

Previne Brasil Program: Perceptions And Challenges from the Perspective of Nurses

Programa Previne Brasil: Percepções e Desafios Sob a Ótica dos Enfermeiros

Programa Previne Brasil: Percepciones y Desafíos Desde la Perspectiva de los Enfermeros

RESUMO

Objetivo: Compreender a percepção e os desafios vivenciados pelos enfermeiros atuantes na Atenção Primária à Saúde no que tange a implementação do Programa Previne Brasil. **Método:** Estudo qualitativo com 14 enfermeiros da Atenção Primária à Saúde conduzido por meio de entrevistas semiestruturadas. Utilizou-se a Análise de Conteúdo de Bardin. **Resultados:** Os participantes reconheceram o programa como um instrumento norteador das práticas assistenciais, porém relataram limitações associadas à insuficiência de infraestrutura, escassez de recursos humanos e materiais, sobrecarga de trabalho e dificuldades na utilização dos sistemas de informação. Evidenciaram, a importância da educação permanente e da ampliação das equipes multiprofissionais como medidas essenciais para assegurar a qualidade do cuidado. **Conclusão:** A qualidade na Atenção Primária à Saúde depende diretamente de condições de trabalho adequadas, valorização dos profissionais e fortalecimento das redes de atenção. Destaca-se o enfermeiro como protagonista no processo de aprimoramento de programas voltados à qualidade.

DESCRIPTORES: Enfermagem na Atenção Primária; Saúde Pública; Enfermagem; Atenção Primária à Saúde.

ABSTRACT

Objective: To understand the perception and challenges experienced by nurses working in Primary Health Care regarding the implementation of the Previne Brasil Program. **Method:** A qualitative study with 14 nurses from Primary Health Care conducted through semi-structured interviews. Bardin's Content Analysis was used. **Result:** Participants recognized the program as a guiding instrument for care practices, but reported limitations associated with insufficient infrastructure, scarcity of human and material resources, work overload, and difficulties in using information systems. They highlighted the importance of continuing education and the expansion of multidisciplinary teams as essential measures to ensure quality of care. **Conclusion:** Quality in Primary Health Care depends directly on adequate working conditions, appreciation of professionals, and strengthening of care networks. The nurse stands out as a protagonist in the process of improving quality-focused programs.

DESCRIPTORS: Nursing in Primary Care; Public Health; Nursing; Primary Health Care.

RESUMEN

Objetivo: Comprender la percepción y los desafíos que enfrentan las enfermeras que trabajan en Atención Primaria de Salud con respecto a la implementación del Programa Previne Brasil. **Método:** Estudio cualitativo con 14 enfermeras de Atención Primaria de Salud, realizado mediante entrevistas semiestructuradas. Se utilizó el Análisis de Contenido de Bardin. **Resultados:** Las participantes reconocieron el programa como un instrumento orientador para las prácticas de atención, pero reportaron limitaciones asociadas con infraestructura insuficiente, escasez de recursos humanos y materiales, sobrecarga de trabajo y dificultades en el uso de los sistemas de información. Resaltaron la importancia de la formación continua y la expansión de los equipos multidisciplinarios como medidas esenciales para garantizar la calidad de la atención. **Conclusión:** La calidad en la Atención Primaria de Salud depende directamente de condiciones laborales adecuadas, la valoración de los profesionales y el fortalecimiento de las redes de atención. La enfermera se destaca como protagonista en el proceso de mejora de los programas centrados en la calidad.

DESCRIPTORES: Enfermería en Atención Primaria; Salud Pública; Enfermería; Atención Primaria de Salud.

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Original Article

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INTRODUCTION

Primary Health Care (PHC), defined as the main gateway to the Unified Health System (SUS), is an environment dedicated to care provided by a multidisciplinary team. Among the main attributes of PHC are first-contact access, comprehensiveness, continuity, and coordination of care, as well as a family- and community-centered approach, which also values cultural competence ⁽¹⁾.

Organizing the health system around primary care services also requires the ability to assess how well these attributes align with PHC within that system. This is important because the presence and higher scores of these attributes contribute to better health indicators, greater user satisfaction, cost reduction, and greater equity, positively impacting the population's health status ⁽¹⁾.

Assessing the expansion of PHC and improvements in quality is essential for health planning in the country ⁽²⁾. In this context, quality in this scenario presents several challenges, due to the multiple dimensions of the concept of performance, the influence of social determinants on demand and

outcomes, and the complexity of the services offered, which include curative, preventive, and health promotion actions at the same point of care. This evaluation is also affected by the profile of the served population, local characteristics, and economic, cultural, sociopolitical, and professional factors. Furthermore, vertically implemented quality programs faced challenges in sustaining their continuity, as changes were unlikely without the engagement and recognition of stakeholders across the different spheres of their development ⁽³⁾.

In July 2011, through Ordinance No. 1,654, the Ministry of Health (MS) created the National Program for Improving Access and Quality of Primary Care (PMAQ-AB), a tool that brought innovation by clearly addressing the need to expand access and improve the quality of health services offered by PHC ⁽⁴⁾. In 2019, Constitutional Amendment No. 95/2016 impacted health financing, raising concerns about the continuity of the program and performance-based incentives within the SUS, resulting in the program's termination.

Consequently, in the same year, the Ministry of Health (MS) estab-

lished a new financing model for PHC through the Previne Brasil Program, with the aim of restructuring the amounts transferred to municipalities, seeking to increase the population's access to health services and strengthen the bond between the community and health teams. The new financing proposal was based on three criteria: weighted funding allocation, performance-based payment, and incentives for strategic actions ⁽⁵⁾.

In 2024, through Ordinance No. 3,493, the Ministry of Health (MS) again altered the federal co-financing model for the PHC Floor, which is still undergoing a restructuring aimed at prioritizing care and refocusing on people. Other significant changes aim to reduce gaps in care and decrease waiting times.

In this context, nurses play a fundamental role in improving the quality of PHC services, as their work is distinguished by their generalist profile, their understanding of the individual as a whole, comprehensive care, identification of users' needs and expectations, as well as their interaction with the population and between the population and health professionals ⁽⁶⁾. Furthermore, the work of nursing

in PHC has undergone transformations, becoming an agent of change in care practices within the SUS. This role aligned with the proposal for a new care model that shifted its focus from exclusively clinical care and cure to, primarily, comprehensive care, intervention on risk factors, disease prevention, and the promotion of health and quality of life ⁽⁶⁾.

Given the importance of the nurse's role in the quality of actions carried out in PHC and based on evaluative studies of the outcomes generated by the Previne Brasil Program, the following question arises: what are the perceptions and challenges experienced by nurses working in PHC regarding the implementation of the Previne Brasil Program? A literature review was conducted to deepen understanding of the perceptions and challenges experienced by the PHC nursing team regarding the Previne Brasil Program, revealing that few studies exist on this topic.

In view of the above, the study aimed to understand the perceptions and challenges experienced by nurses working in PHC regarding the implementation of the Previne Brasil Program in a municipality in the Mara Mineira region, Brazil.

METHOD

This is a descriptive-exploratory study with a qualitative approach, reported in accordance with the recommendations of *the Consolidated Criteria for Reporting Qualitative Research (COREQ)* ⁽⁷⁾.

The choice of a qualitative approach in the research was based on its ability to explore the subjective and relational nuances of social reality. Thus, the study sought to understand the history, context, meanings, motives, beliefs, values, and attitudes of the social actors involved ⁽⁸⁾.

The research was conducted in a municipality in the Zona da Mata

region of Minas Gerais that had 21 PHC units, all operating under the Family Health Strategy. The selection of these health units was motivated by the fact that they were sites where practical activities and mandatory internships were conducted for students in nursing and medical programs at a federal university.

All nurses in the municipality working in PHC were included in the study, excluding professionals who were on leave during the data collection period. Ultimately, 14 nurses participated.

Data collection took place between March and July 2025 through individual interviews using a semi-structured guide with open-ended questions, developed by the researchers to address aspects related to the implementation of the Previne Brasil Program in the municipality, the quality of services offered by PHC, and the impact of the Previne Brasil Program in this context. The interviews were scheduled in advance by telephone, according to each participant's availability. All participants were informed about the research objectives and signed the Informed Consent Form (ICF) in duplicate before data collection began. All interviews were digitally recorded and transcribed in full. To ensure the anonymity of the participants, the statements were identified by the letter E (nurse) followed by the number corresponding to the chronological order of the interviews. For data analysis, the content analysis approach was employed ⁽⁹⁾. Initially, during the pre-analysis stage, the data were structured by organizing and systematizing the initial ideas; in the second stage, the material was explored through coding and the establishment of categories. Finally, the third phase involved the inference and interpretation of the results in light of the existing literature.

It should be noted that the research adhered to ethical principles

and was approved by the Human Research Ethics Committee of the sponsoring federal university, under opinion no. 7.036.238 (CAAE 79330324.7.0000.5153).

RESULTS

Regarding the profile of the nurses interviewed, a predominance of females was observed, reflecting the historical characteristic of the profession. Ages ranged from 27 to 44 years, with an average of 36 years. Regarding education, one participant held only a bachelor's degree; four had a *postgraduate diploma* in various fields, and one held a master's degree. Most participants had been in the profession for 10 years or less, indicating a predominance of relatively young professionals who already possess established experience in PHC.

After analyzing the interviews, the results were organized into four categories: Quality in PHC: nurses' conception; Previne Brasil Program: nurses' perspective; Challenges in achieving the Previne Brasil Program's goals; Strategies for implementing quality programs in PHC.

Quality in PHC: Nurses' Perspectives

In this category, participants addressed their conceptions of quality in PHC. It became evident that nurses' perceptions of quality in PHC are marked by recognition of the importance of access for users, a welcoming environment, and comprehensive care, as identified below:

The demand is very high, and we are unable to provide higher-quality care. Sometimes, we are unable to listen as actively, to listen to the patient in a comprehensive way. (E2)

The quality of service is good, but it could be better. We're able to provide very good care, but it could be even better. (E1)

The definition should be centered on

user access. This quality also depends on that access and the professional qualifications of the team. (E3)

The population I serve isn't very underserved. Many people prefer to see private practitioners, so sometimes it's hard to meet our goals. (E4)

In the most underserved neighborhoods, demand is very high, and we can't serve everyone as we'd like. (E6)

There are families living in vulnerable situations who end up seeking care at the clinic only when the situation has already worsened. (E1)

Previne Brasil Program: Nurses' Perspectives

In this category, perceptions regarding the Previne Brasil Program were examined, and it became evident that participants held ambiguous views regarding the program. Some nurses acknowledge that the program served as a guiding tool for PHC practices. On the other hand, criticisms emerged regarding the program's rigid nature, as identified below:

Since I had the goals I needed to follow, it was much easier to have a direction and know what needed to be done. (E6)

Some goals were viewed in a new light, from new perspectives, especially when it came to caring for pregnant women. (E3)

With Previne Brasil, we became too fixated on targets, which hindered the quality of service because I had to focus more on meeting numerical quotas. (E5)

Challenges in achieving the goals of the Previne Brasil Program

This category highlighted the challenges nurses faced during the Previne Brasil Program, which directly impacted the achievement of established goals. Notable issues included a lack of material resources, a shortage of human resources leading to work overload, poor infrastructure,

high staff turnover, and difficulty using information systems, as described below:

We went a while without the screening materials, so we couldn't perform the exam, and that hindered our progress toward the goals. (E3)

Sometimes, we schedule a cytopathological exam and they don't show up. Then we have to reschedule several times. (E6)

We went almost a year without a car, and that's a problem, because it would make it easier to do home visits to more distant locations and vaccinate bedridden patients. (E3)

There are clinics that don't have a dentist. How am I supposed to meet that goal without a dentist? (E5)

Sometimes I saw 30 patients in a day, but I was only able to record 20. Ten were left out because I didn't have time to enter them into the system. (E2)

There is a very high turnover rate among nurses and doctors. This ends up being a problem because our services require us to have knowledge of the community and the families. With each new person, we have to relearn everything. (E3)

The demand is very high, and we are unable to provide higher-quality care. Sometimes we are unable to listen as actively, to listen to the patient in a comprehensive way. (E2)

Strategies for implementing quality programs in PHC

Participants also reported strategies for implementing quality programs in PHC, which include: adequate human resources; implementation of continuing education on the topic; and reorganization of the healthcare network, as identified below:

More continuous training would be necessary to keep professionals up to date whenever there is a change in goals or indicators. (E2)

They should hire more profession-

als to help, because appointments and consultations take too long, and many people are left without access. (E5)

It is important to strengthen programs that link primary, secondary, and tertiary care, because communication is often very poor. (E3)

DISCUSSION

The research results indicate that the quality of PHC, as perceived by nurses, is multifaceted, reflecting both positive and negative aspects. Criticisms are frequently related to working conditions and the health system's capacity to meet the population's needs. For some of the interviewees, PHC was described as a space of closeness to the user, of great relevance for disease prevention and for the continuous monitoring of families. This perception aligns with the SUS's proposal to consolidate PHC as the preferred entry point and organizing principle of the health care network, as advocated by the National Primary Care Policy⁽¹⁰⁾.

However, while acknowledging the importance of this healthcare setting, the professionals highlighted limitations related to work overload and insufficient staffing, factors that compromise the comprehensiveness of care. This finding is consistent with studies that point to the shortage of human resources as one of the main barriers to strengthening PHC in Brazil, especially in small and medium-sized municipalities, where staff turnover is more pronounced⁽¹¹⁾.

Another aspect highlighted in the interviews was the association of quality with access and the qualifications of professionals, reinforcing the need for policies that invest not only in expanding coverage but also in the ongoing training of teams. In this regard, the literature confirms that continuing education and the recognition of workers are crucial for ensuring the effectiveness of interventions, since

the quality of healthcare depends directly on the technical competence and motivation of professionals⁽¹²⁾.

In addition to aspects related to management and human resources, the interviews also revealed that the sociodemographic characteristics of the population significantly influence the perceived quality of PHC and the achievement of goals. In municipalities with higher purchasing power, it is observed that a portion of users turns to private services, reducing adherence to the public system and hindering the fulfillment of agreed-upon indicators. In contrast, in areas marked by social vulnerability, unfavorable socioeconomic conditions tend to intensify the demand for public services, overburdening the teams. This reality highlights the importance of considering the particularities of each territory when planning actions, in line with studies that emphasize health equity as a foundational principle.⁽¹³⁾

The reports revealed ambivalent views among nurses regarding the Previne Brasil Program, which has altered the PHC financing model since 2019. On the one hand, some professionals acknowledged the initiative's guiding role, emphasizing that the setting of goals contributed to better organization of the work process, facilitating the planning and prioritization of actions. This perspective is reinforced by research indicating that Previne Brasil sought to align financial resources with expanding access and responding to local needs, encouraging results-based management.⁽¹⁴⁾

On the other hand, criticism has been raised regarding the excessive emphasis on numerical indicators, which, in the interviewees' view, ended up stifling professional practice and limiting the flexibility necessary for comprehensive care. For these nurses, the pressure to meet targets resulted in care that was more focused

on fulfilling documentation requirements than on attentively listening to the population's needs. This criticism aligns with studies that warn of the risks of performance-based funding models when there is no balance between quantitative targets and the quality of care⁽¹⁵⁾.

During the program's implementation period, nurses reported facing significant barriers that compromise the achievement of program goals. These obstacles manifest in three central dimensions: structural, organizational, and related to population adherence. The first dimension relates to the lack of adequate materials and infrastructure, evidenced by the shortage of materials for cytopathological testing, the absence of certain specialized services such as dentistry, and the limited availability of vehicles for home visits. These conditions were identified as direct obstacles to the implementation of interventions. The literature corroborates this situation by indicating that the structural precariousness of the UBS constitutes one of the main barriers to the effectiveness of PHC in Brazil⁽¹⁶⁾.

A recurring issue concerns users' reluctance to undergo certain tests and consultations, such as cytopathological and prenatal care, which compromises comprehensive follow-up and hinders the achievement of established goals. This scenario is also described in other studies, which point to cultural barriers, social stigmas, and low risk perception as factors limiting the population's adherence to preventive measures. Similarly, the literature highlights users' resistance to changes in health services, reinforcing that population adherence constitutes one of the main challenges to the effectiveness of health strategies⁽¹⁷⁾.

Health professionals also reported difficulties related to the health information system, such as technical failures, lack of specific training, and the complexity of completing records.

These problems contributed to underreporting of implemented actions and, consequently, compromise the quality of performance indicators. Recent studies also highlight the need to strengthen and modernize information systems to ensure data reliability and support health management and decision-making processes⁽¹⁸⁾.

Among the proposals presented by nurses for strengthening PHC and improving program outcomes, three central pillars stood out: expanding the workforce, providing ongoing training, and reorganizing the care network. Continuing education emerged as one of the most emphasized aspects. The interviewees emphasized that training offered on an ad hoc basis does not keep pace with the constant updating of indicators and programmatic changes, which compromises the qualifications of workers. In light of this, they advocated for the implementation of continuous training processes capable of ensuring greater confidence in the execution of activities and promoting the appropriate use of information systems. The literature reinforces this need by recognizing continuing education in health as an essential strategy for staff qualification and for improving the quality of care, highlighting that the absence of systematic actions compromises the effectiveness of professional practices⁽¹⁹⁾.

Increasing the number of health professionals was another frequently mentioned aspect, considered fundamental for reducing the care burden and expanding the population's access to services. This need is consistent with national evidence identifying the shortage of human resources as one of the main obstacles to the consolidation of PHC, a situation also highlighted by studies that emphasize insufficient staffing as a significant barrier to the effectiveness of interventions at this level of health care⁽²⁰⁾.

In addition, the need to strength-

en management and improve the coordination of the service network was highlighted, ensuring greater integration among the different levels of care. Nurses reported that flaws in the referral process and the absence of certain specialized services compromise the effectiveness of PHC. The literature reinforces this perception by highlighting that care coordination and integration among points in the health care network (RAS) are essential conditions for the effectiveness of the SUS ⁽²¹⁾.

Overall, the findings of this study indicate that the effectiveness of PHC depends on sustainable financing, strengthening the HCN, and valuing nurses. It should be noted, however, that a limitation of this study is its qualitative nature, which prevents broad generalizations.

CONCLUSION

The study revealed that nurses

working in PHC recognize the Previne Brasil Program as an important tool for organizing practices and guiding care activities. However, significant challenges were identified, such as deficiencies in the infrastructure of the units, scarcity of resources and materials, work overload, and difficulties in using information systems—elements that negatively impact the quality of care and the achievement of established goals. Furthermore, the professionals recognized that the quality of PHC is intrinsically linked to the provision of comprehensive, accessible, and effective care, which requires adequate working conditions, professional recognition, and well-structured multidisciplinary teams.

Thus, there is a clear need to increase investments in the infrastructure of health units, strengthen continuing education initiatives, and expand professional teams, with the aim of ensuring higher-quality care

consistent with the principles of the SUS. Furthermore, the importance of management strategies that promote integration among different points of health care is emphasized, ensuring continuity of care and increasing the effectiveness of interventions.

It is hoped that this study will contribute to broadening the discussion on the role of nurses in implementing quality programs in primary health care, thereby encouraging further research that analyzes their impact on professional practice and the quality of care. We also emphasize the importance of nurses as agents of change, capable of strengthening primary health care in the country.

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