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PERCEPTIONS OF THE PHARMACIST'S ROLE IN PRIMARY HEALTH CARE

PERCEPÇÕES SOBRE A ATUAÇÃO DO FARMACÊUTICO NA ATENÇÃO PRIMÁRIA À SAÚDE

PERCEPCIÓN DEL PAPEL DEL FARMACÉUTICO EN ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT
This study aimed to analyze the discourse of health workers at the Nutrition Center in Tianguá/CE on the importance of pharmacists in the primary care team. This is a descriptive, exploratory field study with a qualitative approach, carried out at the Nutrition Center Basic Health Unit in Tianguá - CE. Data collection took place between August and September 2022. The data was analyzed using Bardin's Content Analysis. Fifteen health workers took part in the study, aged between 30 and 62, and working at the unit for between 4 and 32 years. The analysis of the discourses generated three categories discussed throughout the article. It was concluded that pharmacists are essential professionals in health care and that their work in primary care still needs to be better recognized and integrated into the multi-professional team to guarantee comprehensive care for the population.
Keywords: *Pharmacist; Health Personnel; Primary Health Care.*

RESUMO
Este estudo possui como objetivo analisar o discurso da equipe de trabalhadores da saúde do Centro de Nutrição de Tianguá/CE sobre a importância do farmacêutico na equipe de atenção básica. Trata-se de uma pesquisa de campo, descritiva, exploratória e com abordagem qualitativa realizada na Unidade Básica de Saúde Centro de Nutrição na cidade supracitada. A coleta de dados ocorreu entre agosto e setembro de 2022 e os dados foram analisados com base na Análise de Conteúdo de Bardin. Participaram da pesquisa 15 trabalhadores de saúde com idades entre 30 e 62 anos, os quais apresentavam tempo de atuação na unidade entre 4 e 32 anos. A análise dos discursos gerou três categorias discutidas ao longo do artigo. Conclui-se que o farmacêutico é um profissional essencial para o cuidado em saúde e sua atuação na atenção básica deve ser mais reconhecida e integrada à equipe multiprofissional, a fim de garantir a integralidade do cuidado prestado à população.
Descritores: *Farmacêutico; Trabalhadores da Saúde; Atenção Primária à Saúde*.

RESUMEN
El objetivo de este estudio es analizar el discurso del equipo de agentes de salud del Centro de Nutrición de Tianguá, CE, sobre la importancia del farmacéutico en el equipo de atención primaria. Se trata de un estudio de campo descriptivo, exploratorio, con abordaje cualitativo, realizado en la Unidad Básica de Salud del Centro de Nutrición de Tianguá - CE. La recolección de datos se realizó entre agosto y septiembre de 2022 y los datos fueron analizados utilizando el Análisis de Contenido de Bardin. Participaron de la investigación 15 agentes de salud, con edades comprendidas entre 30 y 62 años, que ya trabajaban en la unidad entre 4 y 32 años. El análisis del discurso generó tres categorías discutidas a lo largo del artículo. La conclusión es que los farmacéuticos son profesionales esenciales en la asistencia sanitaria y que su labor en la atención primaria aún debe ser mejor reconocida e integrada en el equipo multiprofesional para garantizar una atención integral a la población.
Descriptores: *Farmacéutico; Personal de salud; Atención Primaria de Salud.*

INTRODUCTION

The organization of health services depends on the effective management of human resources, guided by the valorization of the professionals involved in care[1].

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Multidisciplinary teams, composed of workers from different areas, share common purposes. Interdisciplinary integration is essential to guarantee collaborative care[2],[3].

The Family Health Strategy (FHS), a component of the National Primary Care Policy (PNAB)[4], is composed of physicians, nurses, nursing technicians or assistants, and community health agents. It adopts a comprehensive approach, centered on the family and the community[3]. Despite the frequent use of medications, the pharmacist — responsible for the rational use of these supplies — is not formally part of the team, which may compromise the effectiveness of treatments and patient safety[5].

The role of the pharmacist in Primary Health Care (PHC) is still a process under consolidation, which contributes to the lack of knowledge, by many professionals and users, about their responsibilities. Historically associated with logistical activities related to medications, the clinical role of the pharmacist has been strengthening in recent decades in Brazil, involving interaction with patients, families, the community, and other professionals[5,6].

Among the challenges faced is recognition by the multidisciplinary team. The historical absence of the pharmacist at this level of care — and, when present, their restricted role to the logistical area — has fostered mistaken perceptions about their function[7]. Reflecting on their integration into PHC implies thinking about strategies for introducing them to the team, as well as to the patients themselves and society.

Among the regulations that guide the activities of the pharmacist in PHC is the National Pharmaceutical Assistance Policy (PNAF) which structures the Pharmaceutical Assistance Cycle, encompassing selection, planning, acquisition, and storage, through to distribution, dispensing, and monitoring of medication use[2]. The presence of the pharmacist is fundamental to ensure adequate pharmacological follow-up and to improve the health conditions of the population[8], especially given the medicalization of society and its consequences. In this context, the pharmacist acts as a facilitator for promoting the rational use of medications[3,9-11]. This role strengthens patient safety[12] and stimulates participation alongside other health professionals, reaffirming their relevance in the team[9,11].

This study aimed to analyze the discourse of the workers at the Tianguá/CE Nutrition Center regarding the presence of the pharmacist on the team, a role performed by the resident in Collective Health from the School of Public Health of Ceará (ESP/CE). It also sought to understand the conception of teamwork and identify weaknesses and potentialities of multidisciplinary practice.

METHODOLOGY

This study consisted of field, descriptive, exploratory research with a qualitative approach in the form of a semi-structured interview, chosen to understand the history, representations, and beliefs of the participants. The research was conducted at the Basic Health Unit (UBS) Nutrition Center, in Tianguá-CE (CNES No. 23270826.7)[13], with data collection from August to September 2022, approved by the Ethics Committee (opinion 5514.958).

The FHS is composed of 1 general practitioner physician, 1 nurse manager, 1 clinical nurse, 2 nursing technicians, 1 dentist, 1 oral health assistant, 6 community

health agents, and other workers — 3 general services employees, 2 administrative assistants, 2 security guards, and 1 driver — serving approximately 1,263 families.

To participate in the study, 18 professionals were chosen to represent the group of workers who serve the UBS users, enabling an evaluation of the pharmacist's role. For the purposes of this work, the term "health workers" refers to the members of the unit, both caregiving and administrative.

A face-to-face interview was conducted, whose flexibility and depth allowed for detailed investigation. The script with open-ended questions allowed participants to express their thoughts[14]. the data were analyzed according to Bardin[11,14], following the stages of pre-analysis, exploration, and treatment of results, applying systematic techniques to identify units and extract indicators and infer the conditions of production and reception of the messages.

RESULTS

According to Bardin's (2016)[11],14 discourse analysis technique, the participants' statements were evaluated in the following stages: Pre-analysis, material exploration, treatment of results, and interpretation.

Table 1: Stages of Content Analysis according to Bardin and application in the research.

STAGES	CONTENT ANALYSIS	APPLICATION IN THE RESEARCH
Pre-analysis	1. Skimming and hypothesis formation	Statements from healthcare professionals about the pharmacist's role were collected through semi-structured interviews. The material was read multiple times to identify initial patterns and define the categorization criteria.
Material exploration	2. Coding, clipping, categorization	The statements were segmented into units of meaning and classified into categories based on the recurrence of themes and their relevance to the research objective.
Result processing and interpretation	3. Inference, interpretation	A descriptive analysis of the identified categories was conducted, relating them to previous studies.

Source: Elaborated by the authors.

Of the 18 selected participants, 15 were available to participate in the research, with ages ranging from 30 to 62 years, and time working at the unit ranging from 4 to

32 years. The analysis of the interviews, conducted according to Bardin[8], allowed for the identification of three main categories, aligned with the research objectives. The mapped categories were as follows: Category 1 — The importance of pharmaceutical work in Primary Health Care (PHC); Category 2 — Relevance of multiprofessional work in the Family Health Team (FHT) of the Nutrition Center through the Family and Community Health Residency; and Category 3 — Potentialities and weaknesses of the Pharmaceutical Service within the UBS. These categories are presented and exemplified with excerpts from the participants' statements in the table below, followed by a discussion based on the research results.

Table 2: Emerging categories from the content analysis and examples of statements from the health workers.

CATEGORY	DESCRIPTION	STATEMENT SAMPLES
1. The importance of pharmaceutical work in Primary Health Care (PHC).	The workers emphasized the importance of the pharmacist's presence in patient care and as part of the multiprofessional team, particularly regarding pharmacy organization, medication availability, and patient guidance.	*Extremely important! The user within their coverage area, where they live, has the possibility, when consulted, to go to the pharmacy to pick up these medications and the usage instructions. (I4)*
2 Relevance of multiprofessional work in the Family Health Team (ESF) of the Nutrition Center through the Family and Community Health Residency;	Recognition of the importance of interdisciplinary work for patient care, as well as the exchange of knowledge among health workers.	*Multiprofessional work is excellent for expanding the range of care provided to users, it can foster continuous education for professionals, and the exchange of knowledge among professionals is very important.*
3. Potentialities and weaknesses of the Pharmaceutical Service within the UBS.	Understanding of the contribution of the pharmaceutical service to medication availability, pharmacy organization, and satisfaction of patients and health workers.	*It has improved a lot, there are controlled medications, there are more medications. Everything is organized. (I 10)*

Source: Elaborated by the authors

Category 1: The importance of pharmaceutical work in Primary Health Care.

When asked about the pharmacist's work within the health unit, the interviewees emphasized the importance attributed to this professional, as we can observe:

> *It's very important because you have the prescription, the medication is right there in the pharmacy, so it works out. (I 10)*
> *Absolutely, because it makes the patient's treatment much easier. Some patients are very resistant, you know, to taking medications, or anything can be an obstacle to treatment. With the pharmacy inside the unit, they leave the appointment, go straight to the pharmacy, and leave with their medication. (I 7)*

When approached about the pharmaceutical service at the BHU, the pharmacist's activities were very well covered by the interviewees:

> *Customer service, medication dispensing, guidance on medication use. (I 9)*
> *Medication receiving, storage, organization, user assistance, system registration. (I 7)*
> *Requests medication, organization, medication dispensing. (I 5)*

Category 2: Relevance of multiprofessional work in the Family Health Team of the Nutrition Center through the Family and Community Health Residency.

It is possible to observe the enthusiasm in the speech of the interviewed professionals when asked about the experience of the multiprofessional work developed and carried out with the Residency team:

> *Very important, it made a huge difference in the unit because we have the service. Our unit is very remote, and the demand is very high. And this issue of the multidisciplinary team, especially with the residents, is very good because the team is quite complete: there is a Social Worker, a Nurse, a Physiotherapist, a Nutritionist. (I 7)*
> *When it really works, because sometimes in practice it doesn't work, but it is very important because there is a very professional perspective. Each professional has a perspective on the patient. This collaborative work, seeking the improvement of the user, is an important, distinct point; it is fundamental work. (I 6)*

Through the observations, it was possible to perceive the importance of multiprofessional work when carried out responsibly, aiming for the patient's well-being.

Category 3: Potentialities and weaknesses of the Pharmaceutical Service within the UBS

This category, which emerged from the interviewees' statements, explores what was built, implemented, and consolidated through the pharmaceutical service brought to the Nutrition Center by the first class of the Multiprofessional Residency in Health and Community of the ESP.

With the pharmacist's work, it was possible to implement activities that were previously nonexistent in the unit, as noted in the following statements:

> *It improved, having the pharmacist professional, trained people to clarify. (I 8)*
> *It has already improved a lot, particularly regarding the supply of insulins and controlled medications. (I 6)*

When asked about what could be improved in the pharmacy service, almost unanimously, the interviewees highlighted the shortcomings in the quantity and variety of medications sent to the UBS, as we can observe:

> *And what could improve would be to increase the quantity of medications. (I 8)*
> *The supply of medications could improve; some are missing, not all are available yet, although it has already improved a lot, but not all medications are sent here. (I 7)*
> *However, it falls a bit short due to the lack of some medications, but the dispensing has improved a lot, and the users really like it. (I 6)*

DISCUSSION

The analysis of the interviews revealed perceptions about the pharmacist's work in PHC, with emphasis on multiprofessional care and the strengthening of services. However, the association with the logistical aspect, centered on medication and pharmacy organization, prevails. The discussion was structured into three categories, articulated with legal frameworks and technical literature, highlighting advances and challenges of daily health practice.

Category 1: The importance of pharmaceutical work in Primary Health Care

The interviewees' statements highlight the central role of the pharmacist in PHC, promoting rational medication use and supporting treatment adherence, in line with the code of ethics[15] and the PNAF, which recognize their clinical responsibilities and contribution to comprehensive care [10,16].

Interviewees emphasized the relevance of patient guidance and the pharmacist's educational actions, acknowledging their clinical role. However, they pointed out barriers such as a shortage of professionals, absence of the CFT (Pharmacy and Therapeutics Committee), structural difficulties, and limited access to the Central

Pharmacy—factors that compromise the effectiveness of care[16] and reinforce the need for policies to strengthen their role in UBS[17, 18].

Furthermore, despite recognizing the pharmacist as a health professional integral to the multidisciplinary team, the notion persists that their role is restricted to the presence of medication and pharmacy organization, without encompassing comprehensive patient care, as advocated by the PNAB[4]. When participants report perceiving the pharmacy as more organized and medication availability improved, this perception is valid but limited to the logistical aspect. This highlights the need to broaden the understanding of other services the pharmacist can provide, especially in patient care, which will only be possible with their effective presence in the pharmacies of UBS across Brazil.

Category 2: Relevance of multiprofessional work in the FHT of the Nutrition Center through the Residency

The initiation of the Multiprofessional Residency in Tianguá in 2021 was cited by interviewees as an inflection point in the organization of the UBS services. The testimonies highlighted the positive impact of interprofessional practice, emphasizing the reorganization of care and the sharing of knowledge.

These statements align with the literature, which underscores the benefits of multiprofessional practice for comprehensive care, patient support, and resolvability[19].

Nevertheless, the interviewees themselves pointed out limitations, such as the need for greater joint planning, management support, and adequate infrastructure to enable this practice. Such difficulties indicate that, despite the service's advancement, institutional conditions that favor integration among professionals still need to be consolidated. These barriers hinder practice, directly impacting access to and quality of care received by users. This scenario contrasts with the guidance of the PNAB[4], which establishes universal and comprehensive access associated with care coordination, highlighting the need for actions to ensure professional practice aligns with current regulations.

Category 3: Potentialities and weaknesses of the Pharmaceutical Service within the BHU

The presence of the residency team, especially the pharmacists, brought improvements to the BHU's pharmaceutical service, as reported by participants. The implementation of the Hórus system, the reorganization of the pharmacy, and the decentralization of special medication dispensing were perceived as significant advancements. These reports align directly with the recommendations of RDC No. 44/2009 from the Brazilian Health Regulatory Agency (ANVISA), which establishes guidelines for good pharmaceutical practices[20],[21],and with the expanded concept of pharmaceutical care.

However, the interviews also revealed weaknesses, such as the centralization of the supply of certain medications at the Central Pharmacy and the absence of an effective pharmaceutical care management system in the municipality[20]. This tension

between advancements and limitations was emphasized by Melo and Castro (2017), who linked medication shortages not only to economic factors but also to failures in demand forecasting and inventory control[22, 23] .

These factors contradict the guidance of the PNAF[2], which is based on the principle that the presence of the pharmacist is essential. It is not possible to reflect on medications in PHC dissociated from the user and their right to pharmaceutical care, as this opposes the principles established by the public policies of the Unified Health System (SUS) and particularly the PNAB[4], which advocates for care based on a comprehensive view of the patient's needs.

Thus, it is evident that health workers[23] recognize the importance of integrating pharmacists into multiprofessional teams[19], considering their role in both qualifying the logistics of pharmaceutical products and promoting the rational use of medications[24,25,] directly contributing to the improvement of care provided.

FINAL CONSIDERATIONS

The presence of the pharmacist strengthens patient safety, rational medication use, and educational actions. With technical and clinical competencies, they can transform health services, especially in PHC, where medication is linked to patient-centered care. Dispensing, an activity exclusive to the pharmacist, reinforces their relevance in care practices.

Multiprofessional practice is essential to ensure comprehensive care. However, obstacles persist, such as the still limited knowledge among some professionals regarding the pharmacist's responsibilities, which restricts their full integration into teams. Given this, it becomes crucial to guarantee the presence of this professional in all UBS across the country, to address gaps and meet the demands established by the PNAB and the PNAF. Their participation contributes to strengthening health promotion, prevention, and care actions, integrating logistical and clinical practices, and expanding the benefits offered to the population.

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