

Primary Health Care professionals' perceptions of extended hours at Health Centers in Florianópolis (SC), Brazil

A percepção dos profissionais da Atenção Primária à Saúde sobre o horário estendido nos Centros de Saúde de Florianópolis (SC), Brasil

La percepción de los profesionales de la Atención Primaria de la Salud acerca de la extensión de horario en los Centros de Salud de Florianópolis (SC), Brasil

João Lucas Minghelli Becker¹ , Guilherme Reikdal Kallaur¹ , Danusa Graeff Chagas Pinto² , Mayara Floss¹ 

¹Escola de Saúde Pública de Florianópolis, Programa de Residência em Medicina de Família e Comunidade de Florianópolis – Florianópolis (SC), Brazil.

²Escola de Saúde Pública de Florianópolis, Equipe técnica da Gerência de Atenção Primária de Florianópolis – Florianópolis (SC), Brazil.

Abstract

Introduction: The extension of service hours at Family Health Units emerged as a proposal to expand access—one of the principles of Primary Health Care (PHC). The city of Florianópolis (Santa Catarina, Brazil) has increased the number of Health Centers with extended hours, particularly since 2019, encouraged by the program Saúde na Hora (*Health on the Spot*). Today, most of the Health Centers in this municipality operate from 7 a.m. to 7 p.m., bringing about changes in the dynamics of these units and in the daily lives of those who work there. **Objective:** To investigate the experience of PHC workers in Florianópolis regarding extended hours and how they affect the dynamics of Family Health Teams. **Methods:** An exploratory-descriptive design was adopted, using a qualitative approach and thematic analysis. Twelve semi-structured interviews were conducted with health professionals. The interview consisted of seven open-ended trigger questions, aimed at understanding how the transition to extended hours occurred and how this change impacted the work process. Following the interviews, transcriptions were prepared and data analysis was performed. The analysis was conducted through five distinct and complementary phases: compilation, decomposition, recombination, interpretation, and conclusion. **Results:** Five physicians, four nurses, and three nursing technicians were interviewed, representing professionals from the four health districts of Florianópolis: North, South, Central, and Mainland. A diagram was developed based on the most prevalent responses from the interviews, which was divided into three themes: “management, infrastructure, and human resources”; “access and care”; and “workers,” and subdivided into challenges and potentialities. **Conclusions:** Extended hours are a potential strategy for expanding access. This study sought to identify how this is occurring and how it is impacting the daily lives of healthcare professionals in Florianópolis. While potential benefits such as flexible schedules, better use of physical space, and greater access to medications were identified, challenges also emerged, such as overload among professionals, fragmentation of care, and loss of a sense of team. Thus, the current implementation of extended hours must be designed using models that do not compromise principles, such as longitudinality and comprehensiveness, and with the necessary human resources, so as not to jeopardize workers' health or other principles of PHC. **Keywords:** Access to Primary Care; Primary Health Care; Unified Health System; Family Health.

Corresponding author:

Mayara Floss

Email: mayarafloss@hotmail.com

Funding:

no external funding.

Ethical approval:

6,505.635.

TCLE:

not applicable.

Provenance:

not commissioned.

Associate Editors:

Alice Uchoa and Claunara Schilling Mendonça

Peer review:

external.

Received: 09/27/2024

Approved: 07/27/2026

How to cite: Becker JLM, Kallaur GR, Pinto DGC, Floss M. Primary Health Care professionals' perceptions of extended hours at Health Centers in Florianópolis, Santa Catarina. Rev Bras Med Fam Comunidade. 2026;21(48):4521. [https://doi.org/10.5712/rbmfc21\(48\)4521](https://doi.org/10.5712/rbmfc21(48)4521)



Resumo

Introdução: O aumento do horário de atendimento, ou horário estendido, nas Unidades de Saúde da Família surgiu como uma proposta de ampliação do acesso — um dos princípios da Atenção Primária à Saúde (APS). O município de Florianópolis-SC ampliou o número de Centros de Saúde com horário estendido, sobretudo a partir de 2019, incentivado pelo programa Saúde na Hora. Hoje, grande parte dos Centros de Saúde desse município opera das 7h–19h, trazendo mudanças na dinâmica dessas unidades e no cotidiano de quem trabalha nelas. **Objetivo:** Pesquisar a experiência dos trabalhadores da APS em Florianópolis em relação ao horário estendido e como isso afeta a dinâmica das Equipes de Saúde da Família. **Métodos:** Adotou-se o delineamento exploratório-descritivo com abordagem qualitativa e análise temática. Foram conduzidas 12 entrevistas semiestruturadas com profissionais de saúde. A entrevista consistiu em sete questões disparadoras abertas, com o objetivo de entender de que forma ocorreu a mudança para o horário estendido e como essa mudança impactou o processo de trabalho. Após as entrevistas, realizaram-se as transcrições e a posterior análise dos dados. A análise foi conduzida por meio de cinco fases distintas e complementares: compilação, decomposição, recomposição, interpretação e conclusão. **Resultados:** Foram entrevistados cinco médicos, quatro enfermeiras e três técnicos de enfermagem, englobando profissionais dos quatro distritos sanitários de Florianópolis: Norte, Sul, Centro e Continente. Com base nas respostas mais prevalentes das entrevistas, elaborou-se um diagrama dividido em três temas: “gestão, infraestrutura e recursos humanos”; “acesso e cuidado” e “trabalhadores”, e subdividido em desafios e potencialidades. **Conclusões:** O horário estendido é uma possível estratégia para ampliação do acesso. Neste estudo, buscou-se identificar de que forma isso está ocorrendo e como está impactando o dia a dia dos profissionais em Florianópolis. Embora tenham sido apontadas potencialidades, como flexibilidade de horários, melhor divisão do espaço físico e maior acesso a medicamentos, também surgiram desafios, como sobrecarga dos profissionais, fragmentação do cuidado e perda de sensação de equipe. Assim, a atual implementação do horário estendido deve ser estruturada pensando em modelos que não afetem princípios como longitudinalidade e integralidade, e com os recursos humanos necessários, para não comprometer a saúde do trabalhador e outros princípios da APS.

Palavras-chave: Acesso à Atenção Primária; Atenção Primária à Saúde; Sistema Único de Saúde; Saúde da Família.

Resumen

Introducción: El aumento de los horarios de atención o ampliación de horarios en las Unidades de Salud de la Familia (USF) surgió como una propuesta para ampliar el acceso, uno de los principios de la Atención Primaria de Salud (APS). El municipio de Florianópolis en Brasil incrementó el número de Centros de Salud (CS) con horario ampliado, especialmente a partir de 2019, incentivado por el programa “Salud na Hora” (Salud Inmediata). Hoy, la mayoría de los CS de este municipio cuentan con un modelo de funcionamiento que se extiende de las 7 a las 19 horas, trayendo cambios en la dinámica de estas unidades y en la vida cotidiana de quienes allí laboran. **Objetivo:** El objetivo de este estudio fue investigar la experiencia de los trabajadores de la APS de Florianópolis con relación a la extensión de jornada laboral y cómo esta afecta la dinámica de los Equipos de Salud de la Familia (eSF). **Metodología:** Se adoptó el modelo exploratorio-descriptivo con enfoque cualitativo y análisis temática. Se realizaron 12 entrevistas semiestructuradas a profesionales de la salud. La entrevista estuvo compuesta por siete temas desencadenantes abiertos, con el objetivo de comprender cómo se produjo el cambio a la jornada laboral extendida y cómo este cambio impactó el proceso de trabajo. Después de las entrevistas, se realizaron transcripciones y posterior análisis de datos. El procesamiento de datos utilizó el análisis a través de cinco fases distintas y complementarias: recopilación, descomposición, recomposición, interpretación y conclusión. **Resultados:** Fueron entrevistados cinco médicos, cuatro enfermeros y tres técnicos de enfermería, abarcando profesionales de los cuatro distritos de salud de Florianópolis: Norte, Sur, Centro y Continente. A partir de las respuestas más prevalentes de las entrevistas se creó un diagrama, el cual se dividió en 3 temas: “Gestión, Infraestructura y Recursos Humanos”; “Acceso y Cuidados” y “Trabajadores”; estos subdivididos en desafíos y potenciales. **Conclusión:** Los horarios extendidos son una posible estrategia para ampliar el acceso. En nuestro estudio intentamos identificar cómo esto está sucediendo y cómo está impactando el día a día de los profesionales en Florianópolis. Aunque se destacaron potencialidades como horarios flexibles, mejor división del espacio físico y mayor acceso a medicamentos. También aparecieron desafíos como: sobrecarga profesional, fragmentación de la atención y pérdida del sentimiento de equipo. Por lo tanto, la forma actual de implementar la ampliación de jornada debe diseñarse con modelos que no afecten principios como la longitudinalidad y la integralidad, y con los recursos humanos necesarios, para no comprometer la salud de los trabajadores y otros principios de la APS.

Palabras clave: Acceso a Atención Primaria; Atención Primaria de Salud; Sistema Único de Salud; Salud de la Familia.

INTRODUCTION

The extension of service hours, previously limited to the conventional 8 a.m. to 5 p.m. schedule at Family Health Units (FHU), arose as a proposal to expand access—one of the principles of Primary Health Care (PHC).¹ At the federal level, the Saúde na Hora program was created in 2019 to encourage the extension of operating hours at FHU, with the aim of providing better access to users.² The government's proposal to implement the program addresses the need to expand access and the transition to a funding model based

on health outcomes and efficiency.³ Thus, the goal is to offer health services at more flexible times for the population, such as during evening and lunch hours; invest more federal resources in PHC; reduce wait times at urgent care centers and hospital emergency rooms; and lower costs at other levels of care.²

The program provides funding to municipalities and the Federal District to implement extended hours at FHU and Basic Healthcare Units throughout Brazil.² Currently, there are 2,600 Basic Healthcare Units operating with extended hours under the Saúde na Hora program, distributed across 595 Brazilian municipalities, involving 8,238 Family Health Teams (FHT), 217 Primary Care Teams, and 2,397 Oral Health Teams.¹

On the other hand, there are controversies surrounding the program, particularly regarding the reforms initiated in 2017.⁴ In this regard, there is concern that too much emphasis is being placed on individual care and walk-in demand, which could distort the nature of the work and the organization of activities at the Basic Healthcare Units (FHU).⁵

The implementation of extended hours and the Saúde na Hora program brings significant changes to workers' daily routines. As this is a recent program, there are few studies on its operation and implications. The objective of this study was to investigate the experience of PHC workers in Florianópolis regarding extended hours and how they affect the dynamics of the FHT.

METHODS

This is a qualitative, descriptive-exploratory study based on interviews conducted using a semi-structured interview guide. Thematic analysis was adopted for data processing. This design was chosen for its ability to provide insight into the participants' world in order to uncover reflections, possibilities, and understandings.⁶

Context

This study was conducted during medical residency in the Family and Community Medicine Program of the Florianópolis Municipal Health Department. The research topic emerged from the researchers' experiences during their residency, through daily contact with fellow PHC professionals who routinely deal with complex physical and psychological demands.

In Florianópolis, the FHU are called Health Centers (HC), and there are currently 50 HC distributed across the island and the mainland. There is an organizational division by territory, in which the city is subdivided into four districts (Central, Mainland, South, and North). Thus, there is a specific management office for each district, which provides support to the HC located there. The four district management teams report to the Primary Health Care Directorate, the Municipal Health Secretariat main body responsible for managing PHC.⁷ According to e-Gestor,¹ in January 2024, 18 HC in Florianópolis were approved for the extended hours program; however, only 12 had received funding.

Selection criteria and data collection

The following were considered inclusion criteria:

- being a physician, nurse, or nursing technician; working at a HC with extended hours;
- having worked in PHC for at least three years;

- working a 40-hour workweek; and
- being available for data collection on a pre-arranged date and time.

The exclusion criteria were: having worked in PHC for two years or less; and working a 20-hour workweek.

The interviews were conducted between November and December 2023. To select the interviewees, a deliberate selection—purposive sampling—was initially used. During the study, convenience sampling was required due to the short timeframe for data collection. A total of 30 invitations were sent out; 12 professionals accepted and were interviewed. The interviews took place individually, either in person or online, during or outside of work hours, respecting the participants' preferences and availability, and lasted 9–36 minutes. All participants signed the Informed Consent Form and the consent form for the use of their image and voice.

The interview consisted of seven open-ended prompt questions, aimed at understanding the participant's work context, how the transition to extended hours took place, and their perception of the impacts this had on access, work processes, and the personal lives of those involved. The interview prompts were as follows:

- a brief account by the interviewee of their career in PHC;
- “Extended hours, as part of the Saúde na Hora program, began to be implemented in Florianópolis in 2019. What was that transition like?”;
- “How has the team organized itself at your community health center to provide care during the 60-hour workweek?”;
- “How has this new team organization influenced patient care?”;
- “In your opinion, have extended hours changed the population's access to the community health center?”;
- “How has the change in hours impacted your life and that of your colleagues?”;
- “If you were to rate the extended hours of the Saúde na Hora program as Good, Fair, or Poor, how would you rate them?”.

After the interviews, the recordings were transcribed.

Data analysis

Data analysis employed thematic analysis through five distinct and complementary phases, as described by Yin⁸: compilation, decomposition, recomposition, interpretation, and conclusion. Coding and thematic analysis were conducted individually by two researchers. The themes were developed inductively based on the content of the interviews.⁹ After two rounds of coding, the analyses were reconciled and reviewed by a third researcher. The data analysis yielded a diagram, which was divided into three themes: management, infrastructure, and human resources; access and care; and workers. The diagram addresses the opportunities and challenges of each theme, based on the most prevalent responses from the interviews.

Ethical considerations

This research was part of the final residency project for the Family and Community Medicine program at the Florianópolis Municipal Health Secretariat. This study was approved by the Ethics Committee of the

State University of Santa Catarina, Favorable Opinion No. 6.505,635. Participants took part in the study after expressing interest and signing the Informed Consent Form and the Recording Consent Form.

RESULTS

Sociodemographic data

A total of 12 professionals participated, involving five men and seven women: five medical professionals, four nurses, and three nursing technicians. The mean age was 41 years, and the professionals worked at the following HC: Barra da Lagoa HC, Itacorubi HC, Rio Tavares HC, Rio Vermelho HC, Estreito HC, Agronômica HC, and Tapera HC. Thus, the study encompassed all four health districts of Florianópolis: North, South, Central, and Mainland. Although the inclusion criterion specified a 40-hour workweek, one participant reported working 30 hours. However, after data collection, the researchers decided to retain the interview due to the participant's long history of working a 40-hour week in PHC and the fact that this change was recent.

Diagram

A diagram was created, organizing the most relevant themes into three categories, each with its own challenges and potentials (Figure 1).

DISCUSSION

Context: Each Health Center operates differently

Regarding the organization of HC to provide the required 60 hours of coverage, the FHT and local management have autonomy in their organization. It was noted that some teams chose to separate the schedules of medical and nursing professionals so that during the 12-hour period, at least one of these professionals is present. Under this arrangement, one staff member might work from 7 a.m. to 4 p.m. and another from 10 a.m. to 7 p.m. On the other hand, other teams chose to have professionals from the same team work the same shift, meaning both work, for example, from 7 a.m. to 4 p.m., leaving the team without coverage by a professional with a higher-level degree for the remainder of the day. Other teams combined the two approaches. In this regard, "sister teams"—that is, teams located in the same HC and responsible for providing coverage in the event of staff absences—were mentioned in both cases. This form of heterogeneous PHC organization was also observed in a study in western Bahia.¹⁰

Management

Under the theme "management," aspects of administration and management at both the municipal and local levels were highlighted. One interviewee noted that extended hours allowed for greater availability of consultation rooms, since rotating the use of consultation rooms in HC is common due to limited physical space. However, another issue cited by most interviewees also stands out: the shortage of staff to maintain all services at the HC. In other words, the prevailing perception

SUMMARY OF FINDINGS ON THE "EXTENDED HOURS" PROGRAM FROM THE PERSPECTIVE OF PRIMARY CARE HEALTH PROFESSIONALS IN FLORIANÓPOLIS

	POTENTIAL	CHALLENGES
MANAGEMENT	Physical space; Better division of physical space, having rooms for patient care (infrastructure challenges);	Information for the community; - Promotion of extended hours without information on which services are available to the public ("misleading advertising"); - Demands from the public for services or team schedules that are not offered during extended hours; Cost-benefit; - Lack of human resources; - Consumption of electricity and other resources;
ACCESS AND CARE	Care - A space for listening even without care provided by a professional with a higher education degree; Expansion - Especially for the working population and pregnant women - after 4 p.m.; - Urgent care in the territory; - Access to medications through the pharmacy during extended hours; - Open during lunch hours;	Fragmentation of care - Fragmentation of care; Medical and nursing professionals working separately to cover the entire service schedule; - Care provided by a sister team and loss of longitudinality - of care in the territory/health surveillance; - When a patient's workplace is far away, access remains difficult even with extended hours; - Reduced service availability after 4 p.m., since not all services remain open until 7 p.m.; Change in the nature of care provided - After 5 p.m., the service becomes an Urgent Care Unit or emergency department, focused on urgent care; - Demand is concentrated until 5:00 p.m.;
WORKERS	Flexibility - Possibility of time off or free shifts during business hours; - Flexible schedules for professionals with higher education;	Worker overload - Increased virtual workload due to new demands for constant team organization; - Difficulty leaving on time due to staff reductions and longer workdays; - Frequent schedule changes, uncertainty, and anxiety caused by variability, and the need to cover shifts; - Difficulty balancing work and personal life, especially with children and family; - Flexible schedules available only to professionals with higher education; - Feeling of pressure from patients who want to be seen at times when the professional is not available; - Vulnerability during shifts with fewer staff members, greater difficulty for less experienced professionals in the network who are often left on their own; Fragmentation of the team - Loss of a sense of teamwork due to virtual communication via messages, e.g., "it's just a team on the spreadsheet"; - Fragmentation leads to conflicts, virtual communication; - Isolation of staff due to staggered work schedules; - Increased workload and backlogs (e.g., increased medical demand the day after a nurse worked alone); - Decreased problem-solving capacity.

Source: Image design by Victoria Valle Santos.

Figure 1. Diagram of findings regarding the Health Centers operating from 7 a.m. to 7 p.m. from the perspective of Primary Health Care professionals in Florianópolis.

among professionals is that the extension of the HC's operating hours was not accompanied by a corresponding increase in the number of staff.

Another point of interest is the difficulty in communicating with the public. The study demonstrated that the heterogeneity among HC and among the FHT within the same HC—regarding each professional's service hours—creates a barrier to communication with users. There is a challenge in standardizing this information, leaving it up to each FHT to communicate with its users. Furthermore, it is not uncommon for the services offered by the HC to be operating only partially, requiring users and FHT to be constantly updated. This leads to pressure from the public, who demand that all services be available throughout the HC's opening hours, creating a challenge in explaining that these are professionals working 40-hour weeks trying to cover a 60-hour service window. These demands end up straining the relationship between users and the health system, frustrating users and overburdening workers.¹¹ Patients need to be aware of the service's existence, and it must be accessible, taking into account financial considerations as well as the time spent traveling to the care facility and actually receiving care.¹²

Access and care

McIntyre et al.¹² developed three dimensions of access: availability, accessibility, and acceptability. The operating hours of primary care facilities have already been identified as a barrier to patient access.¹³ In this regard, some of the interviewees revealed that, initially, they viewed the initiative to extend hours and the launch of *Saúde na Hora* favorably. However, after experiencing the new schedule, most of the interviewees expressed the impression that access had indeed increased, but with numerous shortcomings that need to be taken into account.

For adequate access, there must be a sufficient number of available appointments, that is, availability.¹² In this regard, extending hours can indeed be beneficial when operating in a scenario with high demand and a registered population larger than ideal. The positive expectations regarding the new hours among professionals likely stem from this context.

In fact, conventional hours can be seen as yet another facet of the bureaucratization of PHC, potentially reducing access primarily for those who work during business hours.¹⁴ The interviews revealed the perception that extended hours benefited patients who work and cannot leave their jobs. A British study has already found a younger user profile during extended hours.¹⁵ Furthermore, one of the interviewees noted that extended hours was particularly helpful for pregnant patients who work and attend prenatal care appointments. A recent study on the *Saúde na Hora* program found considerable demand for pediatric care appointments for children aged 0–9 during extended hours, similar to the profile of pregnant women mentioned in the interview, that is, working women who end up taking on the primary responsibility for family care.¹⁶

The availability of services other than consultations with the FHT was highlighted positively on several occasions, particularly the ability of the public to obtain medications from the pharmacy. The fact that the HC can function as a gateway for emergencies was also mentioned, particularly in a context where patients have limited resources or face transportation difficulty in accessing the Emergency Care Unit or a hospital. Conversely, this highlights a vulnerability or difficulty in accessing these services due to financial constraints, as well as the possibility of limitations related to the city's urban mobility. One of the main justifications for programs aimed at extending operating hours, such as *Saúde na Hora*, is the

potential to reduce hospitalizations and wait times at the Emergency Care Unit.¹⁷ Other countries that have had extended hours in place for longer periods have already found that it is indeed possible to reduce the number of inappropriate visits to emergency departments.^{18,19}

Although emergency care sensitive to PHC was cited as a positive factor, it also raised concerns among the interviewees. Extending service hours to 7 p.m. caused a shift in the profile of patient visits: more acute complaints and fewer surveillance activities. Because there are fewer staff members at the HC after 5 p.m., many FHT do not schedule appointments for planned visits and only attend to urgent cases that arrive on a walk-in basis, similar to an emergency room. Furthermore, appropriate logistics are necessary in this context, such as the timely availability of transportation for patients, which does not always occur depending on the HC's location. This logistical challenge was corroborated in another qualitative study conducted in Florianópolis with health professionals.²⁰

Regarding patient care, a very frequent theme in the interviews was the fragmentation of care following the extension of operating hours. In a context where there is an intention to extend operating hours but no capacity to hire more staff, there is a risk of fragmenting patient care.²¹

Some FHT choose to organize themselves so that medical and nursing professionals work complementary shifts (e.g., one works from 7 a.m. to 4 p.m. and another from 10 a.m. to 7 p.m.). This ultimately reduces contact between professionals and makes it less feasible to conduct interprofessional consultations—a mechanism of multidisciplinary care that has proven successful²² and supports the principles of comprehensiveness and multidisciplinary.

When proposing to increase the weekly work hours from 40 to 60 while maintaining the same number of staff, there are 20h per week during which a staff member will not be present at the HC. Participants pointed out that what actually occurs is a “redistribution” of staff across service hours. A patient seeking, for example, medical care in this context may be advised to return at a time when their primary care provider is available or be seen by a professional from a sister team. In other words, the patient may be seen by a professional with whom they are not accustomed to interacting or with whom they do not have an established relationship, with the specific complaint may be addressed, but with a greater likelihood that less attention will be paid to surveillance, prevention, education, and the patient–professional relationship. In this case, it can be inferred that there is a loss of longitudinality in patient care—an important attribute of primary care that has already been highlighted in the literature as a factor that potentially reduces avoidable hospitalizations.²³ Furthermore, this “redistribution” means that not all services are available during the 12-hour period (medical and nursing care, vaccinations, wound care, reception by health workers, pharmacy).

Regarding the access dimension identified by McIntyre et al.,¹² there is the issue of acceptability—that is, the patient must accept the proposed model. This implies that the patient does not mind being seen by a healthcare professional other than their usual one.²⁴ This is particularly relevant given that the bond and its impact on longitudinality of care are important in PHC, and many patients prefer to be seen by a provider they are already accustomed to.²⁵

Another challenge that emerged in the interviews was the fact that patient volume declines after 5 p.m., so that the highest patient flow at the clinics continues to occur during regular business hours. One of the interviewees also reported that when professionals are reassigned to less busy shifts, they consequently see patients from other teams, when they could see patients from their own team during times of greater demand.

Workers

With regard to workers, the flexibility that extended hours brought to professionals with higher education degrees was highlighted. As noted in a systematic review, professionals with long work hours combined with inflexible schedules are at greater risk of experiencing psychological distress.²⁶ It is worth noting that this benefit was not mentioned by the nursing technicians interviewed, who were more susceptible to schedule changes without consideration for personal circumstances.

There is a perception that operating hours were extended without a proportional increase in human resources. This contrasts with facilities where extended hours were accompanied by an increase in human resources.²⁷

Since the patient flow remained higher during the hours up to 5 p.m., professionals working the conventional shift feel overwhelmed, often having to deal with conflicts with users seeking care from their assigned team. Furthermore, the extended hours have increased friction and disputes regarding vacations, absences, leaves of absence, and dismissals. There are more hours to be covered, which need to be addressed frequently in team meetings, representing yet another demand. PHC workers are in constant contact with the realities and problems of the community and its residents, which can affect them physically and emotionally;²⁸ the challenges mentioned here regarding work organization add up as yet another source of emotional stress.

According to Dejours,²⁹ it is the role of work to offer the individual a path toward self-preservation and self-realization in the social world. Teams that separate medical and nursing professionals to cover shifts suffer from a loss of a sense of teamwork, undermining the aspect highlighted by the author and hindering the development of the collective. One of the interviewees also reported that this separation leads to a backlog of unresolved requests from the previous day handled by nursing technicians, as these requests required interdisciplinary consultation, resulting in an overload.

Finally, a greater sense of vulnerability was also mentioned in two interviews (one with a medical professional and one with a nursing technician). This feeling stems from smaller teams after 5 p.m. and difficulties with transportation in the event of emergencies.

Limitations

This article aimed to identify issues related to extended hours for PHC professionals in Florianópolis. One limitation is that only three professional categories were interviewed; expanding the study to include other categories and additional interviewees could provide further insights.

FINAL CONSIDERATIONS

Extended hours in PHC are a potential strategy for expanding access. The present study sought to identify challenges related to extended hours. Although potential benefits such as flexible schedules, better use of physical space, and greater access to medications were highlighted, challenges also emerged, including overload, fragmentation of care, and loss of a sense of teamwork. Therefore, professionals need to develop strategies to address structural gaps and staff shortages.

The implementation of extended hours, under the premise of expanding access, should not undermine other principles of PHC, such as longitudinality and comprehensiveness. Further studies are

suggested to better understand, within the Brazilian context, the cost-benefit relationship, the effectiveness of implementing extended hours, access to urgent care, the potential reduction in visits to the Emergency Care Unit, the number of other users during extended hours, and the impacts on patients and workers.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

JLMB: Conceptualization, Data curation, Formal Analysis, Methodology, Investigation, Writing – original draft, Writing – review & editing. GRK: Conceptualization, Data curation, Formal Analysis, Methodology, Investigation, Writing – original draft, Writing – review & editing. DGCP: Conceptualization, Methodology, Supervision, Writing – review & editing. MF: Conceptualization, Data curation, Formal Analysis, Methodology, Supervision, Investigation, Writing – review & editing.

REFERENCES

1. Brasil. Ministério da Saúde. Estabelecimentos Homologados. Ministério da Saúde, 2019 [cited on Feb 4, 2024]. Available at: <https://egestorab.saude.gov.br/saudenahora/visualizarEstabHomologados.xhtml>
2. Brasil. Ministério da Saúde. Portaria n. 930, de 15 de maio de 2019. Brasília: Diário Oficial da União; 2019 [cited on Feb 4, 2024]. Available at: <https://www.gov.br/saude/pt-br/acao-a-informacao/gestao-do-sus/articulacao-interfederativa/cit/pautas-de-reunioes-e-resumos/2019/junho/4-d-panorama-saude-na-hora-cit.pdf>
3. Harzheim E, Santos CMJ, Pereira D'Avila O, Wollmann L, Pinto LF. Bases para a Reforma da Atenção Primária à Saúde no Brasil em 2019: mudanças estruturantes após 25 anos do Programa de Saúde da Família. *Rev Bras Med Fam Comunidade*. 2020;15(42):2354. [https://doi.org/10.5712/rbmfc15\(42\)2354](https://doi.org/10.5712/rbmfc15(42)2354)
4. Brasil. Portaria n. 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União; 2017 [cited on Feb 4, 2024]. Available at: <https://atencaoprimaria.rs.gov.br/upload/arquivos/201710/03112610-portaria-gm-2-436-2017-nova-pnab.pdf>
5. Giovanella L, Franco CM, Almeida PFD. Política Nacional de Atenção Básica: para onde vamos? *Ciênc Saúde Colet*. 2020;25(4):1475-82. <https://doi.org/10.1590/1413-81232020254.01842020>
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13th ed. São Paulo: Hucitec, 2013.
7. Florianópolis. Prefeitura de Florianópolis. Secretaria Municipal de Saúde. Centros de Saúde [Internet]. Florianópolis: Prefeitura de Florianópolis; [cited on Feb 4, 2024]. Available at: <https://www.pmf.sc.gov.br/entidades/saude/index.php?cms=centros+de+saude&menu=0>
8. Yin RK. Pesquisa qualitativa do início ao fim. Porto Alegre: Penso; 2016.
9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1977.
10. Mendonça MM, Aleluia ÍRS, Sousa MLTD, Pereira M. Acessibilidade ao cuidado na Estratégia de Saúde da Família no Oeste Baiano. *Ciênc Saúde Colet*. 2021;26(5):1625-36.
11. Gomide MFS, Pinto IC, Bulgarelli AF, Santos ALP, Gallardo MDPS. A satisfação do usuário com a atenção primária à saúde: uma análise do acesso e acolhimento. *Interface (Botucatu)*. 2018;22(65):387-98. <https://doi.org/10.1590/1807-57622016.0633>
12. McIntyre D, Thiede M, Birch S. Access as a policy-relevant concept in low- and middle-income countries. *Health Econ Policy Law*. 2009;4(Pt 2):179-93. <https://doi.org/10.1017/s1744133109004836>
13. Fontana KC, Lacerda JT, Machado PMO. O processo de trabalho na Atenção Básica à saúde: avaliação da gestão. *Saúde Debate*. 2016;40(110):64-80. <https://doi.org/10.1590/0103-1104201611005>
14. Tesser CD, Norman AH, Vidal TB. Acesso ao cuidado na Atenção Primária à Saúde brasileira: situação, problemas e estratégias de superação. *Saúde Debate*. 2018;42:361-78. <https://doi.org/10.1590/0103-11042018S125>
15. Whittaker W, Anselmi L, Kristensen SR, Lau Y-S, Bailey S, Bower P, et al. Associations between extending access to primary care and emergency department visits: a difference-in-differences analysis. *PLoS Med*. 2016;13(9):e1002113. <https://doi.org/10.1371/journal.pmed.1002113>
16. Sampaio CAB. Programa Saúde na Hora: análise do perfil do usuário que acessa a Atenção Primária à Saúde, no horário estendido, por região do Brasil [master's thesis]. Brasília: Universidade de Brasília; 2022.

17. Brasil. Ministério da Saúde. Portaria n. 397, de 16 de março de 2020. Brasília: Diário Oficial da União; 2020 [cited on Jan 25, 2024]. Available at: https://www.in.gov.br/en/web/dou/-/portaria-n-397-de-16-de-marco-de-2020-*-248809238
18. Cowling TE, Cecil EV, Soljak MA, Lee JT, Millett C, Majeed A, et al. Access to primary care and visits to emergency departments in england: a cross-sectional, population-based study. *PLoS One*. 2013;8(6):e66699. <https://doi.org/10.1371/journal.pone.0066699>
19. Lippi Bruni M, Mammi I, Ugolini C. Does the extension of primary care practice opening hours reduce the use of emergency services? *J Health Econ*. 2016;50:144-55. <https://doi.org/10.1016/j.jhealeco.2016.09.011>
20. Machado JP, Magalhães CL, Lucio DS. Fatores que atraem, fixam, frustram ou afastam médicos de família da atenção primária de Florianópolis. *Rev Bras Med Fam Comunidade*. 2023;18(45):3887. [https://doi.org/10.5712/rbmfc18\(45\)3887](https://doi.org/10.5712/rbmfc18(45)3887)
21. Baker R, Walker N. Extended opening hours in primary care: helpful for patients and — or — a distraction for health professionals? *BMJ Qual Saf*. 2016;26(5):347-9. <https://doi.org/10.1136/bmjqs-2016-005415>
22. Pacheco RCP, Hermida PMV, Rodrigues MS. Interconsulta médico-enfermeiro na Atenção Primária à Saúde: discursos do sujeito coletivo. *Interface (Botucatu)*. 2023;27:e230153. <https://doi.org/10.1590/interface.230153>
23. Menec VH, Sirski M, Attawar D, Katz A. Does continuity of care with a family physician reduce hospitalizations among older adults? *J Health Serv Res Policy*. 2006;11(4):196-201. <https://doi.org/10.1258/135581906778476562>
24. Monteiro MM, Figueiredo VP, Machado MFAS. Formação do vínculo na implantação do Programa Saúde da Família numa Unidade Básica de Saúde. *Rev Esc Enferm USP*. 2009;43(2):358-64. <https://doi.org/10.1590/S0080-62342009000200015>
25. Turner D, Tarrant C, Windridge K, Bryan S, Boulton M, Freeman G, et al. Do patients value continuity of care in general practice? An investigation using stated preference discrete choice experiments. *J Health Serv Res Policy*. 2007;12(3):132-7. <https://doi.org/10.1258/135581907781543021>
26. Faria MGA, Silveira EA, Cabral GRFC, Silva RO, Daher DV, David HMSL Saúde do trabalhador no contexto da estratégia de saúde da família: revisão integrativa de literatura. *Esc Anna Nery*. 2020;24(4):e20200027. <https://doi.org/10.1590/2177-9465-EAN-2020-0027>
27. Pessoa BHS, Gouveia EAH, Correia IB. Funcionamento 24 horas para Unidades de Saúde da Família: uma solução para ampliação de acesso? Um ensaio sobre as “Upinhas” do Recife. *Rev Bras Med Fam Comunidade* 2017; 12(39):1-9. [https://doi.org/10.5712/rbmfc12\(39\)1529](https://doi.org/10.5712/rbmfc12(39)1529)
28. Trindade L. O estresse laboral da equipe de saúde da família: implicações para saúde do trabalhador [dissertação]. Porto Alegre: Universidade Federal do Rio Grande do Sul (UFRGS); 2007.
29. Athayde M. Christophe Dejours: da psicopatologia à psicodinâmica do trabalho. *Cad Saúde Pública*. 2005;21(3):989-90. <https://doi.org/10.1590/S0102-311X2005000300039>