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Nutritionists in primary health care in the municipality of Santos, São Paulo state: performance and management of nutritional care

Nutricionistas na atenção primária no município de Santos: atuação e gestão da atenção nutricional

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Abstract

This article aims to analyze the insertion of nutritionists in Primary Health Care in the city of Santos, São Paulo state, Brazil, identifying their practices in the management of nutritional care. A qualitative, descriptive study was carried out using interviews and content analysis. Semi-structured interviews were conducted with the universe of nutritionists (three), who divided their performance into 28 services. The interviewees reported insufficient numbers of professionals, making it difficult to work in teams and to assure the quality of food and nutrition actions. They evaluated their work process unfavorably, which makes it hard to act in different fronts, such as maternal and child care or overweight, as well as to build a link with users and professionals. Although group activities predominated, most of them occurred in waiting rooms, without prior planning and were guided by a disciplinary approach. It was found an urgent need to overcome obstacles such as the reduced workload to act in each service and the limited infrastructure for health promotion and adequate and healthy food actions. In conclusion, the municipality does not have an adequate number of nutritionists in Primary Health Care, especially in areas of greater social vulnerability, which undermines work processes and the effectiveness of comprehensive health care.

Keywords: Nutritionists. Primary Health Care. Nutrition Policy. Unified Health System. Professional Practice.

Resumo

Este artigo tem por objetivo analisar a inserção de nutricionistas na Atenção Primária à Saúde no município de Santos, SP, identificando suas práticas na gestão do cuidado nutricional na rede de atenção à saúde. Trata-se de estudo qualitativo, de caráter descritivo, utilizando entrevistas e análise de conteúdo. Realizaram-se entrevistas semiestruturadas com o universo de nutricionistas (três), que dividiam sua atuação nos 28 serviços. As entrevistadas relataram número insuficiente de profissionais, dificultando o trabalho em equipe e a qualidade das ações de alimentação e nutrição. Avaliaram desfavoravelmente seu processo de trabalho, por impossibilitar a atuação em todas as frentes, como a atenção materno-infantil ou ao excesso de peso, e a criação de vínculo com os usuários e com as equipes dos serviços. Embora predominassem atividades em grupo, a maior parte ocorria em salas de espera, sem planejamento prévio, e era de natureza disciplinar. Revelou-se a premência de superar obstáculos, como a carga horária reduzida de trabalho para atuar em cada serviço e a limitada infraestrutura para ações de promoção da saúde e da alimentação adequada e saudável. Conclui-se que o município não possui um número adequado de nutricionistas na Atenção Primária à Saúde, especialmente em áreas de maior vulnerabilidade social, prejudicando os processos de trabalho e a efetivação da integralidade da atenção à saúde.

Palavras-chave: Nutricionistas. Atenção Primária à Saúde. Política Nacional de Alimentação e Nutrição. Sistema Único de Saúde. Prática Profissional.

Introduction

Primary Health Care (PHC) comprises a set of health actions organized regionally and accessible toall individuals and communities, considering singularities and sociocultural insertion in order to develop an integral and humanized care.

This point of care consists of care practices and management of actions designed to fulfill people needs in areas covered by the traditional Primary Health Care Units (PHU) and Family Health Care Units (FHU), where the Family Health Care Strategy (FHS) operates.[1] In the FHS system, contact with users is closer since the health care teams go to the places where individuals and families live. Professionals who joined the PHC network, among them nutritionists, face numerous challenges to work in these two care models.[2-6]

Given the great influence of nutrition on the health/disease/care process, actions related to Food and Nutrition in the PHC context, either oriented to individuals or collectivities, are of vital importance.[7] These actions, according to the *Política Nacional de Alimentação e Nutrição (PNAN)*[8] (National Food and Nutrition Policy), operate at different interventional levels for health promotion, prevention, diagnosis, care, treatment and rehabilitation of diseases, besides the commitment to Food and Nutrition Security and assurance of human rights to health care and proper and healthy nutrition.[7]

From this perspective, nutritionists and allhealth carestaff play a key role in different fronts of action such as food and nutritional surveillance, prenatal and postpartum care, child health care, prevention and control of noncommunicable chronic diseases (NCD) and elderly health care. Work processes and the possibilities of interdisciplinary actions oriented to integral care indifferentlife stages, in addition to network actions, constitute the most fragile aspects thathealth care teams need to cope with to accomplish the precepts of integral health care in Brazil. [2,4,10,11]

Nutritionists inserted in the PHC's multi-professional team has competencies and the obligation to work at different fronts of action, both universal and specific.[7,12] Training of these professionals constitutes the base for their directioning and performance in the area of Collective Health Care.[13-15] Nutritionists' academic training experiences based on inter-disciplinary work and recognition of the territory to develop sensible eyes andlistening to health problems, have shown to be effective in potentializing integral health care.[16,17]

Developing nutritionists' competencies and building their professional identity are issues discussed in the literature,[15,18] pointing to the need for enhancing PHC-oriented training.[13,19] With respect to the work in this area, studies point to difficulties related to the still insufficient number of this professional in the services to deal with the demands of integral health care.[3,10,11]

Thus, understanding the challenges of professional practice in the Primary Health Care network, from the perspective of nutritionists, may build more effective and consistent actions between public policy formulations and local practices, andlead processes related to the professional-academic training. This paper has the purpose of analyzing the insertion of nutritionists in the PHC in the municipality of Santos, SP, aiming to identify their practices in the most different fronts of action that comprise management of nutritional care in the network.

Methodological procedures

It is a qualitative, descriptive study that investigated the universe of nutritionists inserted in the Primary Health Care in Santos SP.[a]

The municipality of Santos has a population of 419,400 inhabitants and is divided into two geographic areas - insular and continental -, and the latter has 70% of its territory occupied by an environmental preservation area. The island, with 99% of the population, is divided into four health administrative zones: Centro (Center), Morros (Hills), Costa/Intermediária (Coast/Intermediate) and Noroeste (Northwest). The Costaregion has the best socioeconomic status, while the other three zones have more social inequality and population in situation of great vulnerability.[20] In this study, the continental area was disregarded because of difficulties of access and low population density. In the insular area, there are 28 PHUs distributed in the four zones, and of this total 19 are PHUs and nine are FHUs.

Semi-structured interviews were conducted with all nutritionists of the Primary Health Care network, using a checkliststhat was improved in a pilot study, to investigate the insertion of these professionals in the network and identify aspects relating to the performance and management of nutritional care. The instrument covered the following domains: general data on the professional's profile; resources adequacy/sufficiency; work process; actions relating to food and nutrition in different phases of life.

Work process here means the organization of professional practices that place the user in the center, in detriment top reestablished protocols, thus contributing to the integrality of health care.[1]

The interviews were conducted in 2013, at the workplace (Family Health Care Units and/or Primary Health Care Units), with a duration of about 60 minutes each. The nutritionists were interviewed by the chief researcher, together with an assistant researcher, both trained to mediate and observe the interview process. In parallel, field supervisions were carried out to check the data collected and verify the difficulties encountered at the time of interview.

The interviews were conducted in such a way as to encourage participants to talk freely about topics relevant to the practice dimensions, in different food and nutrition actions, work processes and adequacy and sufficiency of local resources. This exploratory approach contributes to the understanding of the meaning of actions and the reality experienced by the participants.

Systematization and content analysis of the data collected in the interviews were made following Bardin's methodological reccomendations.[21] Firstly, the data (the answers to the questions and field notes) were organized, followed by a preliminary floating reading of the empirical material to

[a] The study is part of the research work "Integrality of care and nutrition actions in Primary Health Care in Santos" (CNPq 486017/2011-7).[17]

establish a connection between the research questions and the development of an axial analytical structure aligned with the dimensions of the interview checklist.

Subsequently, the analytical codification process began, using the semantic criterion, in which the discourses were grouped in an objective, precise and rigorous manner, generating the record units. To these record units were assignedthe themes identified by the researchers, based on the contents of the discourse of the participants. Finally, the codes were refined by means of grouping into thematic categories. The results were presented by dimensions organized with excerpts of the participants' reports to illustrate each of the identified thematic categories.

The research was authorized by the Municipal Department of Health in Santos and approved by the Research Ethics Committee of the University of origin, under no.32900/2012. The volunteers signed the Free and Informed Consent Form to participate in the study.

Results and Discussion

Three nutritionists, women and public servants of the Municipal Department of Health who worked in the Primary Health Care network in Santos were interviewed. These professionals graduated, respectively, 28 (N1), 10 (N2) and 08 (N3) years ago. All of them have worked in the network for more than three years. Regarding the professional qualification, two nutritionists were attending a postgraduate program at the time of the interview, one of them for a master's degree (*stricto sensu)* and the other in a specialization course *(lato sensu).*

Of the total 28 health care units in the insular area of Santos, 19 (68%) counted on the interviewees' direct work, 13 of them being PHUs and six FHUs. Each nutritionist reported a workload of 40 hours/week, and their presence in these units was between a period of four hours/week, in 16 units, and two periods, totalizing eight hours per week in three other units.

The number of nutritionists working in the PHC of the municipality is below that established by the profession's regulatory agency (i.e. one professional for every 30 thousand inhabitants) in all regions.[22] In Centro, which has six health care units, with a population of 88,900 inhabitants; Morro, with eight health care units and 6200 inhabitants, and Orla, with six units and 187,950 inhabitants, there is only one nutritionist per region. According to the Federal Council of Nutritionists, the recommended number would be three, two and six professionals, respectively, per health care unit.[22] Specifically in the Noroeste zone, a region of high social vulnerability,[20] which has eight health care units and a registered population of 71,820 inhabitants, there is no nutritionist in any of the eight units.

It was found that the number of nutritionists inserted in the PHC of Santos is not enough to serve the population in the areas covered by Primary Health Care Units and Family Health Care

Units. Likewise, studies in the metropolitan region of Campinas-SP[23] and in the city of São Paulo[9] found insufficient number of nutritionists in Primary Health Care units, when compared to the recommended one.

In a study conducted in the same city of the present study,[24] managers of the health care unit were interviewed, and according to 60% of them, the insufficient number of nutritionists is a structural problem that affects nutritional care adversely.

The inadequate number of nutritionists in the Primary Health Care network has an adverse impact on how work is organized, especially in terms of the nature of ongoing actions and capabilities to solve them.[3,15,23] Also, the shortage of workers in the health area restrains actions in the health care service, preventing inter-sectoral articulations in the territory and restricting the prospection of initiatives in the political sphere.[25]

Based on the participants' reports, it was possible to identify four thematic categories, as follows: work process, link building (with health care teams and users), nature of developed actions; (d) university/service partnership.

Work process

Participants expressed dissatisfaction with their work process due to the impossibility of working in all life phases (which one of them called "care line"), leading them to prioritize work activities where they have more affinity to the detriment of others.

> I am unhappy because I can't work in all lines of care. It is necessary to find out your space, and I end up focusing on the maternal-child care line, with which I feel more connected. (N1).

In addition, such dissatisfaction was associated with a difficulty to proceed with nutritional care actions due to the short time working at each unit.

> [...] it is exhausting and at the same time frustrating because we cannot follow up and proceed with the work done because of too much running around and little time to spendat each unit (N2).

Pádua & Boog[23] observed that the dissatisfaction of nutritionists who work in the PHC network in the metropolitan region of Campinas-SP was associated with low remuneration, excessive work demand and the need to demonstrate professional competence to cope with the challenges at work.

Poor infrastructure in the units and lack of physical, material and professional capabilities were pointed out by the interviewees as conditions directly related to work that must be overcome.

This is because such conditions prevent and diminish the scope of action of the nutritionists and, possibly, the quality of Food and Nutrition actions developed in the network.

Asked about the number of health professionals in each unit, all nutritionists considered itinsufficient to meet the diverse demands, either individually or collectively. They also identified physical space limitations for anthropometric measurements as well as insufficient equipment in some places where they worked.

> I think that the physical area and number of professionals involved could be improved. (N3)

Management of nutritional care can be jeopardized by organizational, structural and functional hindrances, which interfere in the dynamics of the professional activities of Primary Health Care.[4] The lack of nutritionists and other health professionals – which can be called health care managers –diminishes the smooth running and accomplishment of collective and individual strategies from the perspective of integral health care.[26]

Link building (*with health care teams and users*)

The participants reported that a suitable number of professionals and better communication between them, which could be achieved, for example, through staff meetings, could strengthen the relationships and facilitate effective bonding strategies both with professionals and users of the services as well as in managing the users' demands in the health care units.

> In some units, it is necessary to promote staff meetings to approximate professionals and establish a bond with the population (N1).
>
> [...] in the PHU, the small number of employees and the great demand prevent a closer relationship with users (N2).
>
> Participation of professionals in case discussions is vital to understand the users' reality (N3).

Shared management, enabled by team meetings, can awake in the professionals the spirit of collective responsibility in health care, which is a vital mechanism for the continuity of each professional' specific practices, increasing the odds of accomplishing successful, effective interdisciplinary actions in the health care network.[4,25] Areport about the experience on interdisciplinary curricular internships in Nutrition and Psychology showed the key role of staff meetings in discussing cases, in building a singular therapeutic project, in developing health care protocols and strategic plans for health educational actions in the city of Santos.[27]

In this study, the interviewed nutritionists mentioned differences in the formats of actions between both care modalities. According to them, the dynamics of the arrangement and model of care in the Family Health Care Units favors the achievement of the population's demands in the territories, besides building link. Domiciliary care, in particular, is viewed as an approach that can enhance the relationship between the health care team and the population.

> Usually, in the FHC units, the staff knowsall users and call them by their names [...] it is different because the contact with the residents is more frequent (N2).
>
> From the moment a user arrives at the FHC, the bond and welcoming are present [...] home visits also enhance such link (N1)

In the reorganization of the care model, based on the Family Health Strategy, bringing the reality of individuals, families and community closer to the health care team is vital to ensure the integrality and humanization of care.[28,29] In this regard, the home setting should be conceived more widely by health professionals, i.e., beyond the physical aspects of the environment and the individuals' behaviors. This requires that the individuals'life history, the context to which they belong and their cultural background be considered.[4,33] The family-centered, multi-professional and interdisciplinary work assumes a strategic approach to dimension the complexities and deal with issues related to the elements and subjects that interact with one another and influence the health and disease process.[30,31]

Based on the social representation of the family health care professionals, in the city of São Carlos-SP, Camossa et al.[2] observed the significant role played by nutritionists included in the *Núcleos de Apoio à Saúde da Família (NASF)* (Family Health Support Centers) in home visits, favoring nutritional intervention practices more suitable to the population's reality, as well as strengthening the bond with the population and more adherence to the treatment.

Listening concerned with the development of people's autonomy and the increasing abilityof health care interventions in solving problems have a direct relation with a link built between health professionals and the population, for being associated with trust-building and humanized relationships driven by the understanding of the real needs of the assisted individual.[32,33]

According to the interviewed nutritionists, the greater interprofessional interaction provided by the care model in the Family Health Care Units provides a more integrated and satisfactory work. It was also observed in the statements the need for resignification and reformation of work in the Primary Health Care Units.

> [...] In the FHU, the very fact that we can perform multi-professional team works is very positive. In the units where this kind of work does not exist, the professional role gets lost, and you have to find your space, it is alonelier workplace. (N1).
>
> The FHUs have a work model that favors this engagement. (N3).

Thus, it becomes clear the FHS role of guiding their actions by interdisciplinary work.[4] The care model adopted by the FHUs moves the focus of a medical-centered care to multi-professional teamwork, enabling the sharing and integration of knowledge, skills and competencies in order to foster integral care. However, there still are gaps, discrepancies between the fundamentals of this care model and the services practiced.[5,9,10,13,26]

In some situations, nutritionists face difficulties for a more effective performance in the family health care team due to the lack of knowledge about the specific activities[11] of other professionals or for being identified as a physician-assistant professional, which hinders their performance and professional autonomy in health care.[2] On the contrary, health care work requires the creation of bond between the professionals as a requirement for teamwork and sharing of knowledge and practices that constitute an interdisciplinary work.[11]

Nature of developed actions

With regard to the kinds of action and approaches developed by nutritionists of Primary Health Careunits in Santos, it was found a predominance of teamwork activities in the daily work because of its potential to serve a larger number of residents when compared to individual care. However, most of the educational activities were conducted in waiting rooms, lacking previous planning and continuity.

Because of these characteristics, such groups were limited in their potential to promote the subjects' autonomy and empowerment,[34] thus becoming one more arrangement that the professionals found to respond to the great demand for nutritional care in relation to their workloads at every location. Furthermore, the nature of group activities was usually disciplinary. In general, the groups addressed topics such as encouragement to breastfeeding or promotion of healthy eating in NCDs.

> I do more "hiperdia", i.e. NCD-related routine work (waiting room group), due to the great number of patients... some groups of pregnant women or insulin-dependent patients (N2). [Underlining ours].

Again, the precariousness of work conditions impacting food and nutrition education, as the following statements show:

> Because of the number of units (where to work), it becomes difficult to organize, plan, build, because time is just enough to execute (N3) [Underlining ours].
>
> [...] in general, the number of units should be reduced. (N1)

Similarly, Cervato-Mancuso et al.[3] identified predominance of collective activities, such as educational groups and shared care, focused respectively on health promotion and diseases prevention, as being the most frequent services provided by nutritionists at the NASFs in the city of São Paulo.

It is worth noting the importance of nutritionists in Collective Health educational field for the accomplishment of actions in Food and Nutrition Security and Health Promotion.[16] From this perspective, in addition to their competencies and specific dutiesin planning, in the execution and evaluation of activities related to food and nutrition education, there is a need for developing therapeutic and interdisciplinary educational activities to deal with the complexity of phenomena related to food practices and health.[12,18]

Given that most of the group activities were conducted by the interviewed nutritionists in waiting rooms before medical attendance, some caution is necessary in order that the approaches adopted do not assume a prescriptive and merely informative character.

In Brazil, there is still a gap between the theoretical references and local practices on food and nutrition education, given that many approaches are guided by dialogicity and problematization of the individuals' reality to develop insights and autonomy. They are, therefore, little effective in the promotion of health and prevention of diseases. [2,5,35]

It is important to emphasize that planning is a preliminary process of work that is necessary to increase the chances of success of the actions developed by nutritionists in Primary Health Care.[34] Developing plans of actions that include nutritional and educational diagnosis, in addition to process and impact assessment methods, is vital to ensure the adequacy, effectiveness and improvement of the adopted strategies.[36]

Lack of planning and organization of a therapeutic flow with disarticulation between collective and individual strategies prevents the achievement of integral care in all phases of life.[3,10] In the PHC unit under study, nutritional and individual care was provided on medical referral, according to the nutritionists. One of the interviewees, however, reported that she developed individual care as main part of the daily routine in two health care units; most of the referrals were demands for nutritional guidance to treat NCDs.

It was also found that, when the nutritionists were absent, other health care professionals performed Food and Nutrition actions. For example, guidance on supplementary diets was predominantly delivered by doctors, and only in five units in Santos this activity was performed by nutritionists. The following statement summarizes this finding:

> [...] nurse assistants talk about foods and diets when they are measuring blood pressure; doctors discuss it in consultations and pediatricians speak about supplementary feeding. (N1)

This finding corroborates other studies that mentioned that physicians and nurses often provide nutritional guidance in Primary Health Care,[2,23] indicating a prescriptive model, a model that imposes dietary patterns and the passing on of generalized guidelines that do not meet individual singularities and local reality.

This modelof nutritional care, reproduced by health care professionals, can be associated with social representations that diminish the role of nutritionist to the one of simply "prescribing diets". And the nutritionist's work, in some situations, can be deemed as auxiliary to medical care, which contradicts the principles of interdisciplinarity and integrality of care.[9] In this regard, there is a need for training and capability-building actions of the health care team, designed in matrix support format, to sensitize about the importance of the nutritionist's duties and interdisciplinary actions in the field of Food and Nutrition.[2,24]

Despite these results, it is necessary to emphasize that prescriptive and normative behaviors in nutritional care are also found among nutritionists, but not all health care professionals support this viewpoint. More comprehensive professional approaches pass, among other aspects, through college training for work in health and the conception about health-disease-care adopted by the professional himself.[16,17,27,37]

Another issue that requires more reflections is about the fact that nutritionists are limited to the role of "prescribing diets" or being considered physician's assistants. In this case, it is important to point out that in the universe of nutritionists training, you can identify professionals that find meaning and sense in putting themselves exactly in this place. This leads to the contemporary medicalization trend of eating, given by an overvaluation of nutrients to the detriment of real food and disrespecting the cultural repertoire of individuals and population groups regarding food. To this end, specialists are expected to prescribe nutritional behaviors, often distant from the population eating culture, taking this or that nutrient as a health principle under the biomedical viewpoint.[38]

In the studied units in Santos, anthropometric assessment was mentioned as an activity usually performed by nurses and nursing technicians, as part of care routine. However, the insufficient number of nutritionists was perceived as a hindrance to the development of training actions designed to professionals of the PHC network, non-nutritionists, to deal with the difficulties experienced with the lack of theoretical and practical knowledge on the specifics of this area.

> The other team professionals have theoretical difficulties in dealing with nutrition-related issues because they do not have specific knowledge [...] they miss nutritionists in the units (N1).

The interviewees considered as partially effective the actions that they developed in the different phases of life. Educational activities conducted in the *Programa Hiperdia - Sistema de Gestão Clínica de Hipertensão Arterial e Diabetes* Mellitus *da Atenção Básica* (Hiperdia Program – System of Clinical Management of Hypertension and Diabetes Mellitus in Primary Health Care), which occur in 15 PHU/FHUs, were the most frequent activities performed by nutritionists.

However, according to these professionals, the assistance to residents with diabetes and high blood pressure is primarily focused on the control and treatment of these chronic diseases, and the activities in general are limited to the measurement of capillary blood glucose, blood pressure and delivery of materials for self-monitoring and treatment. Also, the professionals mentioned that there was little time available for the development of educational actions to promote health and prevent diseases from the family and community perspective, which suggests weaknesses in the effectiveness of these actions.

About nutritional care during prenatal and afterbirth phases, the nutritionists considered the activities developed as partially ineffective inthe majority of the units and identified as core obstacles: insufficient number of nutritionists, poor recognition of the role of this professional by the health care team, and great demand in the areas covered by the health care system.

> [...] short time for nutritionists' work and lack of knowledge on the importance of this by professionals. (N1)

> [...] more time would be necessary in the units and more involvement of other professionals. (N3).

A previous study with managers of Primary Health Care units in the city under study identified a series of process inadequacies in the services provided in nutritional care in prenatal and afterbirth phases, such as deficient monitoring of the gestational nutritional phase and individualized nutritional guidance in the prenatal phase.[24] The authors found that the limited availability and poormaintenance of anthropometric equipment, besides inexistent physical structure for individual care, educational/therapeutic groups and staff meetings, were obstacles to an adequate therapeutic flow in the mother-child care line.

The participants considered the nutritional care in childhood and elderly as being equally unsatisfactory in the units where they were registered. These results reveal a need for more planning and organization of nutritional care in a setting that is deficient of nutritionists, so that the most diverse activities could be fully accomplished and actions that potentialize the available resources and the professionals' actions could be developed.

University/service partnership

Because of the nutritionists'time limitations to develop intersectoral actions, the university/service partnership was described as the only intersectoral action carried out by the interviewees. Of 19 units where there are nutritionists' care services, nine have partnerships with universities (one public and two private) and count on the services of undergraduate and graduate students.

Among the academic activities developed by the public university, the main ones are university extension projects (one unit); undergraduate curricular practices focused on health work, designed to fulfill interdisciplinary training, which combines undergraduate students of diverse courses in the three first academic years; and curricular internships in the fourth academic year (nine units). In these periods, transversal issues, common to all health professionals, are addressed, covering activities that occur in the Primary Health Care network.[37]

The interviewed nutritionists, who supervise field academic activities, reported that the students are highly engaged with the actions developed by these professionals and that the university/service partnership is positive.

> Everyone wins with this partnership, people, students and the Unit. The activities that are developed are excellent. (N1)

On the other hand, they mentioned difficulties in this relationship:

> Internships could be more structured; nutritionists cannot give much attention because she is not at the unit every day. (N1)

There are recordsof significant experiences, in terms of academic training, professional and personal experiences that arise from interactions with people living in areas of greater social vulnerability and thedifferent realities of this population.[27,37] Therefore, communication between the initial training and the reality of the services and territories is crucial to elicit critical reflections by the students, future nutritionists, about their role and insertion in the Primary Health Care network, taking into account that the nutritionists' work at NASF has shown some weaknesses and inconsistencies with the academic and professional training.[5,35]

Despite the importance of the university/health carepartnership to both undergraduate training and qualification of the health care teams, it is important to mention the limits that such relationship entails. Specifically, it is necessary to make sure that this partnership would not mask the need for more nutritionists in the services, either regarding the need forhiring a greater number of these professionals or to meet the demand for qualification and expansion of

the actions performed by them, aiming to integral health care. In this regard, the literature shows that, despite the advancements, the number of these professionals is still insufficient to deal with the PHC demands.[2,3,19]

Final considerations

In this study, the practices of nutritionists working in the Primary Health Care service in Santos were examined, which enabled to identify barriers to the accomplishment of their duties.

Two limitations in this study must be pointed out. The first is related to the specific- context nature, which does not allow for a generalization of the findings to other organizational structures of the Primary Health Care network. The second limitation is related to the fact that complementary research techniques (e.g., participant observation and discourse) could be adopted to provide an analytical triangulation and a more in-depth analysis of their perceptions and practices.

It was found that Santos, a major urban center in the metropolitan region of the *Baixada Santista,* does not have an adequate number of nutritionists inserted in the Primary Health Care network, especially in areas of social vulnerability. The insufficient number of professionals affects the quality of the work processes in the health care units and the effective integrality of care.

In this scenario, limitations of time dedicated to each unit was mentioned as an obstacle that makes work difficult in the most diverse fronts of actions as well as in building a therapeutic flow for the nutritional care in the different life phases. Many actions assume an essentially assistential nature, even when carried out in groups and focused on the treatment and rehabilitation of diseases. So, there is lack of time for planning with a collective focus on diseases prevention, health promotion, as well as for the development of actions in the territories where they work, involving other sectors, besides health. This context seemed to be associated with dissatisfaction with the work performed by the professionals of the PHC network in Santos.

Based on the reports of the nutritionists interviewed, it can be concluded that such reality impedes the organization and development of nutritional care in the Primary Health Care units in the city.

Finally, as major contributions of this study we can cite reflections and new insights about the importance of nutritionists in Primary Health Care and the identification of obstacles or challenges that these professionals must deal within order to integrate, continue and improve their actions. Thus, actions are necessary in the political-institutional sphere for sensitization of decision makers in the city, so as to ensure proper material, structural and human resources to make possible teamwork and the organization of nutritional care in the PHU in Santos.

Contributors

Spina N wrote the manuscript and contributed to the analysis, discussion of results and approval of the final version of the manuscript; Laporte ASC contributed to the study conception, discussion of results, revision and approval of the final version of the manuscript; Vedovato GM contributed to the writing, analysis and discussion of the results, revision and approval of the final version of the manuscript; Zangirolani LTO and Martins PA contributed to the discussion of results, revision and approval of the final version of the manuscript; de Medeiros MAT contributed to the design, analysis and discussion of results and the revision and approval of the final version of the manuscript.

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