







CONTINUITY OF HEALTH CARE: ANALYSIS OF THE PRODUCTION OF BRAZILIAN THESES AND DISSERTATIONS

CONTINUIDADE DO CUIDADO EM SAÚDE: ANÁLISE DA PRODUÇÃO DE TESES E DISSERTAÇÕES BRASILEIRAS

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ABSTRACT

Objective: to analyze how interpretations of continuity of care have been configured in dissertations and theses in the health field in Brazil. **Method:** documentary study with a quantitative approach. Search carried out in January 2021 using the term “continuity of care” in the Theses and Dissertations Catalog database of the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*. Twenty-eight papers, 21 dissertations and seven theses published until 2019 were included. For data analysis, descriptive statistics and content analysis were used. **Results:** most works were defended from 2013 onwards, in the Southeast region and in graduate Nursing programs. Qualitative, descriptive-exploratory studies predominated. In 15 studies, the concept or literature review on continuity of care was presented. The main themes studied were child health, chronic conditions, and health care management. **Conclusion:** the small number of works included in this study, as well as the absence of a single delimitation of the concept of continuity of care, indicates the need to explore the theme to expand the conceptual understanding in the Brazilian context and operationalize it to strengthen health care networks.

Keywords: Continuity of Patient Care; Comprehensive Health Care; Health Management; Healthcare Models; Unified Health System.

RESUMO

Objetivo: analisar como têm se configurado as interpretações sobre a continuidade do cuidado em dissertações e teses da área da saúde no Brasil. **Método:** estudo documental de abordagem quantitativa. Busca realizada em janeiro de 2021 a partir do termo “continuidade do cuidado” na base de dados Catálogo de Teses e Dissertações da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior. Incluíram-se 28 trabalhos, 21 dissertações e sete teses publicadas até 2019. Para análise dos dados foram utilizadas estatística descritiva e análise de conteúdo. **Resultados:** a maioria dos trabalhos foi defendida a partir de 2013, na região Sudeste e em programas de pós-graduação de Enfermagem. Predominaram estudos qualitativos, do tipo descritivo-exploratório. Em 15 estudos apresentou-se o conceito ou revisão de literatura sobre continuidade do cuidado. As principais temáticas estudadas foram saúde da criança, condições crônicas e gestão do cuidado em saúde. **Conclusão:** o reduzido número de trabalhos incluídos neste estudo, assim como a ausência de delimitação única do conceito de continuidade do cuidado, indica a necessidade de exploração da temática para a ampliação do entendimento conceitual no contexto brasileiro e operacionalização para fortalecimento das redes de atenção à saúde.

Palavras-chave: Continuidade da Assistência ao Paciente; Assistência Integral à Saúde; Gestão em Saúde; Modelos de Assistência à Saúde; Sistema Único de Saúde.

RESUMEN

Objetivo: analizar cómo se han configurado las interpretaciones de la continuidad asistencial en disertaciones y tesis en el área de salud en Brasil. **Método:** estudio documental con enfoque cuantitativo. Búsqueda realizada en enero de 2021 con la expresión “continuidad asistencial” en la base de datos del Catálogo de Tesis y Disertaciones de la Coordinación de Perfeccionamiento del Personal de Educación Superior. Se incluyeron 28 artículos, 21 disertaciones y siete tesis publicadas hasta 2019. Para el análisis de datos se utilizó estadística descriptiva y análisis de contenido. **Resultados:** la mayoría de los trabajos fueron defendidos a partir de 2013, en la región Sudeste y en programas de posgrado en enfermería. Predominaron los estudios cualitativos, descriptivos-exploratorios. En 15 estudios se presentó el concepto o revisión de la literatura sobre la continuidad de la atención. Los principales temas estudiados fueron la salud infantil, las enfermedades crónicas y la gestión del cuidado en salud. **Conclusión:** el reducido número de trabajos incluidos en este estudio, así como la ausencia de una delimitación única del concepto de continuidad del cuidado, indica la necesidad de explorar el tema para ampliar la comprensión conceptual en el contexto brasileño y operativizar para fortalecer las redes de atención en salud.

Palabras clave: Continuidad de la Atención al Paciente; Atención Integral de Salud; Gestión en Salud; Modelos de Atención de Salud; Sistema Único de Salud.

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INTRODUCTION

In Brazil, the Unified Health System (*Sistema Único de Saúde-SUS*) has been organized since 2010 into health care networks (*Redes de Atenção à Saúde-RAS*), organizational arrangements composed of health services and actions of different technological densities, which aim to structure the flow of care and ensure the completeness of care. In the context of RAS, the integration of services is one of the strategies for overcoming the fragmentation of care and promoting continuity of care, being the object of interest for professionals and managers working in the SUS.¹

The fragmentation and disconnection of health services are adversities present in health systems around the world. The need to reorganize health systems in an integrated manner and with a focus on the user/population is related to the epidemiological transition that has taken place in recent decades. Countries like Brazil have moved away from a model of care for acute conditions and have reached the triple burden of disease profile, in which chronic, acute conditions and injuries resulting from external causes divide the health agendas. In this sense, the integration of health services emerges as one of the main objectives of the RAS, as it enables the continuity of care for the user in his/her trajectory throughout the network.²

The continuity of health care can be defined by the way in which the user experiences and interprets the integration of health services they demand, the connection and coordination between them, as well as how articulated and coherent the link and maintenance of the care received are, over time in the reference health service.³ In this sense, the feasibility of ordered and integrated care can contribute to the qualification of care, reducing the redundancies of health actions and the financial burden on the health system, in addition to the importance attributed to this theme for the promotion of comprehensive care.¹⁻³

Continuity of care can be understood from three dimensions. The first dimension concerns the continuity of relational care, defined from the relationship established between professionals and patients throughout their therapeutic trajectory. The second is informational continuity, which depends on information and communication mechanisms so that the different professionals who care for the patient have access to their health history, attributing coherence between past care to present and future ones. The third dimension is managerial continuity, which is related to the availability of health actions and services, so that access is performed according to the patient's need.⁴

Despite the contribution of the continuity of care to the optimization of the offer and qualification of health practices, its definition is still not unanimous among the authors, as it is a multifaceted term that accompanies different interpretations.⁴ In addition, its use is observed, indiscriminate terms of continuity of care and coordination and integration of services, which reflects on the difficulty of operationalization.² Given this scenario, there is an urgent need to encourage discussions and reflections on the interpretations that permeate the continuity of care, making it essential the discussion on the advances achieved in the Brazilian context¹ in order to achieve, through greater understanding of the concept, better operationalization of the continuity of care.

Considering this scenario and understanding the contribution of nurses in the processes of care management and management in different contexts throughout the health care network, the contribution of promoting continuity of care to the qualification of comprehensive care is highlighted. With regard to the processes of reflection and qualification of Nursing and health practices, it is worth emphasizing the advances and contribution of scientific research from *stricto sensu* graduate programs. In this sense, master's and doctoral degrees result in products that impact the critical sense of nurses and reflective exercise of their actions, understanding of different scenarios and transformation of reality.⁵ Thus, the analysis of these theses and dissertations can reflect advances in knowledge scientific knowledge of a given area of knowledge. Given the above, the question is: how have the interpretations of continuity of care been configured in dissertations and theses in the health area in Brazil?

The objective of this study was to analyze how interpretations of continuity of care have been configured in dissertations and theses in the health field in Brazil.

METHODS

This is a documentary study with a quantitative approach carried out from the Theses and Dissertations Catalog database of the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), available in the public domain by electronic means.

Data collection was carried out in January 2021, from the application of the term "continuity of care" in the search field of the database. As inclusion criteria, theses and dissertations developed in the Brazilian scenario were considered, linked to the field of knowledge of Health Sciences, defended until the year 2019 - since the 2020 theses were not yet available - without an initial cut

of time and that present the term “continuity of care” as an object of study. To meet this criterion, the papers that presented the term in the title or objective of the study were considered. Theses and dissertations not available in full were excluded.

The initial search resulted in 208 studies defended until 2019, of which 186 were linked to the health field. The title and summary of these 186 studies were read. From this analysis, it was found that 33 studies presented the term “continuity of care” as an object of study. Seven works, however, were not found in their entirety in digital media and public access. In these cases, electronic contact was made with the authors and supervisors of the work and two more studies were located, totaling 28 theses and dissertations included in the data analysis stage.

Data were collected from the complete work and organized in an Excel® software spreadsheet, considering the type of work (thesis or dissertation); year of defense; higher education institution (HEI); name of graduate program; title; objective; key words; Methodological Approach; study setting; participants; Theoretical Reference; methodological framework; data collection technique; data analysis method; concept of continuity of care and adopted framework; and main results and conclusions.

The characterization data of the works were analyzed using descriptive statistics, detailing the absolute and relative frequencies of each variable. The analysis of the themes of the theses and dissertations was carried out

through content analysis, followed by pre-analysis, material exploration and interpretation.⁶

In the pre-analysis stage, the organization of the material was carried out, using the results and conclusions/final considerations of the works included in the study as written material. The entire theses and dissertations were skimmed, and the documents were chosen, limiting this stage of the analysis to the results and conclusions/final considerations. The written material was separated from text clippings from the analyzed documents. In the material exploration stage, the codification and categorization of the *corpus* regarding the research themes were carried out. In the third stage, the interpretation of the central theme of each work was performed.⁶

As this is a documentary research based on material available in public access, it was not necessary to submit the project to the Ethics Committee. However, the ethical aspects of authorship and referencing were respected.

RESULTS

The total number of works found was divided into 21 (75.0%) master’s dissertations and seven (25.0%) doctoral theses. The first work was defended in 2006 and 24 (85.7%) theses and dissertations were defended after 2013. The largest production of works comes from graduate programs in Nursing (50.0%) and from the Southeast region (57.1%). The characterization of the works is presented in Table 1.

Table 1 - Characterization of Brazilian theses and dissertations in the health field with the theme Continuity of Care. Florianópolis-SC, Brazil, 2021

		N	%
Year of conclusion	2018 a 2019	5	17.9
	2016 a 2017	8	28.6
	2014 a 2015	6	21.4
	2012 a 2013	6	21.4
	Até 2011	3	10.7
Graduate program	Nursing	14	50.0
	Collective Health / Public Health	8	28.6
	Other	6	21.4
Higher Education Institution	Universidade Federal de Minas Gerais	7	25.0
	Universidade Federal do Paraná	4	14.3
	Other	17	60.7
Country region	Southeast	16	57.1
	South	7	25.0
	Northeast	5	17.9

The predominant methodological aspects were studies with a qualitative approach (67.9%) and descriptive and/or exploratory type (43.0%). The methodological aspects of the analyzed theses and dissertations are presented in Table 2.

There were 11 (39.3%) theses and dissertations that defined the concept of continuity of care from a single

specific framework. And four (14.3%) studies specified the concept of continuity used from the assumptions of more than one author. However, 13 (46.4%) theses and dissertations did not present the concept or literature review on the subject. The frequency with which each reference was present in the works, alone or associated with another, can be seen in Table 3.

Table 2 - Methodological aspects of Brazilian theses and dissertations in the health field with the theme continuity of care. Florianópolis-SC, Brazil, 2021

		N	%
Methodological approach	Qualitative	19	67.9
	Quantitative	6	21.4
	Quantitative and qualitative	3	10.7
Research design / methodological framework*	Descriptive and/or exploratory study	12	43.0
	Case study	3	10.7
	Methodological study	3	10.7
	Theory based on data	2	7.1
	Dialectical historical materialism	2	7.1
	Cross-sectional study	2	7.1
	Other	4	14.3
	Data collection technique	Open or semi-structured interviews	11
	Interviews associated with another technique	8	28.6
	Document analysis	5	17.9
	Structured instrument	3	10.7
	Focus group	1	3.6
Data analysis method	Content/Theme analysis	17	60.8
	Descriptive and/or inferential statistics	7	25.0
	Constant comparative analysis	2	7.1
	Other	2	7.1
Participants	Users and/or family members	9	32.2
	Professionals, managers and users	6	21.4
	Professionals	6	21.4
	Professionals and users	2	7.1
	Managers and professionals	1	3.6
	Managers	1	3.6
	Does not apply	3	10.7
	Scenario	Hospital	9
Primary Health Care (PHC)		5	17.9
Psychosocial Care Center		3	10.7
PHS and secondary health care		3	10.7
PHS and hospital context		2	7.1
Residence		2	7.1
PHC, secondary health care and hospital context		2	7.1
Emergency Care Unit		1	3.6
Child Nutrition Service		1	3.6
Theoretical framework		Historical-dialectical materialism	4
	Complexity theory	2	7.1
	Symbolic interactionism	1	3.6
	Social representations theory	1	3.6
	Care based on forces	1	3.6
	Not identified	19	67.8

*According to the definition of the authors of the analyzed studies.

Table 3 - References on continuity of care adopted in Brazilian theses and dissertations in the health field, Florianópolis - SC, Brazil, 2021

Adopted reference	N (%)	Concept summary
Haggerty <i>et al.</i> ⁷	7 (33.3)	The degree to which a series of health care events is experienced as coherent, connected, and consistent with the patient's health needs and personal context
Starfield ⁸	5 (23.8)	The follow-up of an individual with a specific health problem by a doctor or team
Reid, Haggerty and Mckendry ⁹	3 (14.3)	The way in which patients experience their care over time, in a coherent and connected way, resulting from adequate information flows, interpersonal relationships and care coordination
Pastor Sánchez, López-Miras, Pérez-Fernández and Gervas ¹⁰	3 (14.3)	Follow-up, by the same doctor, of a specific patient's problem
Saultz ¹¹	2 (9.5)	Longitudinal relationship between patients and those who care for them, which transcends multiple episodes of illness and includes responsibility for preventive care and care coordination
Miller Condin, McKellin, Shaw, Klassen and Sheps ¹²	1 (4.8)	How patients experience integration, consistency and coordination between professionals and health services regarding the care received over time

Seven central themes addressed in the works were identified: child health (n=7;25.0%); chronic conditions (n=7;25.0%); health care management (n=5;17.8%); mental health (n=4;14.3%); external causes (n=3;10.7%); oral health (n=1;3.6%); and pharmaceutical assistance (n=1;3.6%).

DISCUSSION

Although the term continuity of care was found in the search carried out in 186 theses and dissertations linked to the health area of the CAPES Theses and Dissertations Catalog, the theme is commonly presented in these works only as a desired outcome in the processes of reflection and changes in practices health care, and much less frequently as an object of study. Thus, it can be said that, although 186 works were found using the term “continuity of care”, only 28 adopted it as an object of study, which may indicate that there is still a limitation in the conceptual and practical exploration of the theme, justifying the recommendation of new studies that promote the discussion of processes and practices that involve it.

An increase in the number of theses and dissertations was observed, especially from 2013 onwards. In Brazil, from 2011 onwards, health services began to be guided by the structure of care networks, which aim, through the integration of different services, to overcome the fragmentation of care and promoting comprehensive care. In this logic, it becomes essential to organize the flows with communication between the points of care, aiming at the promotion and, thus, the integration of services and the

continuity of care.¹ Another relevant issue is the advancement of health regulation, which tries to contain the discrepancy between demand for services and available resources.¹³ The continuity of care can also be seen as a way to improve the efficiency of the system, as it seeks to reorganize this process, make its participants co-responsible and avoid duplication of health actions. In this sense, it is understandable that there is justifiable interest in the theme of continuity of care.

The interest of the theme by researchers from graduate programs in the field of Nursing is consistent with the health management skills in Nursing education. The growing search to overcome the hegemonic biological model and centered on hospital care promotes discussions about the strengthening of public health policies regarding the principles and guidelines of the SUS. In this sense, broader issues in the field of health, in addition to the care work of nurses, start to generate questions and encourage reflections in this professional.¹⁴

Despite the concentration of studies in graduate programs in Nursing, it is noteworthy that the discussion and reflection on the processes of qualification in health care is the responsibility of all disciplines in the health area. In this sense, the contribution of different professions must be given through critical thinking about their scope of individual action, prioritizing joint and cooperative performance, aiming at the qualification of collective health.¹⁵ Regarding the origin of the work, the concentration of production in institutions in the Southeast region of the country can be justified by the number of postgraduate programs in that region, which correspond to 45.2% of the programs in the country.¹⁶

The predominance of studies that used qualitative research methods can be justified by the fact that this approach is indicated for the understanding of experiences and meanings in complex study areas and about little-explored objects,¹⁷ as in the case of continuity of care.

The incipience in deepening the theme can also justify the predominance of descriptive and exploratory studies, which are indicated in view of the need to elucidate the theme and when trying to characterize the investigated reality and identify problems to be better addressed. Furthermore, despite the adoption of a theoretical framework by the researcher to guide the analysis and interpretation of results, facilitating the understanding of a given phenomenon,¹⁸ the existence of a theoretical framework was identified in only 32.2% of the studies.

As a data collection technique, open or semi-structured interviews were used in 67.8% of theses and dissertations. The frequent use of interviews in research is in line with the predominance of studies of a qualitative nature. Although data can be collected through various techniques in qualitative research, the interview is the most common method and allows capturing the participant's experience of the object, in a process of joint construction of interpretations,¹⁷ making its use be indicated in research on health processes.

Content analysis and thematic analysis were the data analysis techniques most used in the analyzed studies. This demonstrates consistency with the most frequent type of research, as it is common for descriptive and/or exploratory studies to make use of these analysis techniques.

The research setting was the hospital context and PHC as the most frequent locations, present in 13 (46.4%) and 12 (42.9) studies, respectively. The importance of studying the continuity of care in PHC is justified by the influence that the coordination of care, attributed to this level of care, has on the continuity of care. A cross-sectional study conducted in the United Kingdom identified that the continuity of care in PHC, promoted by the development of bonding and longitudinality, is related to a decrease in hospitalizations for PHC-sensitive conditions, leading to simultaneous improvement in care and a reduction in the costs of the health system.¹⁹

Although the articulation between services is important for the continuity of care, only seven (25.0%) studies were developed in more than one point of the network. In view of this, there is a need for research that investigates the operationalization of the continuity of care along the patient's care pathway in the health network since it presupposes care coordination and integration between the different services of the healthcare network, from

hospital discharge planning to home monitoring, aiming to overcome the fragmentation of care.^{1,20}

It is important to emphasize that, considering that the concept of continuity of care is related to the user experience, in addition to the points of care, it is important to also consider the perspective of this user on care at different points in the network. Users were research participants in 17 (60.7%) theses and dissertations analyzed. In this sense, considering that the continuity of care is related to patient satisfaction and how the patient interprets the coherence and connection of the health care received,²¹ there was consistency in the choice of study participants.

The definition of the concept of continuity of care was presented in only 15 (53.6%) studies. The limited definition and conceptualization of continuity of care can result in the use of the term as a synonym for longitudinally, coordination of care, transition of care and even integrality, as indicated in previous studies.^{2,4} Considering that the analyzed studies adopted the continuity of care as an object of study, emphasizes the importance of defining the concept chosen by the author to support his study proposal.⁴ This is because the conceptual delimitation can be represented as a lens used by the authors and may guide the interpretations of the studies, whose findings may serve as a basis for decision-making in the political and professional sphere.

Of the 15 studies that supported the concept of continuity of care, seven (46.7%) used the assumptions of Haggerty *et al.*⁷, alone or complemented by other references, being the most used reference in the analyzed studies. Starfield⁸ was used in five (23.3%) studies and Reid, Haggerty and McKendry⁹ in three (20.0%). The partnership between Jeannie L., Haggerty and Robert J. Reid, both co-authors of two references adopted by the studies, is highlighted.^{7,9} In addition, Barbara Starfield is also co-author of the literature review that sought to define a consensus on the term, in collaboration with J. L. Haggerty and R. J. Reid⁷. Thus, it is observed that, although there is variation in the concept of continuity of care defined in each work, all concepts express convergent meanings. In addition, the concepts are consistent with each other as they were elaborated by the same authors.

It is important to highlight that the work of Haggerty *et al.*⁷ supports the concept of continuity of care based on three perspectives: relational continuity, informational continuity, and managerial continuity. From this, similarities between the concepts defined by the other authors and the three dimensions proposed by Haggerty *et al.*⁷ can be seen. Thus, it is possible that the referential of these

authors allows a more comprehensive understanding of the term, which encompasses the different and complementary concepts presented by the other authors.

Child health and care for chronic conditions were the most frequent research themes in the analyzed studies. The continuity of care in child health care is associated, among other factors, with a reduction in the number of admissions to emergency services and rehospitalization of these patients.²¹

Chronic conditions, given the continuity of work, are characterized by not being subject to immediate cure, which requires long-term monitoring and sometimes requires the transition between different services in the network in search of comprehensive care, disease control and increased survival with improved quality of life. However, despite the emerging change in the health care model focusing on chronic conditions, it is still difficult to implement models of continuity of care that promote, in principle, the link with the PHC for early diagnosis of comorbidities and the reduction of hospitalizations sensitive to this level of care. And that, in a second moment, they allow the connection of specialized care provided at other levels of care with the longitudinal and long-term care of PHC.²²

Management strategies to promote continuity of care were identified as research themes in five (17.9%) studies. Such strategies relate to the dimension of continuity of care related to managerial continuity that encompasses the organization of PHC flows for specialized care, as well as the integration between services and professionals.² In this sense, the potential contribution of the PHC has been discussed. nurse to favor the continuity of care. Countries such as Canada, Spain and Portugal have health services centered on the role of the liaison nurse, a terminology adopted to designate the specific role of the nurse who works in the transition between services in these countries. The liaison nurse represents a strategy to promote communication between the different levels of care in order to contribute to the articulation between the RAS points and ensure continuity of care between the different health scenarios.²³

Although, in Brazil, the role of the liaison nurse in health institutions is not formalized, activities related to the transition of care between services and promotion of continuity of care are often attributable to them. Conceptual understanding and reflections on advances in the continuity of care in the Brazilian scenario are essential elements for the role of nurses in the health care network.

Of the total number of theses and dissertations analyzed, four (14.3%) had the mental health field as the object of study of processes. The discussion about continuity of care in this context has been expanded in recent years, as a necessity in view of the phenomenon of deinstitutionalization in the national and international spheres. Furthermore, in Brazil, psychosocial care is one of the priority RAS of the Ministry of Health, encouraging the need for reflection on the qualification of the processes of continuity of care in this network.²⁴

The methodological limitations inherent in the document-based study related to access and reinterpretation of secondary data are highlighted. Despite being one of the inclusion criteria to consider doctoral theses and master's theses, the limitation of this study is the analysis restricted to these works, not covering the results from other researches. In addition, five works were not found in their entirety in digital media and public access and were not included in the study.

CONCLUSIONS

Brazilian dissertations and theses in the health area about continuity of care come mostly from the Southeast region, from graduate Nursing programs, with a significant increase since 2013. The most investigated themes were child health and chronic conditions. It was possible to identify that, although many studies do not present the concept of continuity of care, there was consistency between the references used, indicating that, despite the lack of consensus on the term in the international literature, national studies show a predilection for the concept presented by Jeannie L. Haggerty *et al.*

In addition, among the analyzed studies, the low number of dissertations and theses that presented the continuity of care as an object of study indicates the need to explore the subject with a view to expanding the conceptual understanding of the subject in Brazilian literature, as well as its operationalization to strengthening of health care networks.

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