

Care management in family health strategies in nurses' perception

Gerenciamento do cuidado em estratégias saúde da família na percepção de enfermeiros

Gestión de la atención en las estrategias de salud familiar en la percepción de las enfermeras

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Resumo: Objetivo: conhecer as percepções e práticas dos enfermeiros acerca do gerenciamento do cuidado. **Método:** estudo qualitativo descritivo, com sete enfermeiros atuantes na atenção primária à saúde, de um município no interior do Rio Grande do Sul, Brasil. A coleta de dados ocorreu de novembro a dezembro de 2019. Utilizou-se entrevista semiestruturada e análise temática. **Resultados:** os enfermeiros demonstraram habilidades e competências inerentes ao gerenciamento, e formação direcionada para um atendimento pautado na integralidade. Relataram dificuldades como a manutenção da continuidade de materiais. Quanto aos recursos humanos, há uma preocupação dos profissionais em conhecer as potencialidades das equipes, a fim de direcioná-las à prestação do cuidado. O trabalho em equipe possui fragilidades, uma vez que há tarefas atribuídas que necessitam ser discutidas e compartilhadas. **Conclusão:** os profissionais nos diferentes níveis de gestão precisam somar esforços para proporcionar condições que visam atender ao princípio da integralidade.

Descritores: Gestão em saúde; Atenção primária à saúde; Estratégia saúde da família; Enfermagem; Serviços de saúde

Abstract: Objective: to know the nurses' perceptions and practices of care management. **Method:** descriptive, qualitative study, with seven nurses working in primary health care, from a city in inland Rio Grande do Sul, Brazil. Data were collected from November to December 2019. Semi-structured interviews and thematic analysis were used.

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Results: nurses demonstrated skills and competencies inherent to management, and training directed to an integrality-based care. They reported difficulties such as the maintenance of the continuity of materials. As for human resources, there is a concern of professionals to know the potential of the teams, in order to direct them to the provision of care. Teamwork has weaknesses, since there are assigned tasks that need to be discussed and shared.

Conclusion: professionals at different levels of management need to join forces to provide conditions that aim to meet the principle of integrality.

Descriptors: Health management; Primary health care; Family health strategy; Nursing; Health services

Resumen: Objetivo: conocer las percepciones y prácticas de las enfermeras sobre la gestión de la atención. **Método:** estudio cualitativo descriptivo, con siete enfermeras trabajando en atención primaria de salud, de un municipio en el interior de Rio Grande do Sul, Brasil. Los datos se recopilaron de noviembre a diciembre de 2019. Se utilizaron entrevistas semiestructuradas y análisis temáticos. **Resultados:** las enfermeras demostraron habilidades y competencias inherentes a la gestión, y la formación dirigida a la atención basada en la integralidad. Informaron dificultades como el mantenimiento de la continuidad de los materiales. En cuanto a los recursos humanos, existe la preocupación de los profesionales por conocer el potencial de los equipos, con el fin de dirigirlos a la prestación de atención. El trabajo en equipo tiene debilidades, ya que hay tareas asignadas que deben ser discutidas y compartidas. **Conclusión:** los profesionales de los diferentes niveles de gestión deben unir fuerzas para proporcionar condiciones que tienen como objetivo cumplir con el principio de integralidad.

Resumen: Gestión en salud; Atención primaria de salud; Estrategia de salud familiar; Enfermería; Servicios de salud

Introduction

Primary Health Care (PHC) is an organizational level of health care that enables meeting the majority of the needs of a population in a regionalized, continuous and systematized manner.¹ The Family Health Strategy (FHS) enables the user's access to the Unified Health System (UHS), consolidates the proposals for primary care actions and stimulates changes in the work relationships established between health professionals and users. In addition, it promotes the reorganization of the health care model.¹ In this context, nurses stand out, who, when developing their daily activities, work closely with other health professionals and with social actors.

Among nurses' activities, care management stands out. This concept is understood as an attribution of nurses directly related to the search for care quality and better working conditions for professionals, from a perspective that articulates management and care, focusing on the user of the health service and the care in an approach that overcomes technicality towards care integrality.²

The care management is applied to the articulation of the managerial and care dimensions in the work process. When nurses work in the managerial dimension, they develop actions aimed at the organization of work and human resources, whose purpose is to enable the appropriate conditions for both the provision of care to the patient and the performance of the nursing team. The care dimension defines as an intervention focus the needs of health care in order to meet them integrally.³

In this perspective, comprehensive care presupposes health actions that consider the managerial and care dimensions. Integrality is permeated by the prioritization of promotion and prevention actions, attention at different levels of complexity in health, articulation of implementations of improvements, protection, diligence and comprehensive approach of the individual and families. Integrality permeates the need to rethink practices and conformations of public health services that are still characterized by care discontinuity, which weakens the care provided to the population.⁴

The following stand out as managerial activities of nurses in the FHS: participation in the elaboration, coordination and articulation of the planning of the Health Unit (HU); promotion of the integration and good relationship of health teams under their supervision; investment in interpersonal relationships (valuing the performance of professionals); identification of physical resources and the demographic and epidemiological profile of the adjoined population.¹ Thus, health professionals, within their multiprofessional competencies, need to be able to develop actions for prevention, promotion, protection and rehabilitation of health, at both the individual and collective levels.

Nurse's management actions should present as a purpose the care quality. The division between the care and management dimensions is expected to not compromise quality and cause conflicts in nurses' work, whether of the professional with his/her own practice or in his/her relationship with the nursing and health team.⁵

The literature presents a higher amount of knowledge production about care management in the hospital field,⁶ which justifies the importance of this study. Based on this, the research question is: what are nurses' perceptions and practices of care management? Aiming to know nurses' perceptions and practices of care management.

Method

This is a field research, with a qualitative and descriptive approach. As a selection criterion, the study participants were seven FHS nurses from a city in inland Rio Grande do Sul, Brazil. The study was carried out in seven units, six in urban perimeter and one in rural area. Among the interviewed professionals, five have post-graduate degrees, of whom only three are linked to public health. The number of units and nurses constitutes the entire city.

For the participants' recruitment, personal contact was made, offering the Informed Consent Form and the Assent Letter. After the acceptance and signature of the forms, scheduling was made according to the place of preference. There were no refusals to participate.

For data collection, semi-structured interviews were conducted by the researcher in November and December 2019, in the interviewees' service locations, with an average duration of 27 minutes each. The data saturation criterion was adopted when the objectives were achieved.⁷⁻⁸ The interviews were recorded and transcribed later. The interview guide consisted of seven questions, namely: what is nursing management for you? How do you perceive the nurse's preparation for this practice? How is the nursing care process organized with your team? Have you ever created any protocol during practices? For you, how does team management happen? What are the facilities and/or difficulties, or conflicts in the working relationships between you and the team? Have you been performing training/continuing education with your team?. The statements were organized in an alphanumeric system to preserve the anonymity of the participants (N1, N2, N3...), being "N" for nurses and the

numbering according to chronological order of the interviews. For the treatment of the material, thematic content analysis was used.⁷

It is worth noting that all ethical standards of Resolution 466/12 of the National Health Council - Ministry of Health, referring to researches with human beings, were followed. Furthermore, the Assent Letter was provided for authorization from the City Health Care Coordination with subsequent approval of the Human Research Ethics Committee, under opinion n. 3.678.162, on November 1, 2019.

Results

The statement unveiled concern with sufficient materials, since they are fundamental for users' care to happen. The strategy of making one's own stock within the unit emerged, since the supply of materials is not stable. Moreover, for the groups to happen, they end up needing to acquire the material.

In relation to the materials, it is having what you have under control, the material available and not lacking it, request immediately. (N5)

The material issue is seasonal, we order it, we are always ordering, although in the past months, we are receiving dressing materials. We do not lack rapid test, cytopathological material, but I am always keeping a stock, which we should not have, but it is the only way. But, for example, the disposable cup for people to drink water, we have not received them for eight months already. (N3)

We lack several inputs, from our part, of Nursing, until administrative materials. And when we need to arrange a group, it is up to us, we provide everything. (N7)

We lack many things, if we want something different, we will not have it. We want a group, a panel, something different, we have to buy, pay with our own Money. If you are going to offer something different in a group, which is something everyone loves, we have to sponsor it. (N4)

Nurses' statements show that the great difficulty lies in the lack of material resources, even when requested to the municipal management. According to the professionals, measures such as the organization of a stock in the unit, the acquisition of utensils for the groups with their own sponsorship and the execution of orders, even if there is no supply, were adopted so that they would not lack resources and assistance would not be jeopardized.

As for the physical resources, here highlighted the unit's structure, the following statements emerged, which illustrate a dichotomy between the services, since some places do not have proper structure and some places underwent renovations and adjustments that facilitate the performance of functions:

Since the unit does not have a proper structure, in not within the rules, the standards, I manage to make the manager aware of it, aware of the situation.
(N4)

Physically, it improved a lot in the past years, many projects were made, we have air conditioning, computer, and electronic record. So, those are gains and advances very important we have had in the past three years [...] the unit here was renovated, which was also a huge advance that facilitated a lot. (N2)

The reality of the cities is marked by health units with different conformations, with adaptation of some establishments with inadequate infrastructure, in order to keep the service operating. Such conformations take place aiming to adapt to the health of the population adjoined in the community where the FHS is inserted, or even according to the population characteristics of the city. In contrast, nurses noticed advances in the qualification of the structure of new units, possibly by access to financial resources and by computerization of the units, through the implementation of electronic medical records.

It is noteworthy that the interviewed nurses recognize the importance of knowing their team, in order to direct better the work to be performed, according to the aptitude of each

professional, favoring quality care. An important strategy used for care management is teamwork, although there is difficulty in its implementation.

It means knowing the members of your team and trying to rescue their best, because each member has a different power. So, firstly, you observe to know the team and, over time, frame and put that member at a position for him to work well. (N5)

Knowing the technician that works with you, seeing his profile, and directing his type of work. Everyone adhere to that way of care [...] The teamwork is hard, because you have to be heard and listen. (N6)

The teamwork recommended by the FHS care model aims to establish horizontal relationships between health professionals and to shape the competencies and skills developed in this context. Nurses, in management, seek to know their team, the professionals' profile, and, from this, elaborate a better distribution of attributions, which contributes to the results achieved by the health team.

The statements revealed that management is considered a challenge for nurses, given the responsibility and complexity of the activity. There are several actions for the execution of care management.

Every work done [...] it is of great responsibility, very complex [...] The management is a huge challenge for the nurse, because our technical practice is easy, but the challenges of managing different personalities, scenarios, I think that it is what most challenge us and always will, regardless of the area we work at. (N1)

Care management requires planning, organization, attention and the cohesion of each team in certain types of work. You manage to detect certain things of the service, like the current profile of the community, such as diabetic, hypertensive people, dressings [...] The first thing is to analyze the aspects of the population you are going to meet and see what other professionals of the team can offer you. (N6)

In nurses' perception, management is constructed upon recognizing the specificities of the health team and the territory, that is, what changes according to the vulnerabilities existing

in each scenario. In addition, it is essential to be close to the users adjoined and to be aware of the morbidity and mortality profile of this community, as well as the social, economic and cultural aspects, among others, that can influence the health-disease process.

The statements evidence that the care management is linked to the proper functioning of the unit related to the balance in the provision of medical and nursing consultations and to the provision of vaccines, and this logistics is organized by the participant after the situational evaluation.

So, the team management issue, unit management, how the unit is operating, what I need to change in medical call flow, observing what is working out and what is not. How the scheduling is, if it is effective, what most requires availability, balance the nursing consultations, offer of vaccines, of everything, of all the work performed by the entire team, not only of the nurse. (N4)

The organization chart of the FHS permeates the joint planning of the health team. The mediation performed by the nurse aims to improve the flows and offers of care, enables adherence to FHS services and improves the coverage of users within their area that seek care in the unit. This strengthens the importance of the nurse's managerial dimension, contributing to the effectiveness of care management.

Furthermore, nursing management is linked to the programs of the Ministry of Health, such as the Cervical Cancer Information System (SISCOLO), the Food and Nutritional Surveillance System (SISVAN), Arterial Hypertension and/or Diabetes Mellitus (HIPERDIA) and the School Health Program (PSE). This professional is the main protagonist in carrying out the activities and attributions for the progress of the service, which is related to the correct functioning of the programs.

The nurse's management is centered on the programs, if the nurse is alongside the programs, they work, let's say, the nurse is the main manager in this sense, responsible for maintaining the PSE, SISCOLO, SISVAN, HIPERDIA [...] The nurse is not an administrative coordinator, is

nor an administrative manager, but the nurse ends up executing this part when there is no coordinator. (N2)

In some health units, when there is no administrative manager, there is work overload on nurses, because they assume these functions intrinsically. Of the seven units where the interviews were conducted, only two have administrative manager, the others, only administrative assistants. Another issue highlighted is the large number of programs to be fed back, which are mostly performed by the nurse. However, the co-responsibility of the entire health team is essential in bureaucratic actions and feeding of computerized health systems.

Discussion

The stock of products and the acquisition of resources with their own sponsorship, carried out by some nurses, although understood as positive, demonstrate fragility in the organization and planning of the different spheres that make up health management. In this direction, care integrality is weakened, which compromises the care to users, since there may be discontinuity in the supply. The situation denotes the need for a channel of communication and active participation of nurses in the planning of the resupply of inputs, since they understand the needs and the necessary demand, in order, together with the municipal management, to assist in the guarantee of the essential resources for care continuity.

The slowness of public management results in the misuse of physical and human resources, directly interfering in the actions of the health system and in the exercise of primary care professionals. In the FHS, for quality performance, the team should be organized, seeking the diagnosis of health needs, elaborating and implementing a strategic plan of actions, with a view to the resolution of the impasses identified, continuously monitoring and evaluating the results.⁹

The nurse, by assuming the management of the care units and coordinating the care activity, has a preponderant role regarding the determination of the material necessary to execute the care. This applies in quantitative and qualitative aspects, in the definitions of

technical specifications, quality analysis, participation in the purchasing process and establishment of control and evaluation.¹⁰⁻¹²

It is necessary that nurses see themselves as protagonists of the strategies and actions of individual and collective activities, aiming at greater visibility to the profession and best practices to the community. This lead role allows building a care management model based on local realities aiming to reorganize quality-oriented activities in health care.¹³⁻¹⁴

The concept of physical resources encompasses the internal and external areas that make up a health service. A unit, specifically, comprises the physical space determined and specialized for the development of care activities, characterized by different dimensions and facilities. The dimension refers to the size of the unit according to the equipment, the population to be met and the activities to be performed.¹²

Furthermore, the National Humanization Policy stands out, which, through its guidelines, reinforces the importance of the ambience for the qualification of management and work processes developed in health units. Ambience comprises the creation of healthy spaces that enable shared discussion, taking into consideration the specificities of the environment and users, in order to provide spaces of meetings between users and health professionals.¹⁵

The management of nursing physical and environmental resources consists of nurses' participation in the planning and allocation of these resources. The goal is to organize or manage a health unit on a daily basis, providing safety, comfort and privacy to patients and ensuring appropriate working conditions.¹²

For the construction of an environment of Health Care Establishment (HCE), it is indispensable to meet the requirements established by municipal and state laws, by the Ministry of Health and other government agencies, such as the National Health Surveillance Agency (ANVISA). This body is a regulator of the health system and carries out a supervisory action regarding the adequacy of the conditions of the environment where the activity takes place and

the existence of indispensable and facilities and equipment compatible with its purposes, based on the control of the associated risks.¹²

To be a leader is to influence the members of one's team in the course of actions, acting as facilitator and motivator of the work. Thus, the nurse's leadership dynamics influences the work process of the team (community health workers and nursing technicians) and, consequently, affects the quality of health care provided to clients. Nurses' leadership in the context of primary care involves the principles and guidelines of the UHS, since it denotes a shared management, based on the health needs of the individual and the collectivity of the territory where the nurse operates. Moreover, the nurse is expected to recognize the role of the health team, considering the care model recommended by the FHS, which aims at the user and his/her family as the center of care and a critical analysis of the specificities of the adjoined territory.¹⁶

Concerning the teamwork, in the field of health practices, thinking of the union as an imposition, a guideline of the system, means a unique setback. The construction of the harmony of professionals requires interaction, communication and the ability to place in other's place, understanding the different knowledge, in each specificity.¹⁷⁻¹⁸

Strategies, knowledge and institutional resources are articulated in health management for the intervention of health-disease problems and needs of communities in a territory. Priorities are listed and alternative actions are considered for the conduction of work processes, which aim to solve or control diagnosed problems. Health management acts in the organization of the work process, in the performance of the health professional and in professional practices, aiming at a better provision of the service and user satisfaction.¹⁹⁻²⁰

Care management requires planning and organization, constituting as a challenge. The team needs to be prepared to act in different determinants of the service. This factor is essential, since it enables the adequate provision of care to that population, taking into account the principle of integrality.

It is a challenge to plan, execute and evaluate the health care management model adopted. The necessary health interventions depend on the construction of interpersonal, professional relationships, the configuration of networks and a structured system, recognizing that the management model is constructed from the connections and links between the actors involved in the process.¹³

Health care management practices have been delineated as a new paradigm in the organization of the health care network, supported by a theoretical-scientific framework capable of mediating the complex relationships of the needs demanded by users of the health system. In the horizontality of the system, the primary health care network is structured, which, through a process of management of qualified care, guarantees the gateway of users to different services and levels of complexity.²¹⁻²²

To develop the management of comprehensive nursing care, nurses use management tools such as health indicators, material and human resources planning, patient safety standards, decision-making process, among others.²³ The care provided directly to the patient includes techniques, technologies, procedures and actions of prevention, promotion and health education. The tools that enable comprehensive nursing care are the nursing care systematization (NCS), shift change, embracement, nursing consultation, communication, home visit, among others.²³

The ability to manage a health team and meet the perspectives of users requires a balanced professional, who can overcome the limitations that the service presents and, in addition to providing assistance based on the principles of the UHS, know how to deal with the shortage of personnel, materials, resources, as well as the increasing demand of users.²⁴ It is essential that the FHS managers have the ability to perform a dynamic and accurate situational reading of the health system context. Thus, there is the possibility of faster adaptation to social needs and the direction of actions for the resolution of health care and nursing of the

population in different scenarios.¹⁴ Upon assuming the managerial function of the unit, in practical terms, nurses suffer accumulation of functions, a factor that impairs the development of their work and, consequently, the efficiency of the unit itself in assisting the population. The excess of tasks ends up trampling down the execution of actions.²⁴

In the BHU, nurses develop, on a daily basis, multiple activities in the field of FHS care, from management to health education, expanding the responsibilities that, associated with existing difficulties and the interest in providing the good progress of the service, overload their daily lives, resulting in the feeling of overload, stress and dissatisfaction with work.²⁵ Thus, it is evident that nurses are the main character in care management, and are responsible for the management of the unit regarding care and management. Furthermore, management activities overlap care actions, and in some statements, this fact is attributed to work overload.

The different levels of management need to be engaged in the care management process, giving the nurses the means to exercise their function, since many of the obstacles found pervade the attribution of the nursing professional and reach greater proportions. This fact can also be attributed to economic and political factors at the municipal level, which, after all, is responsible for providing funds for the acquisition and supply of network materials.

It is noteworthy that this study pointed out the difficulties found by nurses, such as the maintenance of the continuity of material resources, and the material inputs important for the logistics of care to the population. Regarding human resources, the nurses' concern in knowing the potentialities of their teams was evidenced in order to direct them to the care provision according to their skills. The importance of teamwork was also noted, achieving the objectives of the service.

Nursing education is directed to a perspective of integrality-based care, which characterizes the expanded view in the construction of their professional profile, reflecting in greater ease in the management of managerial and care demands. However, the competencies

and skills developed by nurses do not cancel out the role of the other team members to be co-responsible for these dimensions, that is, in the care with the individual and his/her family, according to their health needs. Regarding the concept of care management, most participants made articulations between management and care, demonstrating the practice within the FHS.

The limitation of the study consists of the perception of a single local reality, based on specific vulnerabilities of the population adjoined to the participating FHS and the planning of health management of a single city. To investigate this specificity, future researches should be carried out. Nevertheless, the development of this study allowed encouraging the reflection on care management, aiming to improve the practices and quality of care provided by nurses and health teams working in FHS.

Conclusion

It was possible to know nurses' perceptions and practices of care management. Teamwork in the FHS, although recognized as essential for the quality of care provided, has weaknesses in its implementation, because the nurse assumes some tasks that could be discussed and shared with the team.

Although the difficulties permeate their routine, the statements of the study participants stressed strategies to overcome these difficulties and perform the practice of care management. Nurses understand these strategies as positive; however, some flaws need to be discussed with the municipal management, in addition to including professionals who work differently in health care in the planning of the actions and services offered and in the acquisition of inputs.

It is explicit the need for different levels of management to allocate attention and investment to promote the practice of nurses in FHS, because, being aware of the FHS realities, they can create adequate conditions for nurses to work in line with the principle of integrality.

Moreover, the importance of the nurse as coordinator or manager of a basic unit stands out, since he/she has the skills to develop this assignment.

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