Social Work Faculty Scholarship   Social Work

2016

Drawing comparisons across Community Health Agents (ACS), nurses and physicians in Brazil's Unified Health System (UHS)

Rahbel Rahman

Binghamton University--SUNY, rrahman@binghamton.edu

Drawing comparisons across Community Health Agents (ACS), nurses and physicians in Brazil's Unified Health System (UHS)

Authors: <u>Rahbel Rahman</u>[1]; Rogério Meireles Pinto[2]; Margareth Santos Zanchetta[3]

[1]Binghamton University, Department of Social Work, Binghamton, New York, USA
rrahman@binghmaton.edu, 917-514-1020
[2]University of Michigan, School of Social Work, Ann Arbor, Michigan, USA, ropinto@umich.edu
[3]Ryerson University, Daphne Cockwell School of Nursing, Toronto, Canada, mzanchet@ryerson.ca

Background: Recent WHO guidelines emphasize on empowering communities to take ownership of their healthcare needs. Brazil's UHS is a model for delivering community-based care through Family Health Strategy (FHS) interdisciplinary teams - ACS, nurses, and physicians. Our study compares nurses, physicians and ACS on their perceptions of work environment, professional skills, cognitive capacities and job context. Global health administrators and policy makers can leverage on comparisons across providers to develop interprofessional training and implement system-level interventions.

Methods: Cross sectional data were collected from 168 ACS, 62 nurses and 32 physicians in Mesquita and Santa Luzia. Providers were compared across demographic characteristics (age, race, and gender), job context (caseload, work experience, work proximity, length of commute, community familiarity), work environment (work conditions and resources), professional skills (consumer-input, interdisciplinary collaboration, efficacy of FHS teams, work-methods, decision-making autonomy), and cognitive capacities (knowledge and skills, skill variety, confidence, perseverance). Descriptive and bivariate analysis were performed.

Results: Sample included 64% ACS; 24% nurses; 12% physicians. Most nurses (44%) and ACS (51%) identified as mixed races; most physicians identified as males (52%), and white (58%). ACS reported being closest to the consumers they serve, therefore reporting the highest levels of knowledge of their community's lifestyles, traditions, and culture. ACS social closeness to consumers resulted in them incorporating consumer-input in disease prevention activities greater than nurses and physicians. ACS had lesser decision-making autonomy than physicians, contributing to lower confidence levels than physicians.

Conclusion: There has yet been a study comparing medical staff with community based provider's perceptions on work environment, professional skills and cognitive capacities. Global health systems can leverage upon the diverse perspectives of providers to implement a community-based primary care model. Our study underscores the need for in-service trainings to harness cognitive constructs. ACS should be included in the curricula design of trainings to ensure the inclusion of community-based skills.