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HEALTH STRATEGY IN EAST TIMOR – QUALITATIVE DIAGNOSIS BASED ON THE SWOT METHODOLO

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ESTRATEGIA DE SALUD EN TIMOR ORIENTAL – DIAGNÓSTICO CUALITATIVO BASADO EN LA METODOLOGÍA FODA

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ABSTRACT

Objective: To diagnose the organization of community healthcare in East Timor based on the perceptions of health professionals and community representatives. Method: Qualitative and diagnostic study using SWOT analysis. Data collection was carried out between November 2023 and April 2024 through semi-structured interviews guided by six questions, applied to a convenience sample of 25 participants. The study was approved by the ethics committee of East Timor. Results: The analysis revealed weaknesses and threats in access to community health services. Strengths and opportunities were linked to broad health policies, infrastructure investment, workforce development, and improved communication among services. The need for community care reorganization was confirmed. Conclusion: Despite limited resources, professionals demonstrate strong commitment to their mission. Ethical community participation, especially in rural areas, presents a key opportunity for health promotion. International cooperation remains essential to strengthening East Timor's healthcare system.

Keywords: Community Health. Nursing. Health Services Organization. Quality of Health Care. Community Participation. International Cooperation.

RESUMO

Objetivo: Diagnosticar a organização dos cuidados de saúde comunitários em Timor-Leste, a partir das perceções de profissionais de saúde e representantes comunitários. Método: Estudo qualitativo, de caráter diagnóstico, com recurso à análise SWOT. A recolha de dados foi realizada

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entre novembro de 2023 e abril de 2024, por meio de entrevistas semiestruturadas com seis questões orientadoras, aplicadas a uma amostra por conveniência de 25 participantes. O estudo foi aprovado pelo comité de ética de Timor-Leste. Resultados: A análise evidenciou fragilidades e ameaças no acesso aos cuidados de saúde comunitários. Identificaram-se forças e oportunidades relacionadas com políticas públicas abrangentes, investimento em infraestruturas, capacitação profissional e melhoria da comunicação entre os serviços. Verificou-se a necessidade de reorganizar os cuidados comunitários. Conclusão: Apesar dos recursos limitados, os profissionais demonstram elevado compromisso com a sua missão. A participação ética da comunidade, sobretudo nas zonas rurais, representa uma oportunidade importante para a promoção da saúde. A cooperação internacional continua a ser essencial para o fortalecimento do sistema de saúde em Timor-Leste.

Palavras-chave: Saúde Comunitária. Enfermagem. Organização dos Serviços de Saúde. Qualidade da Assistência à Saúde. Participação da Comunidade. Cooperação Internacional.

RESUMEN

Objetivo: Diagnosticar la organización de los cuidados de salud comunitarios en Timor-Leste, según las percepciones de los profesionales de salud y representantes comunitarios. Método: Estudio cualitativo, de carácter diagnóstico, utilizando el análisis FODA. La recolección de datos se realizó entre noviembre de 2023 y abril de 2024 mediante entrevistas semiestructuradas con seis preguntas orientadoras, aplicadas a una muestra por conveniencia de 25 participantes. El estudio fue aprobado por el comité de ética de Timor-Leste. Resultados: El análisis reveló debilidades y amenazas en el acceso a los servicios de salud comunitarios. Se identificaron fortalezas y oportunidades relacionadas con políticas de salud amplias, inversión en infraestructura, formación profesional y mejora de la comunicación entre los servicios. Se confirmó la necesidad de reorganizar los cuidados comunitarios. Conclusión: A pesar de los recursos limitados, los profesionales muestran un alto compromiso con su labor. La participación ética de la comunidad, especialmente en zonas rurales, representa una oportunidad clave para la promoción de la salud. La cooperación internacional sigue siendo esencial para fortalecer el sistema de salud en Timor-Leste.

Palabras clave: Salud Comunitaria. Enfermería. Organización de los Servicios de Salud. Calidad de la Atención de Salud. Participación Comunitaria. Cooperación Internacional.

INTRODUCTION

Community care is a healthcare approach that delivers services and support within a specific region, aiming to enhance the health and well-being of individuals, families, and the community. (1)

Community care includes prevention programs, health tracking, education, emotional support, chronic condition management, and efforts to improve quality of life. Population health is influenced by social, economic, and cultural factors, with a focus on health promotion. Nola Pender's theory highlights the importance of health promotion and disease prevention, emphasizing the active role of nurses in community care. (2)

By adopting Pender's approach, nurses in community care are encouraged to actively promote health, empowering individuals and communities to manage their own health. This includes implementing health education programs, providing emotional and social support, collaborating with other health professionals and social services, and promoting policies that enhance health equity. (3)

Objective and Purpose: This study aims to explore how health professionals and community representatives experience their interaction with health services in East Timor, focusing on the quality, effectiveness, and challenges of care. It seeks to diagnose the organization of community assistance and identify gaps and strengths in the healthcare system to guide improvements in structure and service delivery.

Central Question: How do health professionals and community representatives perceive and navigate the internal and external challenges of the healthcare system in East Timor? This inquiry examines their experiences, challenges, and strategies in daily operations.

Nature of community service interventions: community service interventions aim to improve well-being and quality of life, tailored to each community's needs. These programs vary based on culture, resources, and local challenges. Health education promotes healthy lifestyles and disease prevention, while emotional and social support, along with better access to health services, can enhance community health, especially with political backing for improved living conditions.

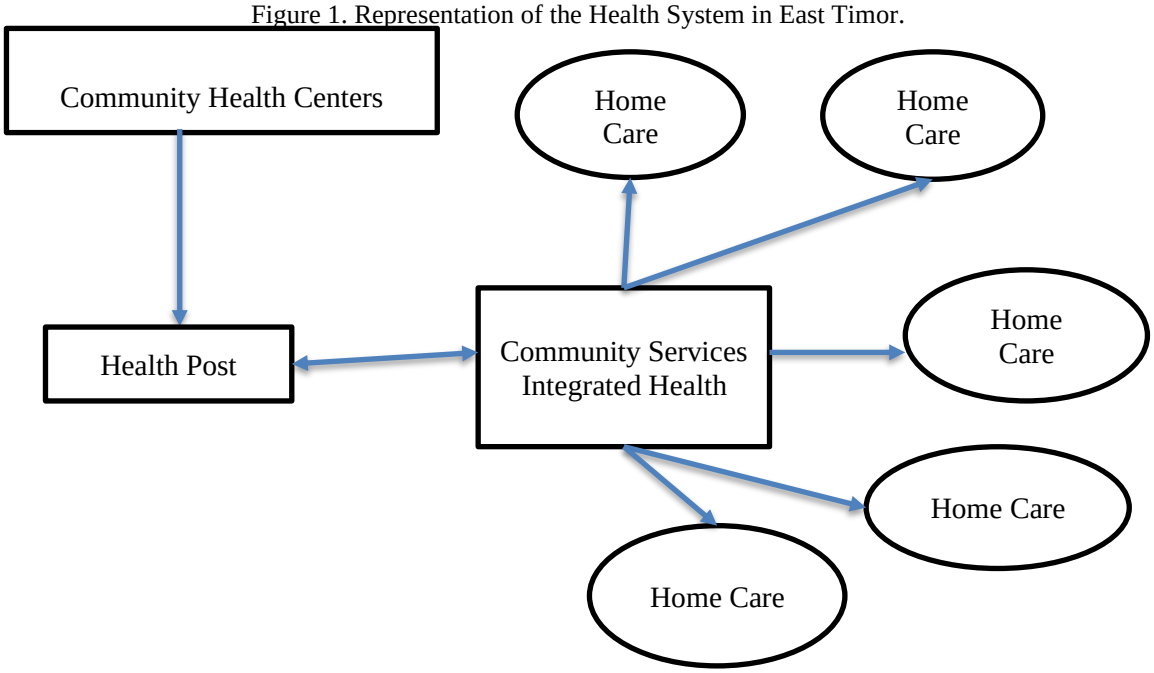
Legislation of East Timor, the constitution of the Democratic Republic of East Timor, adopted in 2002, establishes access to healthcare as a fundamental right for all citizens. Article 57 P.19 (4) ensures that "*everyone has the right to health protection*" and that the State promotes a universal, free, decentralized, and participatory national health system. This commitment aims to provide equitable access to healthcare, regardless of socioeconomic status, with a focus on prevention, treatment, and rehabilitation.

The East Timor Strategic Development Plan (PED-TL) 2011-2030 prioritizes human and social development, emphasizing education for young adults, gender equality, and social justice.

The plan is flexible, allowing adjustments to address emerging challenges and achieve development goals.

This article, based on a doctoral thesis on nursing, focuses on improving community-based healthcare, highlighting the importance of decentralization and citizen participation. Effective implementation of these principles requires proper resource allocation, and the development of health policies and programs tailored to the specific needs of East Timor population. The primary healthcare system is crucial for ensuring accessible, quality care across the country's communities.

Figure 1. Representation of the Health System in East Timor.



Source: Constitution of the Democratic Republic of Timor-Leste, Dili, 2009, p. 19.

The community health center is at the sub-district level and offers a higher level of service than the health post. The latter provides curative and preventive care as well as health promotion programs. In these health centers, integrated community services are essential to ensure that even the most remote areas have access to basic health services, as well as promoting the active participation of communities in taking care of their own health. The health post and integrated community health service is related to health centers because it is the secondary level before going to the primary hospital level.

The district health service structure demonstrates a commitment to decentralization and providing care close to local communities. Through these services, the Timorese government can

achieve broader and more effective coverage, ensuring that all people, regardless of their geographic location, have access to essential health care.

East health data: According to WHO [5] East Timor has a mortality rate of 48.6 deaths per 1,000 live births. Despite improvements from 1990 to 2022, this rate remains high. Government policies, including public health campaigns and investments in infrastructure, have influenced this change. However, the 428 newborn deaths recorded in 2022 [6] with a significant portion occurring at the Guido Valadares National Hospital suggest that remote, rural areas may face higher mortality rates. This highlights the need for greater focus on healthcare infrastructure, supplies, and personnel.

METHODOLOGY

Qualitative methodology is essential for SWOT analysis, providing subjective insights from stakeholders. Individual interviews with staff and community members, coupled with direct observations, help identify internal strengths and weaknesses, as well as external opportunities and threats. This approach ensures a diverse, representative sample and a thorough exploration of issues. [7] The sample included 25 participants from East Timor, representing three communities, five doctors, eleven nurse-midwives, and six teachers, which helped identify critical factors impacting the organization, data collection was carried out between November 2023 and April 2024. [8]

SWOT analysis aids decision-making by prioritizing resources, setting goals, and addressing weaknesses and threats to improve competitive positioning. [9] It also enhances communication and is applicable in strategic planning, project evaluation, and development. The study involved interviews and google forms, followed by SWOT analysis of relevant documents. Findings were summarized with key SWOT elements.

Strategies are developed to leverage healthcare system strengths, address weaknesses, seize opportunities, and mitigate threats. For qualitative research, participant selection is crucial to ensure meaningful insights. Participants should possess experience or knowledge relevant to the topic, enriching the analysis. Ethical guidelines, including informed consent and confidentiality, were upheld, with approval from the East Timor Ethics Committee (Ref: 172/MS-INS/GDE/I/2023), ensuring valid results.

This descriptive study, based on Yin, R. K. - case study [10] examines healthcare in East

Timor. The single-case study design allows for an in-depth analysis, identifying causal relationships and offering theoretical generalizations, though with limitations for statistical extrapolation. The research aims to explore how health professionals and community representatives experience health services in East Timor, using the methods outlined.

SWOT analysis is a critical tool for strategic planning, helping identify strengths, weaknesses, opportunities, and threats. The questionnaire included consent, prior explanations, and questions focused on improving care conditions.

Data analysis was conducted using Atlas.ti® (version 23), following Bardin's principles: data preparation, organization by participant responses, skimming for recording units, coding, and triangulation. Triangulation, involving multiple researchers, enhances reliability and validity by integrating diverse perspectives and minimizing bias. Content analysis revealed patterns and themes, offering deeper insights. (13) Combining these methods ensures a rigorous analysis and enriched interpretation of the data. (14)

While single-case studies provide valuable insights, they have limitations in generalizing results to other contexts. The research design was selected based on its alignment with the study's objectives.

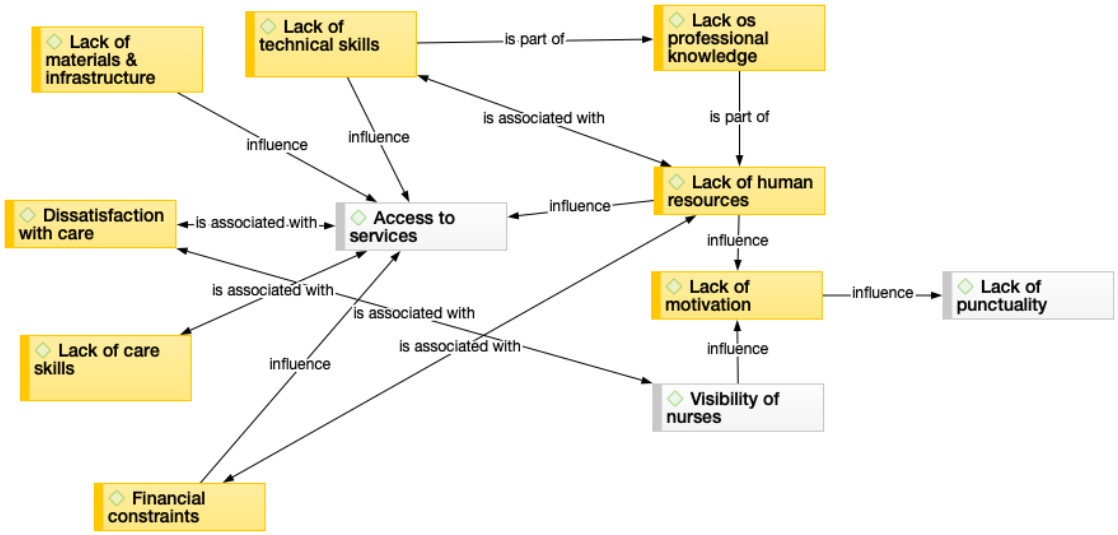
To support data collection, a SWOT analysis-based instrument was developed to assess strengths, weaknesses, opportunities, and challenges. This method, typically used with small groups (around ten participants), was adapted for 25 participants from East Timor, including three communities, five doctors, eleven nurse-midwives, and six teachers, selected for their involvement in healthcare provision.

RESULTS

As mentioned before, 25 people participated in this research, 11 male and 14 female, from three selected communities, five doctors who work at the health center, eleven nurses who aid in the community, six professors who teach at the health faculty, all of whom are Timorese nationals.

Access to services is influenced by the lack of materials and infrastructure, lack of technical skills, financial limitations, and is also associated with the lack of human resources, which influences access to services, as well as leads to lack of motivation, lack of punctuality, lack of skills in care and dissatisfaction with care associated with the visibility of nurses.

Diagram 1 – Areas of need



Source: Author's own elaboration, 2024

The lack of human resources is linked to access and is evident in participants' statements, such as "*...I can offer professional treatment*" (E1) and "*human resources can better develop practices*" (E5). The shortage of human resources is mentioned not only for nurses and doctors but also in the context of care, such as "*lack of health personnel in remote areas*" (E9) and "*lack of staff in health centers*" (M1; E9).

Lack of skills in care can affect the quality and safety of health services, as seen in "*lack of professional care" and "lack of control in the care process*" (C3; D3; M3). Investing in continuous education is essential to ensure health professionals have the necessary skills.

Lack of knowledge in health can harm the quality of care, as noted in "*increase the level of knowledge of health personnel*" (C3) and "*practice is not evidence-based*" (E8). Constantly updating knowledge is crucial for providing the best possible care (E7; E8; E9).

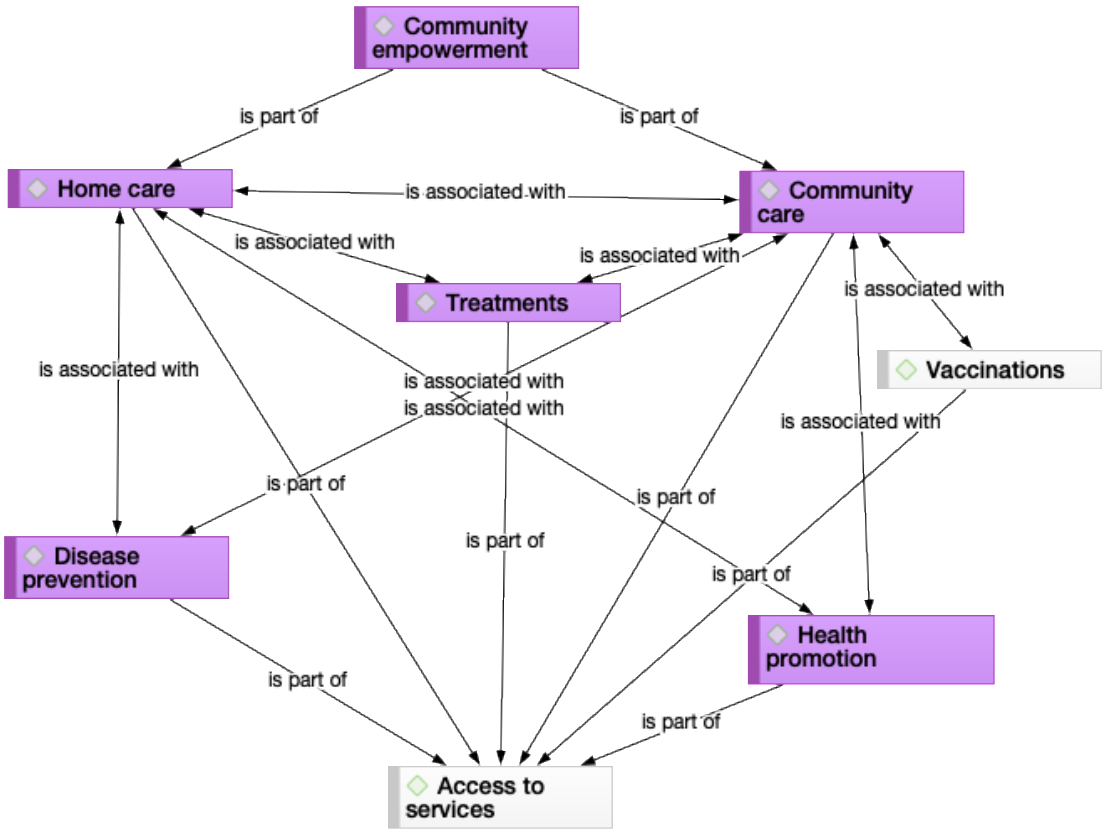
The lack of materials and infrastructure disproportionately affects marginalized communities, contributing to social and health inequalities, such as "*lack of health materials"* (C1; D4; E11) and "*lack of equipment"* (D5; E4; E6; E9). Investment in infrastructure and efficient resource management is necessary to address this issue.

Access to health services is essential for well-being, but barriers must be addressed, such as "*lack of staff in remote areas*" (D5) and "*distance to health centers"* (E6). This requires a collaborative approach involving governments, civil society organizations, and local communities (D4; D5; D6; E1; E3; E6; E7; E8; E9; M1; M3; M4).

Community training in home care includes treatments, vaccinations, health promotion,

and disease prevention. It supports families and caregivers, offering guidance on tasks like medication administration. Health services improve access through education, campaigns, and mobile clinics, ensuring culturally appropriate care and better transport options.

Diagram 2 - Nature of interventions



Source: Author's own elaboration, 2024

Community empowerment is a powerful approach to promote sustainable development, resilience, and well-being (D2; D3; D4; E1; E5; E9; E10; M1). There is a "*lack of health information*" (E1) and the population still lacks knowledge about diseases and treatments (M1). By empowering local communities to take an active role in their development, we can build a more just, prosperous, and sustainable future for all.

Empowerment involves encouraging active participation through community meetings, workshops, and public consultations (D2; D3; D4; E1; E5; E9; E10). It can also include practical skills like sustainable agriculture, basic healthcare, and financial literacy.

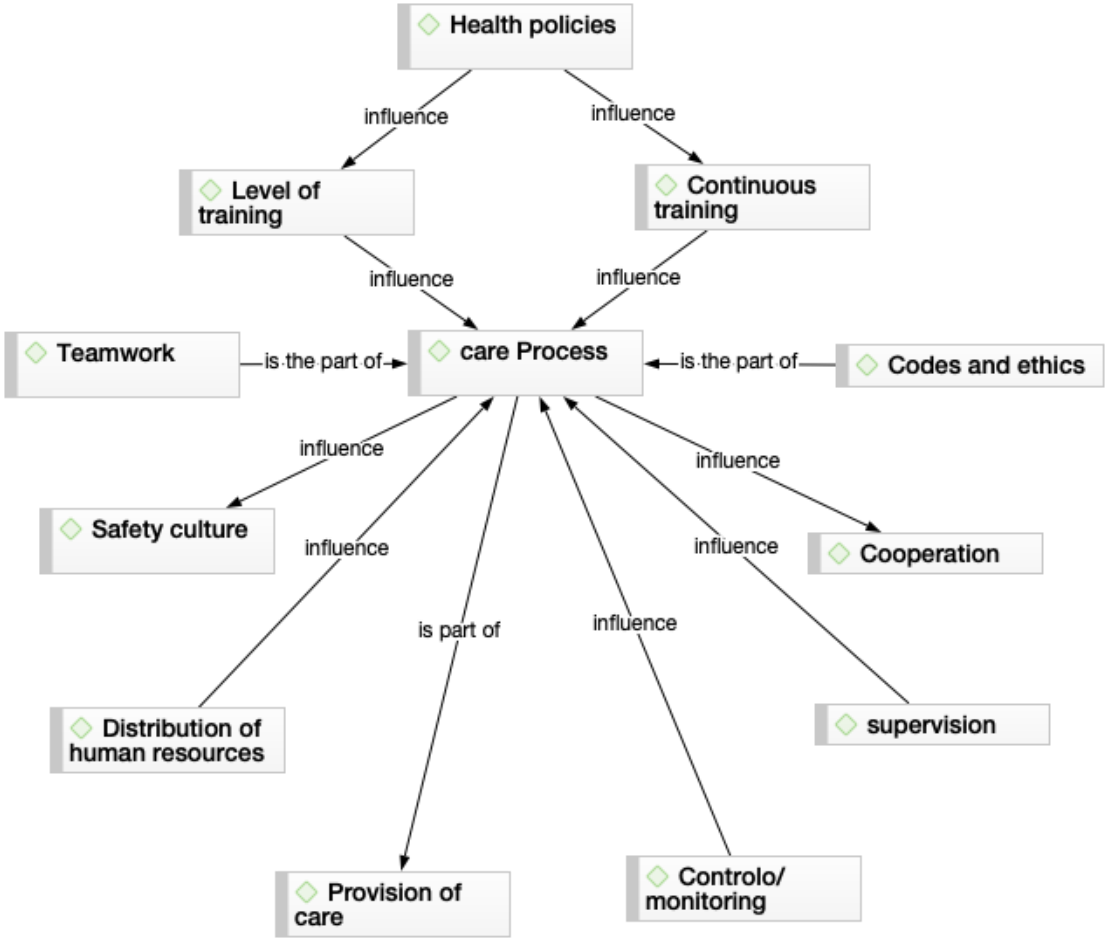
Encouraging healthy behaviors, such as smoking cessation, reducing alcohol consumption, and adopting a balanced diet, can help reduce chronic diseases like heart disease, diabetes, and obesity (D1; D3; E5; E8). As one participant noted, *"the population can learn some*

treatments and prevent some disease risks" (D1). Promoting community participation in health and disease prevention through campaigns and partnerships creates a culture of health at the local level (D1; D2; D3; E1; E5; E8; E9; E10; M1).

Health promotion and disease prevention are essential to improving the health and well-being of populations, as seen in the call for *"more health promotion for the community"* (E10). A comprehensive, multi-sector approach can help create healthier, more resilient communities (D1; D2; D3; E1; E5; E8; E9; M1).

The care process is shaped by the level of training and health policies. Analysis of the speeches reveals that it involves teamwork and adherence to ethical codes, playing a key role in care provision. It also influences safety culture and cooperation, while being affected by the distribution of human resources, control, and supervision.

Diagram 3 - Organization of care



Source: Author's own elaboration, 2024

An effective health policy ensures equal access to quality health services for all citizens,

regardless of socioeconomic status, location, or other factors (D2; D4; D6; E1; E4; E7; M1; M2). It requires active participation from stakeholders such as governments, health professionals, civil society organizations, communities, and the private sector. As one participant noted, "*The health ministry with USAID can work together*" (D6). Collaboration among stakeholders is crucial for the successful development and implementation of health policies (D6; E4). Effective health policy is comprehensive, equitable, evidence-based, and focused on population needs.

This policy includes education programs, with an emphasis on minimum education levels for health professionals: "*nursing graduates who finish their studies in East Timor"* (D8), and the need for "*development in educational level*" (E6). Investing in education and training is essential for continuous professional development. As noted, "*training"* and *"formal education and training*" (E2; E9) are crucial to improving job performance and satisfaction (D1; D2; D3; D4; D6; E2; E4; E6; E7; E8; E9; E10; M3).

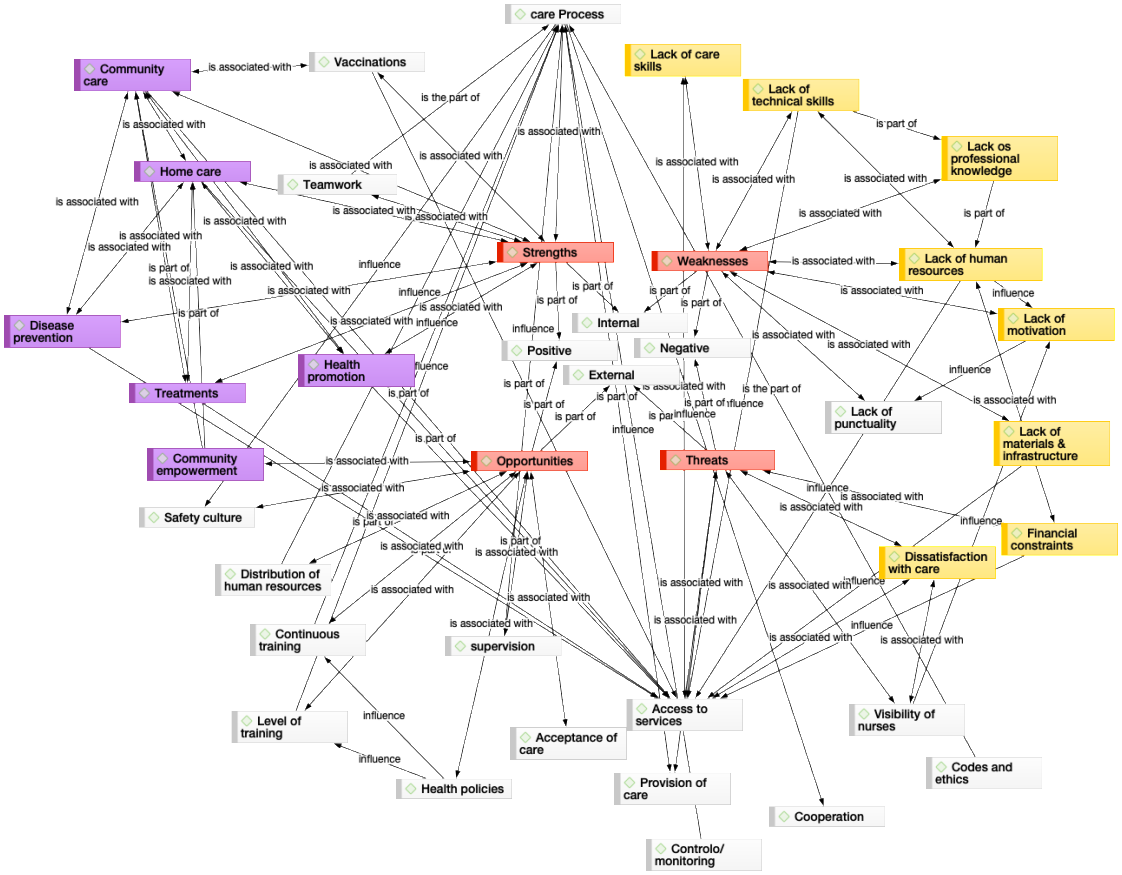
Continuous training helps individuals stay competitive and adaptable in a changing world (D1; D2; D3; D4; D6; E2; E4; E6; E7; E8; E9; E10; M3). Furthermore, a culture of safety in healthcare emphasizes patient and professional safety, promoting open communication about errors, teamwork, and adherence to safety protocols (D1; D6; E3; M4; M5).

Cooperation among health team members is essential for coordinated and effective care delivery, as stated, "*needs cooperation between the Ministry of Health and health personnel to deliver professional treatment"* (D4). Adequate supervision ensures quality and safety in care, involving clinical supervision and monitoring compliance with protocols (C1; E2; M2).

Monitoring and controlling health care processes is vital for ensuring service quality, effectiveness, and safety. *"Need a system that controls health in the community*" (M2) and using performance indicators, health information systems, and audits can identify areas for improvement (C1; M2; M3).

Global analysis: We remember that internally we have strengths and weaknesses and externally we have opportunities and threats, as mentioned above. On the other hand, strengths and opportunities are positive aspects and weaknesses and threats are negative, hence, these are the ones that must be transformed in the reorganization of services. After analyzing the themes that emerged, access to services, the nature of interventions and organization of care, we move on to explore the SWOT analysis represented in diagram 4.

Diagram 4 - SWOT – analysis



Source: Author's own elaboration, 2024

The strengths include home and community care, disease prevention, treatment, empowerment, health promotion, vaccination, teamwork, and the care process. Weaknesses are poor customer service, lack of technical knowledge, limited resources, low motivation, and punctuality issues. Opportunities involve community training, safety culture, resource distribution, ongoing training, supervision, and health policies. Threats include financial limitations, care dissatisfaction, nurse visibility, and access to services. In summary, strengths focus on interventions, weaknesses highlight areas of need, and opportunities and threats cover access and care processes, as shown in the SWOT diagram.

Strengths Expressed by Participants:

"Nursing graduates in East Timor require additional training to enhance their care, as one participant stated: nursing graduates need further training to improve their care" (D5; E4; E9). Nurses need more knowledge at various treatment levels to offer the best care, but face challenges due to a lack of human and material resources (C1; D1; D2; D3; D4; D5; M3).

They often travel to remote areas to provide care, but access can be difficult, with one

participant mentioning the *"lack of human resources and care materials, difficult to access"* (E8; E9; E10; E11). A partnership between the Ministry of Health and USAID has helped reduce stockouts and provide free immunizations to communities (D6).

To improve care, it's crucial to increase knowledge and create a more efficient health system. As noted, *'the national health plan is key to improving care'* (E5; M2; M3)

Weaknesses Expressed by Participants:

The lack of human resources, equipment and adequate training is perceived as a low status problem, but it is a practical issue. *"In addition, there is still a lack of care material to support health personnel", 'there is a lack of health personnel and a lack of care equipment and there is a need for training and education for health personnel"* (C1; C2; C3; D1; D4; D5; D6; E4; E5; E6; E7; E9; E11; M1). In addition, there is still a lack of care material to support health personnel. Better human resources can improve the development of health practice. There is a lack of coordination in the workplace, *"lack of coordination in the workplace"* (E2).

The weak point is the lack of equipment and the low level of minimum education, "*minimum level of education"* (D2; D6). Health centers and hospitals are very far from the communities' home, making it difficult to recent information because they stay in remotes areas, "*lack of information about health and the population live in remote areas"* (E1).

As we mentioned, due to the lack of health personnel, care equipment, and continuous training, mainly in evidence-based practice and communication, we conclude that the development of a care guide would be very relevant, *"practice is not based on evidence and there is a lack of a care guide", "lack of communication at work"* (C1; C2; C3; D1; D4; D5; E4; E9; M4).

Opportunities Expressed by Participants:

To offer professional treatment, it is essential to increase training and education in the health sector. As one participant stated, *'increasing the level of study in order to improve treatment and care'* (C1; C2; D4; D5; D6; E1; E2; E4; E6; E7; E8; M1; M3). Training opportunities enable health personnel to offer better care, with one participant noting, *'offering training and a place for volunteer trainees, i can increase my knowledge and the reality of the East Timor population.'*

The government should promote *"training to enhance nurses"* knowledge and collect health data from communities. Understanding areas lacking health services could help establish health centers or posts and improve community health awareness. As stated, *'in this opportunity,*

i can offer health promotion to the community' (D1; D3; E1; E2; E5; E9; M1).

Integrated care models, with collaboration among health professionals and community-centered approaches, can improve health outcomes. As one participant shared, *'working in the health center I can learn new cases'* (E4; M1).

Threats Expressed by Participants:

Due to a lack of equipment and human resources, it is essential for the Ministry of Health to provide training for nurses, especially those in remote areas. As highlighted: *'lack of facilities and care material, which threatens the care process during serious situations'; 'lack of health personnel in remote areas'; 'lack of motivation and finances for training'* (C1; C2; D1; D2; D5; D6; E4; E5; E6; E7; E9; E10; M4).

The absence of a care guide means nurses rely on their own knowledge to deliver care, revealing gaps in health system control, resource availability, and education. *'Due to the lack of a care guide, nurses have not been able to work professionally and instead only use their own knowledge'* (C1; C3; D2; D3; D4; D5; D6; E2; E4; E5; E7; E8; M1).

Serious situations often require patient transfers to the National Hospital due to inadequate resources in local health centers. *'The population lacks knowledge about disease and treatment, requiring transfer to the Guido Valadares National Hospital'* (E5; E6; M1).

To improve healthcare, participants suggest increasing human and material resources, particularly in remote areas, and enhancing education and training for nurses. *'Increasing the capacity and level of education to provide professional care'* (C1; C2; C3; D1; D5; D6; E1; E2; E4; E5; E6; E7; E8; E9; E10; E11; M1; M3; M4).

A stronger infrastructure and more integrated care are needed, focusing on preventive services and patient-centered care: *'development of infrastructure to support the care process'* (E11; M2). Home care programs promoting health and disease prevention can reduce chronic conditions, with quotes like: *'health check-ups and promoting health reduce the risk of disease transition'* (E5; E8; E10; M1).

Finally, improving the health system requires learning from mistakes. *'Learn from the mistake and offer the best treatment professionally'* (D1; D6; M5)."

DISCUSSION

The results obtained by applying the questionnaire on google fronts allow us to analyze, using the Atlas.ti® software (version 23), four very important networks based on the research results, areas of coherence with networks more focused on access to health services, dissatisfaction with care and lack of care materials. On the other hand, we also focus on the nature of the investigations in home care and one of the most important points, the organization of care more focused on the care process. Finally, it involves identifying internal strengths (positive), such as existing resources and capabilities, as well as internal weaknesses (negative), such as limitations or areas for improvement. Likewise, exploring the external opportunities that the results reveal, such as favorable trends or areas of potential growth, together with external threats, such as challenges from the external environment that may negatively affect the situation.

These areas of deprivation can have a significant impact on the quality and accessibility of health services, as well as on people's satisfaction and the effectiveness of care, when considering strategies to improve these areas. It is important to address not only the immediate symptoms, but also the underlying causes and develop sustainable and holistically comprehensive solutions. This may involve broader health policies, investments in infrastructure and personnel, as well as initiatives to improve communication and collaboration between health care providers and the population. (15)

The nature of research plays a central role, providing essential insights for the development of treatments and disease prevention strategies; empowering the community is essential for people to take preventive measures and adopt healthy lifestyles. This research indicates that home and community care provide close and personalized support to the community, promoting recovery and a healthy quality of life, even with difficulties in accessing health care and due to a lack of human resources, problems identified in this study and which we know are essential to ensure that all communities have access to better and greater access to these essential services. Control and monitoring ensure the quality and effectiveness of the services provided, while supervision offers support and guidance to health professionals. (16)

Primary health care is crucial for health promotion and disease prevention. (17) In East Timor, raising awareness about diseases is key. Training health professionals improves service access, competence, and ensures up-to-date care. (16) Teamwork and a strong healthcare network are essential for coordinated care. (18)

The study emphasizes the need for more nurse training in rural areas to reduce mortality rates. Continuous training promotes best practices and holistic care. [19] Home care and community support, including vaccination and health promotion, are vital for disease prevention and healthy behaviors. [20]

CONCLUSION

Participants, professionals and community representatives, expressed the strengths and weaknesses of the health system in Timor-Leste, indicating that the strengths of the health system include professionals who are highly dedicated to their work, even in the face of limited resources and operational challenges. Active community participation reinforces the strengths, especially in rural areas, where community members play a vital role in providing primary care and promoting health. In addition, international cooperation contributes to improving technical and financial assistance as a partnership that strengthens the health system in Timor-Leste.

Weaknesses indicate that the health system in Timor-Leste faces a chronic shortage of qualified professionals, which negatively affects the quality and accessibility of services. Furthermore, many areas still face a lack of adequate infrastructure, including a lack of equipment and Medicines especially in remote, geographically mountainous areas and cultural diversity can create a significant barrier to accessing healthcare provision, especially in rural communities.

Supervision provides support and guidance to professionals, helping them to ensure they have the skills and knowledge needed to deliver high-quality care. This can include additional training, constructive feedback and assistance in solving complex challenges. By investing in appropriate supervision, health professionals can feel more supported and empowered to perform their role effectively, resulting in better outcomes for people and communities.

In summary, this analysis has highlighted the complexity of access to health care, showing how it can be affected by a variety of factors, including the availability of human and material resources, as well as the nature of research and the organization of the care network. Lack of resources can limit access to health services and contribute to people’s dissatisfaction with the care they receive. Furthermore, the quality and effectiveness of care are intrinsically linked to ongoing research and the effective organization of health systems.

With the data that emerged from the study, we identified the need to promote adequate investment in resources, encourage research and ensure a well-structured care network that is

accessible to all. Only in this way will we be able to overcome the challenges related to access to health and ensure that all people receive the care they need for a healthy and productive life. The study emerges as a diagnostic need to contribute to the alignment of the study carried out which also questions “the work of nurses in the community in Timor-Leste - what ways to improve care in the community”, and in this sense we can state that we obtained clear and useful data.

REFERENCES

1. CHAVES, L. D. P.; MININEL, V. A.; SILVA, J. A. M. D.; et al. **Nursing supervision for comprehensive care.** *Rev Bras Enferm.*, v. 70, n. 5, p. 1106-1111, Sep-Oct 2017. doi: 10.1590/0034-7167-2016-0491.

2. LIMA, A. L. P.; SILVA, M. J. P.; SANTOS, E. **Nola Pender's theory in the health care of pregnant women: a reflective study.** *Rev Enferm UFPE on line*, v. 17, n. 3, e244394, 2023. Available at: https://doi.org/10.5205/1981-8963.2023.244394. Accessed: Sep 17, 2024.

3. SILVA, A. B. **Health promotion in community care: The role of nurses in equity and social support.** *Rev Bras Enferm.*, v. 73, n. 4, p. 550-559, 2020.

4. **Constitution of the Democratic Republic of Timor-Leste.** Dili, 2009, p. 19.

5. UNICEF; WHO. **Mortality rate.** 2022. Available at: https://data.unicef.org/country/tls/. Accessed: Sep 17, 2023.

6. **Mortality rate of East Timor.** Tatoli, Jan 20, 2023. Available at: https://pt.tatoli.tl/2023/01/20/taxa-de-mortalidade-neonatal-aumenta-em-liquica/. Accessed: Sep 17, 2023.

7. HAYASHI, M.; NISHIYA, K.; KANEKO, K. **Transition from graduate students to residents: A SWOT analysis of Japanese medical graduates' expectations and concerns during the COVID-19 pandemic.** *PLoS One*, v. 17, n. 3, e0266284, Mar 30, 2022. doi: 10.1371/journal.pone.0266284.

8. KLEIN, F.; PELZER, U.; SCHMUCK, R. B.; et al. **Strengths, Weaknesses, Opportunities, and Threats of Centralized Pancreatic Surgery: a Single-Center Analysis of 3000 Consecutive Pancreatic Resections.** *J Gastrointest Surg.*, v. 23, n. 3, p. 492-502, Mar 2019. doi: 10.1007/s11605-018-3867-x.

9. TEOLI, D.; SANVICTORES, T.; AN, J. **SWOT Analysis.** In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; Jan 2024–. Sep 4, 2023.

10. YIN, R. K. **Case study research and applications: Design and methods.** 6th ed. SAGE, 2017.

11. OLIVEIRA, M. P.; MARTINS, R. **Strategic planning in the public sector: The use of SWOT analysis to improve organizational management.** *Rev Adm Pública*, v. 55, n. 3, p.

402-417, 2021. Available at: https://doi.org/10.1590/0034-761220200060. Accessed: Dec 17, 2024.

12. ARAÚJO, F.; SILVA, E.; ROCHA, E. **The application of SWOT analysis in organizational strategic planning: A literature review.** *Rev Bras Gestão Negócios*, v. 21, n. 2, p. 45-58, 2019. Available at: https://doi.org/10.5935/1678-6971.20190006. Accessed: Dec 17, 2024.

13. BARDIN, L. **Content analysis.** Editions 70, 2016.

14. FLICK, U. **Introduction to qualitative research.** 5th ed. Penso Editora, 2018.

15. CABRAL, T. J. V. **The quality of nursing care in Timor-Leste.** Escola Superior de Enfermagem do Porto, Portugal, 2015. Available at: https://comum.rcaap.pt/bitstream/10400.26/10772/1/Dissertação%20%2C3-12-2015-%20Último%20revisão%20e%20finais.pdf. Accessed: Sep 17, 2023.

16. MARTINS, M. M.; GONÇALVES, M. N.; RIBEIRO, O. M.; et al. **Quality of nursing care: development and validation of instruments.** *Rev Bras Enferm.*, v. 69, n. 5, p. 920-926, Sep-Oct 2016. doi: 10.1590/0034-7167-2015-0151.

17. SUCCI, R. C. M. **Vaccine refusal – what we need to know.** *J Pediatr (Rio J).*, v. 94, n. 6, p. 574-581, Nov-Dec 2018. doi: 10.1016/j.jped.2018.01.008.

18. CHAVES, L. D. P.; MININEL, V. A.; SILVA, J. A. M. D.; et al. **Nursing supervision for comprehensive care.** *Rev Bras Enferm.*, v. 70, n. 5, p. 1106-1111, Sep-Oct 2017. doi: 10.1590/0034-7167-2016-0491.

19. MARTINS, P. F.; PERROCA, M. G. **Care needs: the perspective of the patient and the nursing team.** *Rev Bras Enferm.*, v. 70, n. 5, p. 1026-1032, Sep-Oct 2017. doi: 10.1590/0034-7167-2016-0197.

20. FREITAS, F. C. A.; MARTINS, M. M. F. P. S.; OLIVEIRA, M. J. R.; et al. **Nursing performance in-home visits.***Kesans: Int J Health Sci.*, v. 2, n. 12, 2023. Available at: https://kesans.rifainstitute.com/index.php/kesans/article/view/226. Accessed: Fev 17, 2024.

21. **CONSTITUTION OF THE DEMOCRATIC REPUBLIC OF TIMOR-LESTE.** Dili: Government of Timor-Leste, 2009. p. 19.