A IMPORTÂNCIA DA INSERÇÃO DO PROFISSIONAL NUTRICIONISTA NO CAMPO DA ATENÇÃO PRIMÁRIA EM SAÚDE

THE IMPORTANCE OF INSERTING THE NUTRITIONIST PROFESSIONAL IN THE FIELD OF PRIMARY HEALTH CARE

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RESUMO

O objetivo deste artigo foi descrever a importância dos nutricionistas e seu papel nas equipes de saúde segundo a opinião dos usuários da Atenção Primária. Trata-se de um estudo descritivo de abordagem qualitativa realizado com usuários de Unidades Básicas de Saúde. O instrumento utilizado foi um roteiro semiestruturado e para a análise dos dados, utilizou-se a técnica segundo o agrupamento de estratégias para a análise do conteúdo de acordo com Bardin, a partir da qual foram formados os discursos-sínteses. Foram entrevistados 20 usuários de quatro unidades de saúde da família, todos pertencentes ao município de Juazeiro do Norte-CE. Os resultados mostraram que os usuários veem o nutricionista como profissional responsável por promover uma alimentação saudável, reconhecendo ainda, que isso oferece uma maior qualidade de vida, controla doenças cardiovasculares, auxilia no combate a obesidade em crianças nas escolas, contribuindo para a saúde dos sujeitos, bem como sabem que ter o contato com esse profissional é muito difícil, uma vez que o mesmo não se encontra inserido na Atenção Básica a Saúde. Portanto, segundo os usuários, existe um reconhecimento da importância do nutricionista nos serviços de atenção primária, para promover alimentação saudável, combatendo doenças relacionadas a má alimentação, desde a infância até a velhice.

Palavras chaves: Atenção Básica; Nutricionista; Saúde Pública; Promoção da Saúde

ABSTRACT

The objective of this article was to describe the importance of nutritionists and their role in health teams according to the opinion of Primary Care users. This is a descriptive study, with qualitative approach, carried out with users of Basic Health Units. The instrument used was a semi-structured guide and, for data analysis, the technique was used according to the grouping of strategies for content analysis according to Bardin, which allowed forming the discourses-syntheses. Twenty users of four family health units were interviewed, all belonging to the municipality of Juazeiro do Norte-CE. The results showed that users see nutritionists as a professional responsible for promoting healthy eating, also recognizing that this offers a higher quality of life, controls cardiovascular diseases, helps to combat obesity in children in schools, contributing to individuals’ health, as well as knowing that contacting with this professional is very difficult, since they are not part of Basic Health Care. Therefore, according to the users, there is a recognition of the importance of the nutritionist in the primary care services, promoting healthy eating, fighting diseases related to poor diet, from childhood to old age.

Key words: Basic Attention; Nutritionist; Public health; Health promotion

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INTRODUCTION

In 1988, the Unified Health System (UHS) was created through the Brazilian Federal Constitution to be the health system of more than 180 million Brazilians, being one of the largest public health systems in the world. This program includes from simple outpatient care to transplantation of organs, enabling full, universal and free access for the entire Brazilian population, with an expanded concept of health. The UHS came as a tool to modify the medical-centered model present in the country for a couple of years, changing, then, health care into an integral, multidisciplinary and interdisciplinary model, changing the social inequality by means of its doctrinal and organizational principles.

Thus, for promotion and reorganization of Primary Health Care (PHC) actions in Brazil, in 1994, the Family Health Program (FHP) was created. Also aiming to encourage this level of attention, through the strengthening of the FHP, the Ministry of Health created the Center for Family Health Support (NASF - Núcleo de Apoio à Saúde da Família), by means of decree GM 154, of 24 January 2008, to improve the quality of the PHC by means of teams formed by professionals from various competencies, including the nutritionist, who will contribute to promote healthy dietary practices.

The rapid demographic, epidemiological and nutritional transitions, in addition to the social inequalities, cause a framework of food and nutritional insecurity, determinants of health conditions of the Brazilian population that require emphasis in the discussion of the nutritionist’s role in the PHC context.

Therefore, questioning the inclusion of the nutritionist in the primary health care goes beyond professional appreciation to protect the right of people who use the UHS to an integral care, as a method to promote and prevent health complications, from a governmental policy legally produced with an extensive participation of society.

In this sense, the nutritionist is fully qualified to act, and their absence is against the principle of the integrity of the health actions, because it is clear that there is no other health professional qualified to work in the food and nutrition area inserted in communities, and whose presence would only contribute to promoting the health of the population, making them capable of producing positive effects on epidemiological picture of the population.

Therefore, the research on the inclusion of the nutritionist in the BHU is relevant, because it can give visibility to the importance of the nutritionists’ role and their contribution as an educator, favoring the reorientation of health practices directed to nutritional aspects and, in turn, in rethinking the organization of services by inserting nutritionists as essential in these teams. The objective of this study was to describe the importance of nutritionists and their role in the healthcare teams according to the opinion of Primary Care users.

METHOD

The research has a qualitative approach, which allows a critical and interpretative analysis from perceptions of UHS users about the importance of inserting the nutritionist in the Basic Health Unit. The subjects who participated in this research are 20 users of four Basic Health Units in the city of Juazeiro do Norte/EC, in May 2016. Regarding ethical aspects and in accordance with Resolution 466/12 of the National Health Council, the research was approved by the Research Ethics Committee of the College of Juazeiro do Norte and authorized by the City Health Department of Juazeiro do Norte (SESAU). To ensure anonymity and confidentiality, the name of the research subjects was replaced by alphabet letters from A to T, beginning after the research subjects signed the Informed Consent Form (ICF). Data collection was carried out through semi-structured interviews, consisting of six open questions for users, presented in table 1 below. These were recorded and fully transcribed.

The analysis was performed from the qualitative methodology, applying information studied according to the grouping of strategies for the content analysis of Bardin. With the variety and approximation of the nomenclatures, the technique phases were specified according to Bardin, ordered in three phases: 1) pre-analysis, 2) exploration of the material and 3) treatment of the results, inference and interpretation.

The pre-analysis phase consists of preparing the material that will be explored in order to make it functional, structuring the initial ideas. The organization occurs from four steps: (a) floating reading, which is the rapprochement and contact with the documents to collect the information, moment when begins the text analysis; (b) the choice of documents, which is the determination of what will be analyzed; (c) formulation of hypotheses and objectives; (d) referencing of indexes and elaboration of indicators relating to the demarcation of indicators from fragments of text in documents of analysis.

The second stage consists of exploring the material by studying the material with the definition of categories (encoding systems) and the identification of registration unit (meaning unit, to be encoded related to the content part to declare as the base unit, aiming to classify and count frequencies) and the context elements of documents (unit to understand and codify the registration unit that refers to the message segment, in order to understand the exact meaning of the registration unit). The analysis of the instruments is an essential phase, because it will provide or not the wealth of interpretations and consequences. It is the stage of analytical description, relating to the corpus (some textual material collected) subjected to a detailed study, conducted through theoretical assumptions and references. Thus, the coding, classification and categorization are basic to this step.

The third phase relates to the treatment of the results, conclusion and interpretation. This phase focuses on treating the results; it allows concentrating and emphasizing the data for analysis, resulting in interpretations and conclusions; it is the time of the vision, reflective and critical analysis.

Quadro 1. Questions asked to the participants.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>What is the nutritionist’s role for people’s health?</td>
</tr>
<tr>
<td>2</td>
<td>What is the importance of a nutritionist in the BHU?</td>
</tr>
<tr>
<td>3</td>
<td>Have you ever been to a nutritionist? Why?</td>
</tr>
<tr>
<td>4</td>
<td>How do you think a nutritionist can help with your health?</td>
</tr>
</tbody>
</table>
RESULTS AND DISCUSSION

Twenty users were interviewed, with a prevalence of 95% of females, a fact also found in a study done by Pacheco and Ramos in 2014. Men are exposed to psychosocial factors, which are: machismo, the resistance to assume the disease at work and problems with access to health services, since women are known to be more careful. The interviewed users’ age ranged from 20 to 80 years. The following table contains data about occupation and income.

Table 1 - Interviewees’ characterization, Juazeiro do Norte, CE, 2016.

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>95</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Homemaker</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Teacher</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Domestic worker</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Clerk</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Administrative assistant</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Commercial employee</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Student</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Less than 1 Minimum wage</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>1 Minimum wage</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>1 - 2 Minimum wages</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Users without family income</td>
<td>7</td>
<td>35</td>
</tr>
</tbody>
</table>

Categorization of the subjects’ speeches

Category 1 – Food guidance: professionals’ role.

The nutritionist plays a relevant role in the promotion of the reeducation of people’s food habits, stimulating the amendment and incorporation of healthy life habits with constant improvement of the quality of life, through prevention of diseases and health promotion.10

The research subjects were very emphatic when approached about the nutritionist’s role, reporting that this professional contributes to a correct nourishment, as the interviewees’ speeches below show:

“Guiding on a correct food habit, because, currently, especially at schools, children are fat”. (user 2)

“To provide a better quality of life regarding food”. (user 5)

“His role is to control food, provide a healthy food habit, controlling cholesterol and other heart diseases”. (user 6)

“I think it’s important, because both children as diabetic people have to know what to eat, a child needs to know what to eat for their development”. (user 9)

As noted in the reports above, users, in addition to associating the nutritionist with a healthy diet, also recognize that they can improve the children’s lives and control cardiovascular diseases, contributing to the subject’s health.

In the study of Pacheco and Ramos, all respondents said that the nutritionist’s work related to food and nourishment, as well as to food and nutritional care, this professional was also identified as the one influencing users’ health.

Through consultations with control of nutritional status at health services, there is the feasibility of longitudinal diagnoses, which is very important to improve the feeding and nutrition conditions of the population. With the anthropometric data collected and accompanied by other health markers such as hypertension and diabetes, there is a more satisfactory response to patients’ need.11

To complete, other functions stand out to be shared between the team members, preserving the exclusive competence of the nutritionist, who can assume the role of professional-reference to develop actions, being responsible for guiding the most appropriate behavior, establishing protocols of nutrition care, reference and counter reference.12

According to Jortberg and Fleming, nutritionists add value to the multidisciplinary team, providing care coordination based on evidence and leadership, improving its quality. These professionals have shown to be effective for improving the results of patients with a wide range of medical conditions.

A study done by Tol et al with information from a set of register of Dutch nutritionists, in primary health care, revealed that the dietary treatment in primary care reduces the Body Mass Index in patients with heavy weight. Thus, it showed the importance of the nutritionist to assist in people’s health promotion, also in other countries, recognizing the ability of this professional.

Category 2 – Importance of nutritionists in the BHU

Including the nutritionist in Primary Health Care and in the Center for Family Health Support allows the practice and the commitment of integrating food and nutrition with the health sector in relation to the components of Food and Nutritional Safety, focusing on the human right to adequate food. The nutritionist’s work in the local community will benefit it, promoting educational actions with respect to food and nutrition. The academic formation of the nutritionist establishes their competence to integrate the Family Health Strategy team, which places them as responsible for the

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nutritional diagnosis of the population, being, thus, the only professional with specific knowledge that enables, from this diagnosis and analysis of the sociocultural values, suggesting dietary guidelines acceptable and necessary, shaping them to the customs of the uniqueness of families, the culture, the physiological state of the groups and the accessibility of food.\textsuperscript{10}

The insertion of feeding and nutrition actions in the setting of Primary Health Care in general and, in particular, of Family Health Strategy, is justified by the current Brazilian epidemiological situation represented by the double burden of diseases.\textsuperscript{15}

When approached about the importance of the nutritionist in the BHU, users pointed out the great importance of this professional to guide a healthy nutrition in the context of public health, since a large part of the population cannot pay for this essential service.

“Yeah... to guide people for a good nourishment”. (user 1)

“Especially to guide stubborn elders in relation to a healthier food habit”. (user 2)

“It would be so good, for people to know about food habit, foods”. (user 3)

“It’s good for people who sometimes have no financial resources”. (user 4)

“I think it’s great, because many people seek a nutritionist and cannot pay for it”. (user 9)

Although the research subjects recognized the importance of this professional in the units, the presence is still insufficient, impairing the integrity of care to needy people, because many do not have the resources to pay for this professional.

According to Pacheco and Ramos\textsuperscript{8}, the research subjects stated that the nutritionist offers a support, gives specific and differentiated guidelines. They reported acquiring knowledge they could not receive in other ways, and were unanimous when highlighting that the community would suffer a great loss if there were no more nutritionists in the health unit. The emerging situation has been conducting a course in which the real need for trained professionals to act in the basic care context integrally, and in a humanized and interdisciplinary way, is consistent with current health policies, observing the insertion of professionals and achievements of actions suggested in these policies. It is a challenge for municipalities to include the nutritionist in basic care, because it will increase the amount of professionals, but, according to the principles of the Unified Health System, the presence of the nutritionist is fully justified within the multidisciplinary model of the family health strategy and the national policy on food and nutritional safety.\textsuperscript{5}

For Gomes\textsuperscript{3}, in this current epidemiological need, the coverage of the nutrition service is still insufficient, thus, it is essential that municipal managers understand the actual importance of the nutritionist in Primary Health Care.

The nutritionist is, therefore, able to be within the rebuilding of health care practices in Brazil, in the model devised by the health reform movement. In this sense, the health care to the Brazilian family, whose purpose is to change the history of practices and results of the interventions, cannot dispense with the performance of this professional.\textsuperscript{12}

**Category 3 – Indication of other health professional for the nutritionist**

The relevance of the nutritionist in the Family Health Strategy was emphasized by health professionals. On this issue, some individuals have excess weight, but others die due to lack of nutrients (hidden hunger), in this way, the nutritional panorama of the Brazilian population is in absolute imbalance. There is need for an efficient performance of nutritionists to promote health through diet, because, without the technical knowledge about nutrition, performed by a professional with this training, it is rather difficult to revert this scenario. This professional has not been included in the Unified Health System of Brazilians yet.\textsuperscript{5}

The subjects’ speeches show that they were indicated by other professionals to seek a nutritionist in order to treat some disease.

“Yes, because of the gestational diabetes, so that she could provide a food guidance”. (user 18)

However, how can the population be answered by a nutritionist in the BHU if, in several municipalities, this service is not offered? This fact is not related to the abilities of this professional, but with the commitment of managers in including this professional in the BHU.

For Pádua and Boog\textsuperscript{16}, those responsible for the absence of the nutritionist in the Basic Health Network is the structural and historical issue in health policy. With this, the absence should not be explained as a failure of the professional competences set out in legislation that regulates the profession, nor as a deficiency of technical skill in integrating the health teams of the country’s regions.

“No, it’s too difficult to schedule an appointment”. (user 7)

“No, I have never been referred to one, I think it’s due to the difficult access, the departments, because they are usually the most severe cases, so, sometimes, I think people consider nutrition something more connected to esthetics”. (user 15)

Others have never received the suggestion of seeking a nutritionist, once this professional is not inserted in the BHU, hindering the referral by other professionals.

A study done by Santos\textsuperscript{10} showed that the nutritionist is still seen as a professional that meets only the elite, showing the difference between social levels in the country. Therefore, their inclusion in the Basic Health Unit is essential to support the poorest community that cannot attend private consultations.

The study of Tavares et al\textsuperscript{17} showed that primary care professionals know the importance of a nutritionist inserted in the BHU, helping the community regarding food habit, once they can help in the guidance of healthy nutritional practices that prevent and treat non-transmissible chronic conditions, because they are qualified for this role, and also due to the purchasing power of people who cannot afford a private

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consultation with the nutritionist, hindering, therefore, the contact with the needy population.

Pimentel et al.18 reported that the Primary Health Care, through the FHS, is the appropriate environment for promoting food and nutrition activities with great impact on families. Taking as an example, the control of primary malnutrition and the lack of micronutrients, such as anemia and hypovitaminosis A.

The research has brought to the scientific environment the knowledge of users of the Unified Health System and their perceptions about the relevance of the nutritionist in people’s health, which will help to ensure that authorities see that this professional is essential for maintaining the quality of life of subjects and see as necessary the inclusion of this professional in the BHU.

FINAL THOUGHTS

Users’ responses revealed, therefore, that there is a recognition of the importance of the nutritionist in the basic health unit, and this professional may contribute to a better quality of life, since nutrition is part of pathophysiological processes. According to the subjects, the nutritionist is seen positively, but their absence in the BHU hinders people’s contact with the benefits offered by them, such as nutritional education, dietary prescription, anthropometric assessment, among others, which makes it necessary to charge from political authorities of the country greater attention directed to the inclusion of this professional in the collective health.

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