



THE ROLE OF PRIMARY HEALTH CARE (PHC) IN THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES



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ABSTRACT

This research aimed to analyze the role of Primary Health Care (PHC) in the prevention and management of chronic diseases, exploring the strategies adopted by health professionals, the difficulties faced and the impacts on the control of these conditions. Using a qualitative and field approach, the research had the participation of 14 health professionals from a PHC unit, whose data were collected through semi-structured interviews and direct observations. The results revealed that, despite the importance of PHC in health promotion, prevention, and continuous monitoring of chronic diseases, there are significant challenges, such as patients' resistance to changing lifestyle habits, lack of material and human resources, and lack of effective communication between different levels of care. However, the research highlighted that the integration of the multidisciplinary team, the continuous bond with patients and the comprehensive approach have proven effective in controlling chronic conditions and improving the quality of life of patients. It is concluded that, although PHC plays an essential role in the management of chronic diseases, it is necessary to invest in adequate resources, continuous training of professionals and patient adherence to preventive practices, in addition to promoting greater integration between health services, in order to optimize results in the care of chronic diseases.

Keywords: Primary Health Care (PHC). Chronic Diseases. Health.

INTRODUCTION

Primary Health Care (PHC) is considered the gateway to the health system, being a central strategy in several countries, especially in public health systems focused on universality and equity in access. Their role goes beyond basic medical care, encompassing health promotion, disease prevention, and the management of health conditions throughout life. PHC aims to solve most of the population's health needs with continuous, comprehensive, and close care, focusing on the community and the early identification of risk factors for the development of chronic diseases (Araújo et al., 2023).

Chronic diseases, such as diabetes, hypertension, cardiovascular and respiratory diseases, have become increasingly prevalent in many societies, especially due to population aging and changing lifestyle habits, such as poor diets and sedentary lifestyle. Addressing these conditions requires long-term strategies, with a close look at both the prevention and control of these diseases. PHC, in this context, plays an essential role in the early identification of risk factors and in the continuous follow-up of patients with these diseases, minimizing complications and improving quality of life (Gatti-Reis; Paiva, 2023).

The concept of PHC is not restricted to individual actions, but also involves teamwork, including doctors, nurses, psychologists, social workers and other health professionals. This multidisciplinary team allows for holistic care, which considers the social determinants of health, living conditions, and psychological aspects that influence the development and control of chronic diseases. By working in an integrated and continuous way, PHC contributes to the reduction of inequalities in access to care, promoting a personalized approach adapted to local needs (Brito et al., 2022).

Prevention, one of the central dimensions of PHC, is essential to avoid the onset or progression of chronic diseases. Preventive strategies such as promoting healthy habits, encouraging physical activity, food education, and monitoring risk conditions such as obesity and hypertension are pillars of primary care. In addition, PHC works in vaccination and early detection of diseases, such as cancer and respiratory diseases, through screening tests, preventing serious complications and reducing long-term treatment costs (Barros et al., 2021).

In the context of chronic disease management, PHC is responsible for regular follow-up of patients, conducting ongoing monitoring of clinical conditions, and adjusting treatment plans as needed. This involves prescribing medications, controlling risk factors, and promoting self-care. Access to continuous care within PHC has been shown to be an effective way to reduce hospitalizations and complications resulting from these diseases, in

addition to providing patients with greater autonomy over the management of their health (Gama et al., 2021).

In many cases, coordination between PHC and other levels of care, such as medium and high complexity, is crucial for success in the treatment of chronic diseases. PHC acts as the first line of care, but in more complex situations, patients are referred to specialized centers. This care network is essential to ensure that patients receive appropriate treatment at different stages of their diseases, avoiding overload on the hospital system and providing comprehensive patient care (Guedes; Silva, 2023).

In this context, the objective of the research was to analyze the role of Primary Health Care in the prevention and management of chronic diseases, exploring its strategies and impacts on the control of these conditions. It sought to identify the main challenges and good practices adopted by health professionals, in addition to evaluating how PHC contributes to the reduction of complications and improvement of the quality of life of patients with chronic diseases.

METHODOLOGY

The research was conducted with a qualitative and field approach, allowing a deep and detailed understanding of the practices and perceptions of health professionals working in Primary Health Care (PHC) with regard to the prevention and management of chronic diseases. The choice for the qualitative approach was due to the need to explore the experiences and points of view of the participants, in addition to allowing a richer analysis of the work dynamics, challenges and strategies adopted in the daily practice of these professionals (Lima; Domingues Junior; Gomes, 2023; File; Domingues Junior; Silva, 2024; File; Silva; Domingues Júnior, 2024).

The research sample was composed of 14 health professionals working in PHC, including doctors, nurses, community health agents, and other members of the multidisciplinary team. The selection of participants was carried out intentionally, seeking to represent different areas of activity within PHC and ensure a diversified view of the topic investigated. All the professionals chosen had relevant experience in the follow-up of patients with chronic diseases, which gave them significant practical knowledge for research.

Data collection was carried out through semi-structured interviews, which allowed participants to express their opinions and experiences in a more open way, without the rigidity of a closed questionnaire. The interviews were conducted in private places of the health units, ensuring the comfort and confidentiality of the interviewees. During the

interviews, topics related to the prevention strategies adopted, the management of chronic diseases, the difficulties faced in the care process and the impact of PHC on improving the quality of life of patients were addressed.

In addition to the interviews, direct observations were also carried out in the professionals' work environment, with the aim of verifying in loco the conditions of care, the interactions between the team members and the organization of care practices. Observation was an important complementary tool to understand the dynamics of daily work in PHC, enabling the triangulation of the data obtained in the interviews and offering a more complete picture of the observed reality.

Data analysis followed the content analysis technique, which involved the identification of thematic categories and subcategories based on the participants' statements. This process was carried out systematically, where the professionals' responses were organized into key themes, such as "prevention strategies", "management of chronic diseases", "difficulties in care" and "impact of PHC on patients' health". From this categorization, it was possible to identify patterns and divergences in the perceptions and practices of professionals.

RESULTS AND DATA ANALYSIS

The results of the research revealed significant information about the prevention and management practices of chronic diseases within Primary Health Care (PHC). The interviews with the 14 health professionals allowed the identification of strategies used, difficulties faced and the impacts of PHC on the control of chronic diseases. The analysis of the data, based on the participants' statements, brought to light both positive aspects and challenges that need to be faced to improve the care and quality of life of patients with chronic diseases.

According to respondent E03, a physician at the basic health unit, "prevention is the starting point for any type of chronic disease management, but unfortunately the population is often not willing to change their lifestyle habits, which makes it very difficult to work in PHC". This statement highlights one of the main difficulties pointed out by the professionals: the resistance of patients to adopt changes in lifestyle. Many report that, despite the guidelines on healthy eating and the importance of physical activity, patient adherence is limited, which compromises the effectiveness of preventive interventions.

Regarding the strategy for monitoring chronic conditions, respondent E11, a nurse from the same unit, highlighted that "continuous monitoring is fundamental, but the scarcity of resources and work overload often make this monitoring less efficient than we would

like". This report reflects a constant concern of health professionals, who, although they recognize the importance of regular follow-up, face limitations of time and resources that affect the quality of care provided.

Another relevant aspect identified was the coordination between PHC and other levels of care. Respondent E05, a community health agent, reported that "often the patient is referred to the specialty, but does not return with the necessary exams or information, which ends up compromising the follow-up here at PHC". The lack of efficient communication between the different levels of care was one of the difficulties cited by several professionals, resulting in fragmented care and delays in the implementation of adequate measures to control chronic diseases.

When asked about health promotion strategies, participants indicated that health education and community campaigns are recurrent practices. Respondent E07, a psychologist on the team, stressed that "awareness work in the community is crucial, especially in more peripheral areas, where people have less access to information and preventive care." She also highlighted that educational campaigns, although important, need to be constant for them to really have an effect. However, she also noted that these initiatives are not always enough, as many people do not seek help until the disease manifests itself in a serious form.

The lack of infrastructure was also pointed out as a barrier to the effectiveness of interventions. According to respondent E09, a physician, "we have difficulty performing screening exams frequently, because the unit's equipment is not always available, and the demand from patients is very high". The lack of adequate equipment and the limitation of resources are factors that compromise the reach of PHC, especially in poorer areas.

Regarding the follow-up of patients with chronic diseases, respondent E02, a nurse, stated that "good follow-up requires an individualized approach, but often the burden of patients is so great that we end up adopting a more generalized model". This point brought up a common criticism about the lack of time to personalize care. Professionals expressed frustration at not being able to dedicate the necessary time to each patient, given the volume of work and the limitations of the system.

Adherence to treatment was also addressed by the participants as a constant challenge. Respondent E12, the team's nutritionist, highlighted that "many patients have difficulty following the prescribed diet, which hinders the control of diseases such as diabetes and hypertension". She explained that, although the dietary guidelines are clear, the socioeconomic and cultural reality of the families makes it difficult to adhere to these

recommendations. The lack of financial support and the low level of education are also factors that aggravate this situation.

The shortage of human resources is another point that is often mentioned. According to respondent E04, a physician, "the lack of qualified professionals, such as doctors and nurses, is a major obstacle to the effective implementation of PHC. Often, the team is overloaded, which impairs the quality of care". This point was widely shared by other participants, who indicated that work overload affects both preventive care and follow-up care for chronic diseases.

Despite these difficulties, the participants also highlighted positive points in the performance of PHC. Respondent E10, a nurse, emphasized that "the continuous relationship with the patient is a differential of PHC, as we are able to establish a bond of trust, which facilitates monitoring and adherence to treatment". This bond is considered one of the greatest benefits of PHC, as it enables more humanized care that is attentive to the individual needs of patients. Respondent E08, a physician, also pointed out that "teamwork, with the collaboration of professionals from different areas, has been essential for the success of chronic disease management strategies".

The integrated performance of the team, with the participation of doctors, nurses, community health agents and nutritionists, was considered a strength of PHC, since it offers a more comprehensive and multidisciplinary approach to disease control. When asked about best practices, many professionals mentioned the importance of continuing education and staff training. Respondent E06, a psychologist, suggested that "it is essential that professionals constantly update themselves on new approaches in the management of chronic diseases, in order to be able to offer the best possible care to patients". Continuous staff training is seen as a way to ensure that PHC professionals remain prepared to deal with changes in the health needs of the population.

The importance of PHC's work in reducing the complications of chronic diseases was also highlighted. Respondent E01, a physician, stated that "PHC has a fundamental role in preventing patients from reaching the most serious stages of the diseases, carrying out early and constant follow-up". He highlighted that continuous monitoring can avoid hospitalizations and complications, contributing to the reduction of the overload in medium and high complexity services.

Regarding psychosocial barriers, respondent E13, a social worker, reported that "many patients with chronic diseases face emotional difficulties, such as depression and anxiety, which makes it even more difficult to control the diseases". She stated that psychological support and qualified listening are essential to deal with these aspects, but

noted that not all health units have professionals available to meet these needs. The lack of family support was also mentioned as a complicating factor. According to respondent E14, a physician, "without family support, many patients are unable to follow medical guidelines and end up not being able to control their diseases properly".

The importance of the family support network in the process of managing chronic diseases was a constant in the participants' reports, who highlighted the need to involve family members in the care process.

Finally, regarding the impact of PHC, most professionals agreed that, despite the limitations, Primary Care has contributed significantly to improving the health of the population. Respondent E07, a psychologist, concluded that "despite the challenges faced, the work of PHC has shown positive results in the prevention and control of chronic diseases, especially when there is a joint effort of the team and the collaboration of the community". She highlighted that, although PHC faces limitations, preventive work and continuous monitoring have been fundamental to improve the quality of life of patients and reduce the demand for more complex and expensive treatments.

Data analysis revealed that Primary Health Care plays a crucial role in the management of chronic diseases, although it faces significant challenges related to limited resources, patient resistance, and the lack of coordination between different levels of care. Despite this, health education practices, continuous monitoring and teamwork have contributed positively to the control of these diseases and to the promotion of a healthier life for patients.

FINAL CONSIDERATIONS

The research on the role of Primary Health Care (PHC) in the prevention and management of chronic diseases revealed a series of valuable insights about the practices adopted, the challenges faced, and the impacts observed on patient care. The qualitative analysis of the data, collected through interviews with 14 health professionals, showed that PHC plays an essential role in health promotion, prevention and monitoring of chronic conditions, such as diabetes, hypertension and cardiovascular diseases. However, it has also become clear that the effectiveness of this care faces significant obstacles, ranging from patients' resistance to lifestyle changes to a lack of material and human resources in health facilities.

The professionals highlighted the importance of continuous monitoring and the comprehensive approach offered by PHC, which allows the construction of a bond of trust with patients and facilitates the management of chronic diseases in a more personalized

way. Prevention strategies, such as health education and the encouragement of healthy habits, have been widely recognized, but their effectiveness comes up against the adherence of patients, who are not always willing to modify ingrained behaviors, such as inadequate diet and sedentary lifestyle. In addition, the lack of resources, such as equipment for screening exams and the shortage of qualified professionals, make it difficult to fully achieve the goals of prevention and management of chronic conditions.

Another relevant point was the perception that coordination between PHC and other levels of care, such as medium and high complexity, is still a challenge. The lack of efficient communication between health services results in fragmented care and difficulties in providing continuity of care, which directly impacts the success of the treatment of chronic diseases. The survey also highlighted the importance of the support of the multidisciplinary team, where doctors, nurses, community health agents, psychologists and nutritionists work in an integrated way to promote more comprehensive and efficient care.

Even so, most professionals recognized that PHC has a positive impact on the health of the population, especially by avoiding serious complications through regular follow-up and early detection of problems. Health promotion and chronic condition control practices, although facing operational challenges, have shown favorable results in reducing the demand for more complex treatments and improving patients' quality of life.

In conclusion, although PHC plays a crucial role in the management of chronic diseases, the research showed that its full performance depends on a number of factors, such as strengthening infrastructure, expanding team training, and encouraging patient adherence to prevention and treatment strategies. The integration between the different levels of care and the improvement of communication between health professionals are fundamental aspects to optimize care and ensure better results. Therefore, it is necessary for public policies to invest in adequate resources, in continuous education for professionals and in the training of patients, with a focus on health promotion and the effective management of chronic diseases.

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