structured and instrumented PCATool survey, professional version. **Results:** 100% (n=08) were female, average age of 37,7 years old. 62,5% (n=05) attend spontaneous demand, with subsequent scheduling, 12,5% (n=01) attend exclusively programmed demand. 87,5% (n=07) do not point out difficulties in the users access. Reception and assistance of the spontaneous demands with daily service and/or scheduling are the main actions of nurses in the HCU. The nurses evaluated as insufficient the first contact access, with important barriers. **Conclusion:** obstacles in the first contact access to the HPA services hamper the organization of the services of spontaneous and programmed demand.

**Descriptors:** Health Care Access; Primary Health Care; Process Assessment; Primary Care Nursing.

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## RESUMO

O acesso é considerado atributo essencial para Atenção Primária à Saúde (APS). **Objetivos:** caracterizar o perfil sociodemográfico e profissional dos enfermeiros de Unidades Básicas de Saúde (UBS) tradicionais e avaliar o acesso de primeiro contato dos usuários. **Método:** pesquisa de campo, transversal, descritiva, conduzida por entrevista e aplicação de questionário estruturado e instrumento PCATool, versão profissionais. **Resultados:** 100% (n= 08) eram do sexo feminino, idade média de 37,7 anos. 62,5% (n=05) atendem à demanda espontânea, com agendamentos subsequentes, 12,5% (n=01) atendem à demanda exclusivamente programada. 87,5% (n=07) não apontaram dificuldades no acesso dos usuários. Acolhimento e atendimento às demandas espontâneas com atendimentos no dia e/ou agendamentos são as principais ações dos enfermeiros nas UBS. Os enfermeiros avaliaram o acesso de primeiro contato insuficiente, com barreiras importantes. **Conclusão:** entraves no acesso de primeiro contato aos serviços da APS dificultam a organização dos atendimentos de demanda programada e espontânea.

**Descritores:** Acesso aos Serviços de Saúde; Atenção Primária à Saúde; Avaliação de Processos em Cuidados de Saúde; Enfermagem de Atenção Primária.

## RESUMEN

El acceso se considera un atributo esencial de la Atención Primaria de la Salud (APS). **Objetivos:** caracterizar el perfil sociodemográfico y profesional de los enfermeros de las Unidades Básicas de Salud (UBS) tradicionales y evaluar el acceso al primer contacto de los usuarios. **Método:** investigación de campo, transversal, descriptiva, realizada mediante entrevista y aplicación de cuestionario estructurado e instrumento PCATool, versión profesional. **Resultados:** 100% (n = 08) era del sexo femenino, edad media 37,7 años. El 62,5% (n = 05) satisface la demanda espontánea, con programación posterior, el 12,5% (n = 01) satisface solamente la demanda programada. El 87,5% (n = 07) no indicó dificultades en el acceso de los usuarios. Las principales acciones de los enfermeros en la UBS son recibir a los usuarios y satisfacer las demandas espontáneas con atención durante el día y/o programación. Los enfermeros evaluaron el acceso al primer contacto como insuficiente, con barreras importantes. **Conclusión:** las barreras para el acceso al primer contacto a los servicios de la APS obstaculizan la organización de la atención de la demanda programada y espontánea.

**Descriptorios:** Acceso a los Servicios de Salud; Atención Primaria de la Salud; Evaluación de los Procesos en el Cuidado de la Salud; Enfermería de Atención Primaria.

## INTRODUCTION

The Primary Health Care (PHC) or Basic Care (BC) is defined as a way of individual and collective assistance inside the Health Care Network (HCN). Starfield<sup>1</sup> points out the existence of attributes or structural PHC elements, divided into essential and derived. The essential attributes are represented by the first contact access of the person with the health system, the continuity, the completeness and the coordination of the attention inside the HCN. The derived attributes that qualify the PHC actions are represented by the health

care centered in the family (family orientation), the communal orientation and the cultural competence of the professionals.<sup>1-2</sup>

The concept of access brings the idea of not restricting the entrance in the health services, while the accessibility is about the services offer, the capacity of producing services and attend the health necessity of a certain population. Accessibility can be defined as the capacity of the user to obtain health care whenever necessary, in an easy and convenient way.<sup>1-</sup>

<sup>2</sup>

These attributes can be evaluated separately, although they are very closely interrelated. This way, a health care service requires the presence and extension of the attributes in a regular form and be well structured to be considered a HPA provider, in other words, it must present the four essential attributes, increasing its quality and its potential of resolution by the presence of derived attributes.<sup>3</sup>

The term accessibility includes socioeconomic, geographic, cultural and political dimensions of the social care context that can be expressed as barriers to the assistance of the (effective and/or potential) health system users' necessities.<sup>3-4</sup>

The expansion of the Health Care Units (HCU) has provided the expansion of the access to the basic health care services, bringing closer the professionals and the users. The access of the population to the health care services is one of the attributes that show a strong impact to an effective and humanized HCU. The timely access is still considered as a problem in many countries, either on the users' satisfaction or under the perspective of the professionals. The Brazilian HPA still faces important problems to define a new health care model, being necessary to perform researches in order to identify the gaps and alternatives to increase the professional practices directed to the access, especially in the services not guided by the Family Health Strategy (FHS).<sup>3-5</sup>

Considering the current health care scenario in Brazil, evaluating the access orientation degree to HPA in the traditional HCU allows the production of knowledge over its effectiveness and quality. The scientific literature about this topic presents some instruments, emphasizing the verification of the presence and extension of

the essential and derivate attributes from HPA, among them is the Primary Care Assessment Tool (PCATool).<sup>6</sup>

Therefore, the present study is justified due to the importance of understanding the individuals behave in the choice of health services and in the possibility of optimizing the access effectiveness for public health services. Considering the exposed, the objective was to evaluate the access of the population to health care services offered at HCU from the municipality of Araguari, under the point of view of nurses. Specifically, the objective was to characterize the sociodemographic and professional profile of the nurses from traditional HCU; to identify the variables of choice of health care services in the HCU under the point of view of nurses; and to evaluate the attribute of users first contact access to health care services offered in the HCU.

## METHODS

The study is a field research, cross-sectional, descriptive and analytic, with a quantitative approach of data. The population in the study was composed by nurses allotted in the Health Department of Araguari, MG, who had executed health actions in the HCU located in the urban area of the municipality. These professionals were chosen for being considered technical references of HCU staff, practicing widely assistance and management functions.

The city of Araguari is located in the *Triângulo Mineiro* region; it has a population of 117.445 inhabitants. Among the health facilities of the municipality, four are traditional HCU, not characterized by the Family Health Strategy. The volunteer and anonymous participants were approached by the researchers in their work

environment, after being previously scheduled in a proper date and time, not to prejudice their activities. The data collection occurred in the months of October and November of 2019.

After this stage, the sociodemographic and professional survey was applied, in an individual semi-structured interview, in order to know the profile of the research participants. The questions in the survey could characterize the professionals interviewed, through sociodemographic matters, related to academic education and occupational situation.

During the interview it was also applied the validated instrument Primary Care Assessment Tool (PCATool) - professionals version, allowing to evaluate the degree of orientation to HPA and quality of the access, considering essential attribute of BA services. The original versions of the instrument were validated in the United States.<sup>7</sup> In Brazil, the PCATool was submitted to two adaptations, as well as evaluation of validity and reliability. Hauser et al. have translated, adapted and evaluated the validity and reliability of PCATool - health care professionals version, used in this study, highlighting that the instrument is valid and reliable to measure the quality of the HPA services.<sup>8-9</sup> This instrument measures the presence and the extension of each attribute of the HPA through the Likert scale ("absolutely yes", "probably yes", "probably not", "absolutely not" and "I don't know/remember").<sup>7-9</sup>

The instrument is composed, in full, by 77 items divided in 8 components (attributes of the HPA). To answer the objective of this study it was applied the component A - First contact access, composed by nine items. To calculate the score of the First Access Contact -

Accessibility (item A) it was obtained the sum of the value of the items divided by number of items to produce an average score ( $\text{Score} = A1 + A2 + A3 + A4 + A5 + A6 + A7 + A8 + A9 / 9$ ). To transform the scores in a scale from 0 to 10 the following formula was used:  $[\text{obtained score} - 1 (\text{minimum value})] \times 10 / 4 (\text{maximum value}) - 1 (\text{minimum value})$ . The score is considered satisfactory when it reaches values above 6,6.<sup>7-9</sup>

To answer to the objectives, the set of data was transcribed and archived in digital and printed format for posterior consultation. The data were doubly scanned, compared and stored in a Microsoft Excel sheet. The obtained data were submitted to descriptive statistical analysis (relative and absolute frequencies), means and standard deviations, when relevant.

The researchers developed the study according to the Resolution 466/2012 of the Health National Council, approved by the Ethics Committee of the University Centre IMEPAC Araguari, report n° 3.669.347. A previous authorization was required to the HPA coordination of the municipality where the research took place.

## RESULTS AND DISCUSSION

Eight nurses took part in study, characterizing 100% of female sex, with average age of 37,7 years old. The average time of professional practice was 10,5 years, where 62,5% acted as nurses for over than 10 years. From the total of participants, 50% (n=4) had been working at the HCU for between two and five years, followed by 37,5% (n=3) who had been working at the HCU for less than a year.

In terms of education, 62% (n=5) had a specialist degree, with emphasis on the

areas of Public Health Care or Collective Health Care, 100% (n=8) of the participants obtained the referred degree in a private

institution and the average time past since the obtainment of the last degree was 9 years. (Table 1).

**Table 1** - Sociodemographic and professional characterization of the nurses from HCU in the municipality of Araguari-MG, 2019.

Characteristics	Frequency (n = 8)	Percentage (%)
<b>Sex</b>		
Female	08	100
Male	0	-
<b>Academic-professional degree</b>		
Graduation (only)	03	38
Specialization	05	62
Master	0	-
PHD	0	-
<b>Institution (last degree)</b>		
Private	08	100
Public	0	-
<b>Time since the last degree</b>		
< 05 years	01	12,5
05-10 years	04	50
> 10 years	03	37,5
<b>Time of professional practice</b>		
0-05 years	02	25
05-10 years	01	12,5
> 10 years	05	62,5
<b>Time in the HCU</b>		
< 02 years	04	50
02-05 years	03	37,5
> 05 years	01	12,5
<b>Developed functions</b>		
Coordination	04 (08)	50
Assistance	05 (08)	62,5
Technical reference	06 (08)	75

Source: the authors, 2019.

In terms of the profile of the nurses who have acted in the BA, different studies presented bigger proportion of professionals of female sex, confirming the tendency of feminization of the workforce in the HPA. In some municipalities, it has been found that over than 90% of the BA nurses are women, with average age under 40 years old.<sup>10</sup> A similar study highlighted that, in HCU, the profile of professionals found are, by and large, different from what is verified in FHS services. At FHS, the professionals are, in average, younger and with less time after graduation; there is less

time of working service in the health team and bigger proportion of professional specialists.<sup>11</sup> However, some studies with different approaches involving HPA professionals on the whole, point out that there are higher age ranges determinant (between 30 and 49 years old) among groups of nurses.<sup>10-11</sup>

The average time of professional practice was 10,5 years, where 62,5% had been acting as nurses for more than 10 years. A study carried in Londrina, Paraná, pointed out that around 46% of the nurses had more than nine years of professional

practice, with a mean of 9,2 years, what is close from the data surveyed by this study. Another data in accord with the literature refers to the proportion of time of performance, 39% of the participants, with a mean of 8,2 years.<sup>10-11</sup>

Some studies suggest that the implementation and expansion of HPA and FHS in Brazil provided a new playing field for nurses, contributing to the reduction of the professionals' average age, lower proportions of time of professional practice and of time at the FHS. Studies about the professional profile of nurses from FHS demonstrated a less extent of professionals with specialties in the different areas in comparison with other types of HPA services evaluated.<sup>10-12</sup>

In general, the weekly workload of the FHS professionals was bigger, being equally higher the number of assistances performed. The working time of the mentioned HCU nurses was 20 weekly hours, being referred by all the participants. In this service, the professionals were in higher proportion (75%), technical references to the HCU. From the interviewed professionals, 62,5% referred to execute assistance activities and 50% coordination activities. This profile is similar to the ones found in studies performed in other Brazilian states and regions.<sup>10-12</sup>

Corrêa et al.<sup>10</sup> found that, with regard to the position performed, 96,2% of the nurses affirmed to play technical-assistance functions, here understood as the developed activities focusing on the care or

on its management. In contrast, only 3,8% of the interviewed professionals declared to perform technical-administrative functions, although they affirmed that the bureaucratic activities of the unities fill up a significant amount of the workload. Considering the above, we infer that it is likely that the nurse dedicates less time to technical and assistance activities when assuming managerial and administrative duties, what can interfere in a negative way on the assistance to the users of the health care services, especially on the reception to the spontaneous demand.

The HCU requires nursing professionals with a generalist background, however with enough elevated skills and knowledge to offer full attention to the health of the individuals and their community. Agility on the decision-making, systemic view, creativity, innovating social praxis and elevated potential of problem-solving are fundamental competences for the HPA nurses.<sup>11-12</sup>

In relation to the action of the nurse in the HCU, it was found that 62,5% (n=05) of the professionals mentioned to perform assistance by spontaneous demand with further scheduling, Other 12,5% (n=2) nurses affirmed to attend the spontaneous demand generating consultations on the same day as being the main form of actuation. Only 12,5% (n=01) of the professionals related to perform assistance to exclusively programmed demand. From the professionals interviewed, 87,5% (n=07) of the nurses do not pointed difficulties in the access of the users to the service. Ahead, it is presented and discussed the data regarding to the performance of the HCU nurses, as well as their opinion about the access of users to the services (Table 2).

**Table 2** - Data of the performance of nurses from the HCU and their opinion about the access to the health care services, Araguari-MG, 2019.

Characteristics	Frequency (n = 8)	Percentage (%)
<b>Form of assistance</b>		
programmed demand	01	12,5
spontaneous demand/scheduling	05	62,5
spontaneous demand/consultation on the same day	02	25
urgent services	0	-
<b>There are difficulties in the access</b>		
Yes	01	12,5
No	07	87,5

Source: the authors, 2019.

The nurse integrates the health care team and assumes the management of HCU.<sup>12</sup> They must be able of planning, organizing, developing and evaluating actions that attend the community necessities, in the articulation with various sectors involved in health promotion and, this way, they need knowledge and preparation to assume these functions.<sup>13-6</sup> In unities of BA, the nurse is more and more linked to management of various of multidisciplinary teamwork processes, besides developing activities related to organization and coordination of health services, characterizing their managerial function.<sup>12</sup>

The absence of some professionals in the teams, the backlog of functions and the lack of autonomy represent obstacles that overlap themselves and can cause prejudice to the teamwork effectiveness and their health care actions. The evidences point out an overload on the daily work of nurses caused by the backlog of multiple assistance and managerial activities, what can hamper the planning actions.<sup>12-13</sup>

The verification of one or more attributes allows the identification and association between them and the results, especially the affectivity, the attention about the individuals and community health. It is known that the elevation of the Basic Attention (BA) services coverage in Brazil, defined as a strategy to organize the assistance model of SUS (Brazilian public health system), is associated with the best health outcome and the presence of HPA attributes.<sup>7-9</sup>

There is a lack of researches focused on the organizational evaluation or on the HPA performance, although there is a consensus about the adoption of institutional mechanisms of monitoring the services evaluation.<sup>8-9-12-6</sup> The Table 3 presents the evaluation of the access to HPA through the instrument PCATool, professionals version, over the experience of nurses who acted in the HCU, with the scores of the attribute.

**Table 3** - Mean, standard deviation and median of the scores from the attribute First Contact Access - Accessibility (item A) and the given value by the scale, obtained by the nurses. Araguari-MG, 2019.

Attribute	Mean of the scores (item A)	Standard Deviation	Median	Scale
<b>First contact access</b>				
Participant 1	2,33	0,94	2,0	<b>4,43</b>
Participant 2	2,77	1,22	3,0	<b>5,90</b>
Participant 3	2,44	1,42	2,0	<b>4,80</b>
Participant 4	2,62	0,47	3,0	<b>5,40</b>
Participant 5	2,00	1,15	1,0	<b>3,33</b>
Participant 6	2,44	1,42	2,0	<b>4,80</b>
Participant 7	2,88	1,19	3,0	<b>6,26</b>
Participant 8	2,22	1,31	2,0	<b>4,06</b>
<b>Mean / final score</b>	2,46	0,27	-	<b>4,86</b>

Source: the authors, 2019.

To carry out researches that evaluate the HPA services, taking into consideration the point of view of the professionals, is essential and contribute to the institutionalization of the evaluation and reorganization of the services. Quality and attention to health care is being attended, in the present study, as presence and the extension of attribute.<sup>2,6,13-14</sup>

When analyzing the Table 3, it can be observed descriptive data referred to the application of the instrument PCATool, professional version. All the professionals interviewed have given a score under 6,6 to Accessibility, with a mean of 4,86 in the scale. It suggests that the attribute needs more attention of managers and HPA professionals. The access to health care is seen as limited, suggesting difficulties to schedule consultations, expanded waiting time, fragile hosting and instability in the prompt service of more urgent necessities. The appropriate access to health care services is still a problem in many countries in the world, and some researches evaluate the users satisfaction making use of items

such as scheduling and extended time to be attended.<sup>2,6,13-14,16</sup>

In Brazil, studies were performed using the health care professionals' version of PCATool, aiming to evaluate HPA services and compare HFS unities with HCU. It was highlighted that, in general, according to the professionals experience, the HFS presents better structure and better attention processes in comparison to the HCU.<sup>14</sup>

The access is presented as one of the health care system elements, conditioned by organizational and geographical characteristics that can facilitate or hamper the entry of the individuals in the health care services. It embraces characteristics of individuals and services, that can enable or not the utilization of services and the continuity of the care. The HPA, for being constituted as a preferential entrance to the health care system, must present some specific requirements to guarantee that the users have greater facility of access, with a smaller distance from home to the services,



greater flexibility in scheduling consultations and the opening hours.<sup>3-4, 8-9</sup>

In Brazil coexist different formats of HPA services considering regional particularities in the country, models and managerial capacity, conceptions and demands from the population. This way, the more prevalent are the Family Health Strategy (FHS) and the traditional BA.<sup>5</sup> The reception propose to reverse the logic of organization and the health care services operation, guaranteeing the universal accessibility; reorganizing the working process, moving its central axis from the doctor to a multidisciplinary team; to qualify the worker-user relationship using humanitarian parameters of solidarity and citizenship.<sup>13-14</sup>

The reception is a technological arrangement focused on the access of users, with the objective of hearing all the patients, solve health problems and/or guide them to other services if necessary. It must attend the requirement of access, allowing this way, the appropriate use of services to reach the best possible results. According to this author, it is highlighted that the reception of health care services translates the human action of recognizing the subjective action, considering them as historical, social and cultural subjects.<sup>1,3-4,13-14</sup>

The reception represents an important device to attend the requirement of access, it provides a bond between the professional team and the attended population. Besides that, it allows the reflection about the working process and the integral care. Researches point out that the expansion of the BA contributes to improve the geographical accessibility, although a disproportion between the offer, the service capacity and demand was spotted. Such fact contributes to the discontinuity of the attention and access to referrals, as much in

the FHS unities as in the HCU, considering the ways of insertion of these services in the health care system, especially the articulation of the BA with the other HCN devices.<sup>2,6 13-6</sup>

The assistance in the first contact between the user and the service is related to the use of the HPA at the entrance door to the health care questions and to their capacity to deal with complex problems, several and strongly affected by the social context. That way, the dimension of the access represents the greatest or the smallest facility that the user faces to obtain a medical appointment. Although it is no recommended to reduce the HPA to the provision of medical assistance, the clinical attention provided by these health care professionals must not be disregarded.<sup>13-14,17-19</sup>

Other authors point in their studies that traditional unities present a similar performance to FHS in relation to the accessibility and reception, reveling diversity in the operationalization. Studies carried in the municipality of São Paulo and in others with population above 100 thousand inhabitants in the state of São Paulo, also found intermediate scores in the evaluation of accessibility by the users. In this context, the access is influenced by the offer of services and its geographical distribution, the availability and the quantity of human and technological resources, the financing mechanisms, the assistance model and the information regarding the assistance model.<sup>11</sup>

Still concerning the access to health care services, the HPA, as a first contact service, linked to other levels of attention, assume the constitution of an integrated network of health care services, working as a gateway in the system to the assistance, over time, to the necessities and people's

health problems (not related only to the disease), coordinating or integrating to other types of attention, supplied in some spot of the health care system.<sup>12-14,17-19</sup>

A Brazilian study has showed that users choose to access directly the urgency and emergency services, justifying this choice by valuing the services of more technological density.<sup>13</sup> This perspective distort the concept of complexity, in which the HPA is characterized as "basic care", "simple", "elementary" or "less complex".<sup>13-14</sup> Other researches point out that situations considered urgent could have been solved in the HPA.<sup>13-14</sup>

The access to health care stands limited, being highlighted by difficulties to schedule consultations, expanded waiting time, fragile reception and instability in the service and resolution of users' more urgent necessities. The timely access to health care services is still a problem and, in the researched HCU barriers were found to the access, such as limited service timetable and the delay to implement the assistance, resulting in the accumulation of weekly consultations, waiting queues for services and health procedures, delays, among others. The scores obtained in the evaluation of the attribute first contact access were insufficient, making it harder to perform programmed and spontaneous demand of more resolute services.

## CONCLUSIONS

The conduction of the research in the traditional HCU in the current study has confirmed the tendency of feminization of the work team in health care services. The profile of the nurse that acts in the traditional HCU is of a professional who accumulate functions of coordination,

assistance and technical reference to other team members. In line with the definition of the HPA as a preferential gateway to the health care system, it has allowed more utilization of the services by the population.

The meeting of spontaneous demand with scheduling of medical appointments remains being the main way of service performed, followed by the meeting of spontaneous demand providing services in the same day. There was not signaling of urgent services as a focus of BA.

The evaluation of the first contact access indicates that this attribute needs more attention from managers and HPA professionals. The access to health care has been showed as reduced, suggesting difficulties to scheduling consultations, waiting time amplified, fragile reception and inconsistency in prompt service of the more urgent necessities.

Besides the limitation regarding the size of the researched population, allowing to consider the obtained results only in the studied context, it can be concluded that the HCU presented barriers of access, such as limited timetable and the delayed service, resulting in the accumulation of weekly service, waiting queues for services and health procedures, delays, making it harder to perform programmed and spontaneous demand of more resolute services.

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