LONGITUDINALITY IN PRIMARY HEALTH CARE: AN INTEGRATIVE LITERATURE REVIEW

Longitudinalidade na atenção primária à saúde: revisão integrativa da literatura

Longitudinalidad en la atención primaria a la salud: revisión integrativa de la literatura

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ABSTRACT

Objective: To analyze the scientific production that describes longitudinality in Primary Health Care and to verify how it occurs in the services. **Method:** integrative review of the literature of studies that deal with the longitudinality of care in services. The Latin American and Caribbean Literature in Health Sciences, Public Medline, SciVerseScopus and the Regional Portal of the Virtual Health Library were used using the terms "Primary Health Care", "Longitudinality" and "Public Health". **Results:** 18 articles, which were categorized by their similarity in the themes: studies on the attributes of APS, participation of users in the effectiveness of longitudinality and longitudinality in child care. **Conclusion:** mutual trust between professionals and users, continuity of attention, listening, credibility and the link between the user and the professionals configures longitudinality in health services.

Descriptors: Primary health care, Family health strategy, Health services.

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RESUMO

Objetivo: Analisar a produção científica que descreve a longitudinalidade na Atenção Primária à Saúde e verificar como ocorre nos serviços. **Método:** revisão integrativa da literatura de estudos que tratam sobre a longitudinalidade do cuidado nos serviços. Foram utilizadas as bases de dados Literatura Latino-America e Caribe em Ciências da Saúde, Public Medline, SciVerseScopus e no Portal Regional da Biblioteca Virtual em Saúde utilizando os termos: "*Primary Health Care*", "*Longitudinality*" e "*Public Health*". **Resultados:** 18 artigos, os quais foram categorizados pela sua similaridade nos temas: estudos sobre os atributos da APS, participação dos usuários na efetivação da longitudinalidade e longitudinalidade no cuidado à criança. **Conclusão:** a confiança mútua entre profissionais e usuários, a continuidade da atenção, a escuta, a credibilidade e a vinculação do usuário com os profissionais configuram a longitudinalidade nos serviços de saúde.

Descritores: Atenção primária à saúde, Estratégia saúde da família, Serviços de saúde.

RESUMEN

Objetivo: Analizar la producción científica que describe la longitudinalidad en la Atención Primaria a la Salud y verificar cómo ocurre en los servicios. **Método:** revisión integrativa de la literatura de estudios que tratan sobre la longitudinalidad del cuidado en los servicios. Se utilizaron las bases de datos Literatura Latinoamérica y Caribe en Ciencias de la Salud, Public Medline, SciVerseScopus y en el Portal Regional de la Biblioteca Virtual en Salud utilizando los términos: "Primary Health Care", "Longitudinality" y "Public Health". **Resultados:** 18 artículos, los cuales fueron categorizados por su similitud en los temas: estudios sobre los atributos de la APS, par-ticipación de los usuarios en la efectividad de la longitudinalidad y longitudinalidad en el cuidado al niño. **Conclusión:** la confianza mutua entre profesionales y usuarios, la continuidad de la atención, la escucha, la credibilidad y la vinculación del usuario con los profesionales configuran la longitudinalidad en los servicios de salud.

Descritores: Atención primaria a la salud, Estrategia salud de la familia, Servicios de salud.

INTRODUCTION

Primary Health Care (PHC) should be the main entrance door for users and the main nucleus of articulation with the entire Health Care Network. It is characterized by multiple actions of promotion, prevention, diagnosis, and recovery in individual and collective dimensions to effectively meet the health needs of the population in a comprehensive manner.[1]

PHC meets four essential attributes: accessibility, longitudinality, integrality, and care coordination, and three derivatives: cultural competence, family orientation, and community orientation. These attributes seek to assist users not only in a timely manner but also in a broader way, considering the contexts in which they live.[2]

Therefore, in order to expand and qualify PHC care, the Ministry of Health created the Family Health Program (PSF) in 1994, later called Family Health Strategy (FHS), aiming at a change in the health paradigm, no longer centered on disease care, but especially on the promotion of quality of life and intervention in the factors that put it at risk.[3]

One of the processes inserted in the context of PHC is the welcoming, which is a mechanism for access to health services. Welcoming the user is the act of listening to people in the professional-user relationship in order to satisfy health needs. The team is responsible for deciding how the professionals will act in this process, how the user will be received, how risks and vulnerability will be assessed, and how the necessary interventions will be carried out. It is from the reception that the continuity of care and longitudinality occur, as an essential attribute to meet the health needs throughout people's lives.[4]

Longitudinality is perceived as a fundamental characteristic of PHC and is related to other characteristic attributes of this level of care, such as first contact, comprehensiveness, and coordination of care.[5]

Thus, it is understood that health professionals are important agents for quality, comprehensive and longitudinal care, since this attribute advocates a long-term relationship between professionals and users in health units, and it is essential to have a link between the service and the user.[6-7] Therefore, the questions of this study are: Does longitudinality occur in PHC? If so, how is it performed?

This study aims to analyze the scientific production that describes longitudinality in PHC and to verify how it occurs in the services.

The project is articulated with the doctoral research "Work Process of Family Health Strategies and Attributes of Primary Health Care" linked to the Group of Studies and Research in Education and Nursing and Health Practices (GEPEPES) of the State University of Campinas (Unicamp).

METHODS

The method consists of an integrative literature review of studies that address longitudinality of care in PHC services.

To systematize this review we followed the steps: identification of the theme, research question and objectives; definition of the databases and the criteria for inclusion and exclusion; definition of the information to be extracted and categorization; evaluation of the studies included in the review by two researchers and, in case of disagreement, by a third in order to avoid bias; interpretation of results; presentation of the review and synthesis of knowledge.[8-9]

The following databases were used for the search: Latin American and Caribbean Literature on Health Sciences (LILACS), Public MEDLINE (PubMed), SciVerseScopus (Scopus) and the Virtual Health Library Regional Portal (BIREME). Medical Subject Headings (MeSH) Terms were selected as descriptors: "Primary Health Care" and "Public Health" and the term "Longitudinality" searched in the databases. When the associations between the three in the databases were made, a very restricted number of articles

were obtained. Therefore, it was decided to associate the terms with the Boolean operator AND: "Primary Health Care" AND "Longitudinality" and "Public Health" AND "Longitudinality", the sample being satisfactory for the discussion of this study. The search occurred in the period from October 2017 to February 2018.

Inclusion criteria were: articles in Portuguese, English, and Spanish, published in the period of five years (2013 to 2017) that met the study objective. Exclusion criteria were: articles in other languages and that did not answer the research questions. The filter tools of the databases were also used. The articles were forwarded to the Endnote reference manager, and then the 1st phase of evaluation was initiated, which consisted in the exclusion of duplicate articles. A total of 189 articles were found and 137 were excluded (**Figure 1**).

For the 2nd phase, the selection of studies was directed to the guiding questions of the research, which are: does longitudinality occur in PHC? If so, how is it performed? Most articles answered only the first question. Thus, articles that answered whether longitudinality occurs in PHC were selected for the next phase, selecting 26 articles.

From the reference management the complete articles were retrieved, using a data collection tool, elaborated in an Excel spreadsheet, about the information considered important for this study, such as: authors, title, journal, year of publication, country, database, objective, method, main results and conclusions.

In the third phase, the articles were read in their entirety so that the results could be used as a basis to answer the research question. In this phase, articles that were incomplete and articles off topic were also excluded. Thus, 18 articles remained categorized by their similarity in the following themes: "Studies about the attributes of PHC"; "User participation in the effectiveness of longitudinality" and "Longitudinality in child care".

Figure 1- Flowchart referring to the phases for the selection of articles on Longitudinality. Campinas-SP, 2018.
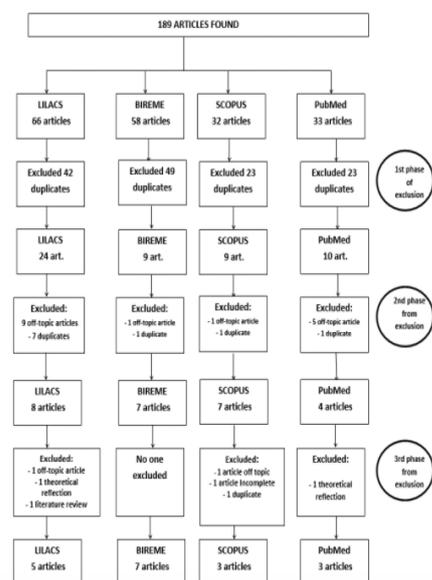
RESULTS

The articles selected were seven (38.8%) from the year 2015, six (33.3%) from 2014, three (16.6%) from 2017, one (5.5%) from 2013, and one (5.5%) from 2016. Of the 18 articles, seven (38.8%) were located in the BIREME database, five (27.7%) in LILACS, three (16.6%) in Scopus, and three (16.6%) in PubMed, and 15 articles were in Portuguese, with Brazil as the country of origin, and only three in English, two from Japan and one from Brazil. As for methodology, 15 articles were quantitative, two were qualitative, and one was qualiquantitative.

The analysis of the studies was carried out according to the thematic categories, which are: studies on the attributes of PHC, user participation in the effectiveness of longitudinality, and longitudinality in child care.

1. **Studies on PHC attributes**

This category includes articles that evaluate the attributes of PHC and among them longitudinality. One way to identify PHC services according to the attributes is through the Primary Care Assessment Tool (PCATool-Brazil), available in the versions for children, adults and professionals[7], found for this study.

During the analysis, seven articles evaluated longitudinality as satisfactory in health services[10-16] and only one analyzed the attribute as unsatisfactory[17] (chart 1).

2. **User participation in the effectiveness of longitudinality**

This category presents three studies demonstrating the non-valuation of user participation to improve the attributes, suggesting, even, the lack of incentive by professionals to achieve these attributes[18-20] (chart 2).

3. **Longitudinality in child care**

In this category, we have a total of seven articles, three studies analyzing the attributes of PHC directed to children in units with and without FHS[21-23] comparing the models of care regarding the presence and extent of such attributes and among them longitudinality. Two studies seek to evaluate the longitudinality among children in the FHS[24,25] and two in services of other levels of health care[26-27] (chart 3).

Table 1: Description of articles from category 1 - Studies on PHC attributes, according to authorship, method, results and conclusions. Campinas-SP, 2018.

Author	Method	Results	Conclusion
Barbaro M C, Lettiere A, Nakano MAS.[10]	Quantitative cross-sectional: with 44 health professionals. The PCATool Professionals-Brazil was used.	For all units: access: ≤6.6; longitudinality, coordination and integrality: ≥6.6. Comparing Basic Health Units (BHU) and FHS: accessibility: ≤6.6 and the other attributes: ≥6.6. The overall score of the essential attributes in BHU was ≤6.6 and in FHS was ≥6.6.	From the longitudinality attribute, it is possible to reflect on the potential of the principles that govern the FHS. The expansion of coverage and professional preparation can be strategies to qualify health care
Marin MJS, Marchioli M, Moracvick MYAD.[11]	Qualitative cross-sectional: with 32 adult users, 16 of them 16 from BHU and 16 from FHS.	The weaknesses are similar in access, gateway, and supply of services. For FHS users: the link, longitudinality, and family focus are more effective. The BHU users show more satisfaction.	As for the bond and longitudinality, in the FHS there is a greater proximity of the team with users, which does not occur effectively in the BHU.

Silva SA, Baitelo TC, Fracolli LA.[12]	Quantitative, cross-sectional: with 527 adult users, 34 health professionals and 330 parents of children up to two years old, related to 33 ESF teams, in eleven municipalities. We used the PCATool Adult-Brazilianl.	The comparison showed agreement in the low evaluation for access and high for longitudinality. Professionals: the other attributes were evaluated as high. Users: low evaluations: community and family orientation and integrality.	The quality of care self-reported by FHS professionals is not valued by users. The score referring to Longitudinality reported by professionals was higher than that of users.
Ferrer AP, et al.[13]	Quantitative cross-sectional: with 501 users from 0 to 14 years old. The PCATool-infantile Brazil was used.	The results revealed that, from the patients' perspective, longitudinality was rated as regular.	The FHS model, centered on people, presents greater longitudinality of care.
Araújo LUA, et al.[14]	Quantitative cross-sectional: with 20 elderly people enrolled in the BHU. The PCATool Adult-Brazil was used.	They attributed a regular grade to the quality of care. Longitudinality was a potentiality, but comprehensiveness, family orientation and accessibility showed weaknesses.	The possibility of improving care for the elderly was evidenced, with priority given to expanding the focus on the family, the opening hours, and the prevention of diseases. Longitudinality associated with older age.
Silva CSO, Fonseca ADG, Souza LPS, et al.[15]	Cross-sectional quantitative: with 373 users, of which 124 reported care by the FHS and 249 by other PHC services. The Adult-Brazilian PCATool was used.	Scores were attributed to three attributes: comprehensiveness was better evaluated by the FHS compared to other PHC services. First contact (accessibility) and longitudinality showed higher scores in the FHS compared to other PHC services.	It is fundamental to evaluate the attributes of PHC, aiming at improving the quality of the services offered.
Mesquita Filho M, Luz BSR, Araújo CS.[16]	Quantitative and transversal: Data collected through interviews with 419 caregivers of children in PHC services. The Child PCATool-Brazil was used.	Only the longitudinality attribute was well evaluated. The others presented low scores. More than 80% evaluated the essential attributes with low scores.	Caregivers who used other health services assigned negative scores for longitudinality compared to users exclusive to the FHS or BHU.
Lima EF, et al.[17]	Quantitative and transversal: with 215 users of the FHS. The Adult PCATool - Brazil was used.	Longitudinality, coordination, integrality, and orientation were evaluated as unsatisfactory. There were no associations between attributes and sociodemographic characteristics.	According to the users, the services have attributes that need to be improved.

Table 2: Description of articles from category 2 - User participation in the effectiveness of longitudinality, according to authorship, method, results and conclusions. Campinas-SP, 2018.

Author	Method	Results	Conclusion
Aoki T, Inoue M.[18]	Quantitative, cross-sectional: used questionnaire to assess health literacy and patient experience in PHC (Adult PCATool - Japan).	Health literacy was associated with patient experience with PHC attributes, especially longitudinality.	It is concluded that efforts are needed to improve PHC, particularly for those with low health literacy.
Aoki T, et al.[19]	Quantitative, cross-sectional: carried out in 28 PHC clinics in Japan with 535 patients. The Adult PCATool - Japan was used	The PCA-Tool score was associated with the discussion of advance care planning. All domains had positive associations with care planning.	It was found that a better PHC experience was associated with discussion of care planning. The highest scoring attribute was longitudinality, having a strong association with advanced care planning.
Moraes VD, Campos CEA, Brandão AL.[20]	Qualitative and cross-sectional: two focus groups were conducted in two BHUs with different contexts.	Seventeen dimensions were found, with the most cited being: access and availability of the service; organization of work processes; relationship with professionals; longitudinality and bonding; coordination of care.	It is essential to know the dimensions that are most highlighted by the user, in order to build adequate assessment tools in the context of the FHS.

Table 3: Description of articles from category 3 - Longitudinality in child care, according to authorship, methodology, results and conclusions. Campinas-SP, 2018.

Author	Method	Results	Conclusion
Araújo RL, Mendonça AM, Sousa MF.[21]	Qualitative, cross-sectional: survey with 377 caregivers and 16 professionals (PCATool Professionals and Children - Brazil).	They showed dissatisfaction with comprehensive care in both regions. Access, longitudinality, integrality, and coordination are limited in both models of care.	The FHS was considered the best option regarding care over time. For the professionals, both services presented satisfactory values.
Frank BRB, et al.[22]	Quantitative, transversal: 61 caregivers of children under 12 years old. The child PCATool - Brazil was used.	Longitudinality was better evaluated in the unit without an FHS, demonstrating the need for changes in the work process.	The care offered by the services must be rethought, prioritizing the attributes of PHC.
Oliveira VB, Verissimo ML.[23]	Quantitative, transversal: 482 caregivers, in 235 ESF units and 247 BHU covering PHC units. We used the PCATool child-Brazil	Borderline overall score in FHS. Better results in affiliation, care coordination, integrality, family orientation and accessibility. The UBS had low scores in all attributes.	The units with FHS are close to the principles of PHC, but there is a need to review childcare actions in both. Longitudinality did not reach the minimum value in UBS and FHS.
Vaz EMC, et AL.[24]	Quantitative, transversal: with 344 caregivers of children registered at the FHS. The child PCATool - Brazil was used.	It is noteworthy that 89.5% said they were seen by the same professionals and 81.9% felt good when talking to the professional. The average score was satisfactory.	They are oriented towards longitudinality, however, the average score was at the cutoff value, implying a need for improvement.
Silva AS, Fracolli LA.[25]	Quantitative, transversal: 586 caregivers, linked to 33 FHS units. The PCATool child - Brazil was used.	Positive evaluation: longitudinality and coordination, and negative for: access, integrality, family orientation, and community orientation.	It was noticed mismatches between the needs and the supply of the service; barriers in access; no counter-reference; emphasis on curative actions; verticalization, and lack of communication with users.
Pina JC, et al.[26]	Quantitative, cross-sectional: in three hospitals associated with SUS. Participated 690 children < 5 years, 345 cases and 345 controls.	Both presented high scores for access. The control cases presented higher scores for longitudinality, care coordination, comprehensiveness, and family orientation.	The knowledge of the attributes and the assistance to the child are fundamental; they provide subsidies to professionals and managers in the organization of services.

DISCUSSION

1- Studies used to measure PHC attributes

The quality of care, measured by the analysis of PHC attributes, was discussed in a study[11] that compared the quality of service in the FHS and in the BHU, demonstrating satisfactory longitudinality in both services. Authors[10-11] discuss the importance of having a bond between professional and user, and a relationship of responsibility and trust, since it directly implies in the user's demand for the service and in the professional's better knowledge.

Although longitudinality presents satisfactory results, it indicates that there is little knowledge of professionals about the health history and life conditions of users and their families.[12] The fact that professionals do not have this knowledge is a weakness that can lead to failure in the longitudinality and comprehensiveness of these services and throughout the health care network.[17]

However, PHC, especially FHS, has the advantage that in its services it is possible to maintain longitudinality through the link that in other services are not always identified or perceived by users.[14-16] The possibility of having a greater link between professionals and users in PHC is associated with the occurrence of chronic diseases that require more frequent and assiduous monitoring.[14]

A study[13] in which longitudinality was rated as regular showed that users seek PHC only for follow-up services, but when there is an acute health situation, they seek specialized services, not valuing PHC as a gateway. However, the authors discuss about the strengthening of longitudinality, with greater bond and confident users seeking the health center, and thus being able to act in weaknesses, avoiding referral to more specialized services.[12-13,16]

In a study in which longitudinality was analyzed as unsatisfactory[17], the authors related it to the difficulties of user accessibility to the service. Thus, if there is this difficulty, problems in longitudinality may occur, since it represents the user's structural ease or difficulty to reach the services. Other studies[14-15] also deal with how access can interfere with longitudinality, discussing that, once there is access, there is a better bond, with better reception, thus making the user feel better cared for and continue attending the service.

It is necessary to invest in the training of health professionals, in methodologies, management tools, and in the organization of the multiprofessional work process, as well as in the articulation with other sectors and points in the network, to produce transformations in practices, in order to privilege the reception, the bond, the recognition of the context, the understanding of the differences in values and cultures, and the autonomy of the subjects, in order to make longitudinality effective.[10]

2- User participation in the effectiveness of longitudinality

User participation is discussed in two studies conducted in Japan that sought to investigate the relationship between patient experience with PHC and advanced care planning.[18-19] The findings reinforce the significance of patient experience in PHC as part of quality care. In Japanese health care services, the participation of the user, with his or her experiences, is considered paramount to contribute to the planning and realization of care. However, it is important to know the level of education of patients, since low education can lead to a deficit in understanding or difficulties in remembering the orientations given in PHC.[19]

The valorization of the user, with his health needs and experiences in the services, provides managers with the possibility of planning care in a more appropriate manner and shared with those who frequently use them.[20] User satisfaction is necessary in order to correct or strengthen processes that play a relevant role on the attributes of PHC, thus also effecting longitudinality, characterizing a more human and continuous care process.[20]

3- Longitudinality in child care

In relation to child care, an analysis of the attributes of PHC in two regions of the Federal District[21] was carried out, focusing on the integral care and comparing the data collected from caregivers and health professionals. Access, longitudinality, integrality, and coordination are limited in the theory and practice of the professionals in both care services. They also point out that professional training focused on PHC needs to be effective with a view to knowledge, understanding, and practice of the attributes in the services offered.[21]

To evaluate the effectiveness of PHC, the longitudinality attribute was analyzed in health units with and without FHS in a city in western Paraná.[22] The attribute was better evaluated in the unit without FHS, demonstrating that there must be changes in the work process of units with FHS, in order to recognize the potentials and existing difficulties and the implementation of the guidelines proposed in the strategies.[22] Such results appear different for the model of units with FHS, reflecting the hegemony of biomedical and curative care, characteristic of health services without FHS.

In another study in the same view, the authors[23] compared the care models of BHUs with those of FHS units. The attributes Community Orientation, Coordination of Information Systems, Longitudinality, and Access appeared as insufficient in child care. The BHU had all items with scores below the reference value.

When evaluating the longitudinality among caregivers of children in the FHS, the PCATool child version was used, reaching the average score the value of 6.6, considered satisfactory for the PHC[24] and another with positive evaluation for the attributes longitudinality and coordination, and negative for the access, integrality, family and community orientation.[25] These studies point out that the FHS model favors, by its work processes, the longitudinality, but it is necessary to create strategies that provide a better access to the population.[24-25]

To analyze the attributes of PHC among children hospitalized for pneumonia, three hospitals associated with SUS were studied having cases and controls.[26] High scores for longitudinality and coordination of care stood out in the controls. Thus, knowledge about the aspects that involve the attributes of PHC and its supply can provide subsidies for the organization of health services.

Longitudinality was evaluated according to the experience of professionals from the municipalities of origin of children and adolescents with HIV. As a result, it was satisfactory, indicating that professionals sought to provide continuity of care to this population, with a close relationship with users.[27] It also concludes that, although longitudinal care is in professional practice, it needs to be a management priority, because, in addition to adequate supply, it must stimulate the professional to remain in the health service.

When assessing the health care provided to children under two years of age by the FHS, a contradiction between the health needs and what is offered by the service was evidenced, as well as organizational obstacles to access and the absence of counter-reference.[25] There is a predominance of curative and preventive actions and verticalization in the organization of actions, with inadequate communication

between professionals and users.[25]

The children's caregivers recognize the BHU as a reference for health needs[22,26], as well as recognize that the professional needs to be communicative, open to listening, and to know the child's history, but not only that, he/she must also recognize the child as a person and not as a health problem.[26]

CONCLUSIONS

The studies point out that if there is mutual trust between professionals and users, the continuity of care, listening, credibility, and the link with the professionals make up the longitudinality. However, the problems found in the services, such as difficult access, can hinder its operationalization.

Health education needs to be focused on the attributes of PHC, providing its effectiveness in the work processes of the services. Professionals need to know their territory and the families in it to provide longitudinal care and to have knowledge about the users' health history and living conditions for better results of the attributes.

Longitudinal care occurs in institutions and services in which there is a commitment with the professional's fixation in the workplace in order to create trust, a bond, familiarity, and listening, thus facilitating communication with the users.

No studies were found that detail how longitudinal care occurs, with the need to stimulate research and publications to share experiences that can help services in its implementation, as well as the other attributes of PHC, to improve the quality of life and health of the population.

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