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ORIGINAL ARTICLE

DYNAMICS, POTENTIALS AND CHALLENGES IN THE MANAGEMENT OF FAMILY HEALTH UNITS

DINÂMICA, POTENCIALIDADES E DESAFIOS NA GERÊNCIA DE UNIDADES DE SAÚDE DA FAMÍLIA

DINÁMICA, POTENCIALIDADES Y DESAFÍOS EN LA GERENCIA DE UNIDADES DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze the process of management in Family Health Units. ***Method:*** descriptive study of qualitative approach, carried out in a municipality in the State of Bahia in which health professionals alternated in the assumption of managerial functions. Approved by the Ethics Committee in Research of UFRB upon CAAE nº 05314112.3.0000.0056. Nine interviews were made with semi-structured script interviews and used in the process of data content analysis technique. ***Results:*** it was possible to identify two categories of analysis: Dynamics of management; Difficulties, potential and challenges for managing. ***Conclusion:*** the results showed that the process of reorganization of the Basic Care in health care with an emphasis on the Family Health Strategy have required from managers and professionals efforts and commitment to the development of managerial actions focusing on fully functioning health actions and services. ***Descriptors:*** Health Services Administration; The family Health Program; Primary Health Care.

RESUMO

Objetivo: analisar o processo de gerenciamento em Unidades de Saúde da Família. ***Método*:** estudo descritivo, de abordagem qualitativa, realizado em um município do interior do estado da Bahia em que os profissionais de saúde alternavam na assunção das funções gerenciais. Aprovado pelo Comitê de Ética em Pesquisa da UFRB, mediante CAAE nº 05314112.3.0000.0056. Foram realizadas nove entrevistas com roteiro semiestruturado e foi utilizada no processo de análise dos dados a técnica de análise de conteúdo. ***Resultados*:** foram identificadas duas categorias de análise: Dinâmicas de gerência; Dificuldades, potencialidades e desafios para o gerenciamento. ***Conclusão*:** os resultados apontaram que o processo de reorganização da Atenção Básica e da atenção à saúde com ênfase na Estratégia Saúde da Família tem exigido dos gestores e profissionais esforços e empenho para o desenvolvimento de ações gerenciais com foco no pleno funcionamento dos serviços e ações de saúde. ***Descritores***: Administração de Serviços de Saúde; Programa Saúde da Família; Atenção Primária à Saúde.

RESUMEN

Objetivo: analizar el proceso de gerenciamiento en Unidades de Salud de la Familia. ***Método:*** estudio descriptivo, de enfoque cualitativo, realizado en un municipio del interior del estado de Bahia en que los profesionales de salud alternaban en la asunción de las funciones gerenciales. Aprobado por el Comité de Ética en Investigación de la UFRB, mediante CAAE nº 05314112.3.0000.0056. Fueron hechas nueve entrevistas con guía semi-estructurada y utilizada en el proceso de análisis de los datos la técnica de análisis de contenido. ***Resultados*:** fue posible identificar dos categorías de análisis: Dinámicas de gerencia; Dificultades, potencialidades y desafíos para el gerenciamiento. ***Conclusión:*** los resultados muestran que el proceso de reorganización de la Atención Básica y de la atención a la salud con énfasis en la Estrategia Salud de la Familia han exigido de los gestores y profesionales esfuerzos y empeño para el desarrollo de acciones gerenciales con foco en el pleno funcionamiento de los servicios y acciones de salud. ***Descriptores:*** Administración de Servicios de Salud; Programa Salud de la Familia; Atención Primaria a la Salud.

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INTRODUCTION

The history of health in Brazil was marked by numerous events at the national and international level. In Brazil, economic, demographic, politics and social transformations, linked to the challenges before the organization of the Brazilian health system, generated concerns and influenced the health reform movement in the country that contributed later to devise and outline the ways for building a health care model, based on individuals, the community and the family.[1]

Among the initiatives proposed by the Brazilian Health System-SUS-for organization of the health sector, is the Basic Care (BC), in programs like Community Health Agents Program (CHAP) in 1991 and the Family Health Program (FHP), in 1994. Recently, in 2011, the Ordinance No. 2488 was published that updates guidelines and standards of the National Policy of Basic Care (NPBC) and reaffirms the Family Health while reorientation strategy of the health care model.

Thus, the Family Health Strategy (FHS) is configured as an alternative for reorganization of the provision of services, and an option to change the assistance model, predominantly medical-centric.[2] After all, according to NPBC, is in this scenario that the basic care is developed through the "care and management practices, democratic and participatory, in the form of teamwork, directed at populations of territories defined [...]".[3]

In FHS, practices of care and management is the working process of the professionals who are part of the family health team, and it is their responsibility of raising the actions developed in these services, based on the principles of the SUS. Therefore, it is in the context of managerial practices developed in Family Health Units (FHU), which are inserted the professionals who assume management activities.

It is for the professional "Manager" of Health Unit "to diagnose, plan, elect priorities, guide; anyway, administer all sectors of the unit and all variables related to health promotion[4]", in the external environment (community) and internal (health team). Therefore, the worker process developed by these "managers" represents a powerful instrument for the implementation of public policies, because he operates by influencing and being influenced by the way he organizes the production of health services and consequently, the techno-assistance model.[5]

Thus, the guiding question for the development of this study was: How is the process of managing family health units? From this, the general objective was defined: to analyze on the management process in Family Health Units. And as specific objectives there were: to know about the dynamics of development of these management units and to discuss the problems, potentials and challenges for managing Family Health Units.

METHOD

Article elaborated from the monograph "the management process in the Family Health Strategy with emphasis on action planning" presented to the Board of Nursing, Health Sciences Center, from the Federal University of Recôncavo da Bahia/UFRB. Santo Antônio de Jesus-BAHIA, Brazil. 2013.

This qualitative study was carried out in a municipality in the State of Bahia. The population of this municipality was assisted by 21 Family Health teams, distributed 15 health units in the urban zone and 4 Family Health Units in the countryside. It is important to highlight that in the urban area, of the 15 existing Family Health Units, two had more than one family health team, totaling 17 teams.[6]

In municipal management from 2009-2012, nurses or dental surgeons managed the FHU allocated in quarterly caster, which fit the implementation of managerial activities and the planning of activities for the operation of these health services. Thus, this study included the participation of nine professionals who acted as managers of the Family Health Units, most of them were nurses from female gender and age varying between 23 and 51 years old. It is worth mentioning that N1, N2, N3, N5, N6, N7 and N9 are nurses and N4 and N8, are dental surgeons.

In the data production process a semi-structured interview script was used as the data collection technique. As the analysis the technique of Content[7] Analysis was used, which included the following stages: the pre-analysis; exploration of the material; and the treatment of the data, inference and interpretation. Thus, it was possible to identify two categories: ♦ **Difficulties, potential and challenges for managing at FHU and ♦ Management dynamics in Family Health Units.**

This study had the research project submitted to ethics of the Ethics Committee in Research of the Federal University of Recôncavo da Bahia (UFRB), approved by CAAE

n. 05314112.3.0000.0056, being approved by Opinion 156,008/2012.

RESULTS AND DISCUSSION

From the data analysis two categories were established: ♦ Difficulties, potential and challenges for managing at FHU and ♦ Management dynamics in Family Health Units, discussed below:

♦ Management dynamics in Family Health Units

Regarding the way in which management may be developed in the context of Family Health Units, it was identified that the process of managing in these area is determined by different dynamics. In this sense, the management was recognized by the interviewees as a continuous and permanent process, which could be implemented through shared practice or in the form of rotation among professionals with higher education, in this case, by the professional with a background in Nursing or with training in Odontology.

Management as a continuous and ongoing process might be perceived in the following cuts:

> *So if management is daily (N6); [...] we manage all the time, all the time there is a problem we should be linking sectors, seeking to know the superiors, to resolve. (N5)*

In these cuts, it was observed that the management was experienced as something intrinsic, i.e. as an essential activity and inserted in the work process necessarily in FHU since in these work spaces with a population that presents characteristics, demands and peculiar problems, and also complex, pointing to the need for intersectional work together.

In addition, this way of understanding the management as a continuous and ongoing process led to the interpretation of management process as a way of learning. Therefore, as in the permanent education and continuous learning obtained with management held "every day" and "all the time", it is configured as a dynamic, continuous process of knowledge construction, through the development of free thought and critical-reflexive consciousness, and that leads to create personal and professional commitment, empowering and often contributing to the transformation of reality.[8-9]

Management while continuous and permanent process was still related to the use of the steps in the administrative process, bearing in mind that it is cyclical, dynamic and interactive.[10] In this way, in the steps of - planning, organizing, directing and controlling – planning was the highlighted instrument:

> *[...] we manage according to the most urgent demands, [...] what's more urgent to solve is resolved, which can be solved in the long term we will be leaving a little more forward [...].(N9)*

On this aspect, "the viability [...] depends on the ability to adapt, change and respond to the needs and demands of the environment"[10:478], contemplating the implementation of interventions depending on the use of an operational planning (short-term), a tactical planning (medium term) or a strategic planning (long-term). Therefore, the management dynamics while intrinsic process revealed that it is an essential action for the organization and functioning of a Family Health Unit and requires an association with the administrative function - planning - to work in the process of elaborating a new model of health care, which has focused on the development of dynamic surveillance practices and flexible enough to adapt to the complexity of the territories, as happens in the areas covered by the FHU.[11-2]

The way and dynamics of the management process in the health units of the municipality studied were represented by two ways: shared and/or together management and rotation between high level professionals:

> *[...] I share management with the odontologist from the Unit (N3); [...] first is made an agreement with the Board of Health, the management can be done every three months or by the nurse or surgeon dentist [...] so when it detects that two people can have a good relationship management, it can be done in together [...]. (N4)*

The terms "I share management", "management can be done every three months", "management can be done together", referred to the use of aspects related to the management and the management of health care services. Thus, it is necessary to emphasize that this process of organization of the instances that compose the Unified Health System (SUS) is configured as actions that point to a reordering of the model of health care.

In this logic, the management process is linked to the implementation of the model of health care, once the design expanded, systemic about care model, including three dimensions: managerial dimension concerning mechanisms for conducting the process of reorganization of actions and services; organizational dimension that relates to the establishment of relations between service

units, generally taking into account the hierarchy of levels of technological complexity of the production process of care; and the actual assistance-technical dimension, or operative, about the relations established between the subject(s) of practice and their objects[13].

One of the respondents also talked about the specificity and the management role assignment to the nurse:

> *We know that there are some areas within the Unit that is specific to nurse, then even the dental surgeon having participation, the deep knowledge is restricted to the nurse. (N4)*

There are many discussions about the insertion and the contribution of nursing at different levels of the health system and on this perspective, there is a current concern with the adequacy of the National Curriculum Guidelines (NCG) of nursing teaching[14] and consequently, with the need to provide vocational training, with a focus on developing the managerial process geared to the current operational guidelines organized via Health Pact, that were set in three dimensions: in Defense Pact of SUS, Pact for Life and Management Pact.[15-7]

Rescuing the prospect presented before, there were contradictions about the meaning of "sharing" and/or "act together" in managerial activities, having a division of labor about sharing responsibilities. Here we can see:

> ***We share with the dentist**, it is an agreement within the unit, but usually the focus is the nurse. We **divide**, but the job, the nurse is responsible (N6); I'm in support, supporting [name of the nurse], we always have **divided** activities [...]. I always like to work **dividing the responsibilities in the case, each one in their place**, but each take their area responsibility. [...] (N8); [...] so my experience is more restricted the most **bureaucratic area** [...]. (N4)*

In spite of the professionals dealing with shared and/or together management, it became clear, as highlighted in bold, that in fact from these FHU occurs the division of tasks, wondering the meaning and use of the term "share", which often implies many management issues in FHS for a single professional, in this particular case for the professional with higher education in nursing.

This contrast reflects the challenge of involving the entire family health team in the process of work and the participation of users in this construction. Campos[15] presents the importance of insertion of co-management in the FHS, to provide these health services the chance to develop collective management, in which there are correspondents for decision-making and not only a focused management and conducted by a minority, and strengthens its defense to co-management highlighting the initiative of the Ministry of Health[18] with the policy named HumanizaSUS in search of enhancement of autonomy of workers and users, and leave their impression that "the incorporation of these new concepts depends on organizational reforms and worker process also aimed to expand institutional democracy".[19: 2342]

♦ Difficulties, potential and challenges for managing at FHU

In the process of management of FHU, there are some barriers affecting directly on the daily work in these services. People management represented one of the main difficulties in the process of work in the health units of this study. According to N6: *"[...]It is not easy to deal with people [...]"*.

People management "is the function that enables effective collaboration to achieve individual and organizational objectives."[20:11]Tthe concern about the difficulty of dealing with people in saying that in BC services, human resources are the essence of the productive capacity, representing the highest density available technology in meeting the needs of the population.[21]

The human resources represents a critical aspect in the building of the Brazilian health care system.[4.22] SUS spent the decade of its consolidation without worrying about its workers, without elaborating an effective Human Resources policy.[23:21] Problems expressing the complexity of non-execution of this policy relate to "bad distribution of the workforce; teaching model that values training in basic sciences; the disarticulation between the training institutions and services; teaching dissociated from work and the absence of social control in the formulation and implementation of specific policies".[24:11]

Another difficulty related to the managerial process of the units is the overload of activities related to managerial function:

> *[...] everything is in charge of the Manager (N2); [...] the main difficulty is the overload, you are responsible for all assistance during the week and you're still the Unit Manager. (N6)*

In the case of professionals with higher education in nursing, this situation is even more complex, due to workload:

> *Managing alone is a bit complicated [...] you end up blaming for all problems that occur [...] in addition to managing the people know that nurses have other assignments in the health unit [...].(N7)*

In this sense, the work process of professional nurses is in "a situation of overload of activities [...], generating many times, situations of stress, impotence and physical exhaustion, and this compromises their job performance"[25:96]. Moreover, the difficulty of reconciling management and assistance is more of a challenge to be overcome according to the scale and credibility that professionals nurses have conquered in order to direct the actions developed in the interests of the objectives and goals of their territory of operation.

In the process of managing, the good interpersonal skills was appointed as facilitator and crucial factor in the development of the work. The following clippings demonstrate this situation:

> *When the team relates well we find amenities [...] and the community also (N7); [...]If you don't have a good interpersonal skills, managing starts to create barriers [...]. (N4)*

It is essential to understand the interpersonal and group relations at work to rethink the relationship of personal nature, which often predominate.[26] These relationships, by defining the form of coexistence among human beings, will influence not only the working relationships within the services, but also can mean losses for the community, in the sense that the existence of barriers in the relationship between team members will occur in interpersonal relations deterioration, and this fact is reflected also in the degradation of social and organizational relations.[27]

When considering the good interpersonal relationship contributes to the management process, it was realized that enhance the performance of the health care team is a fundamental action. Thus, the teamwork was also nominated as a facilitator of the management process. Here we can see it:

> *[...] I see the team facilities be closer, united (N9); [...] because it's a chain, from the moment in which a stray that [...], work, then it doesn't work. (N8)*

The teamwork was an ease in these services because their members have characteristics as the union together, compromise, integration and collaboration. Thus, such aspects have demonstrated that the production process in these spaces is in the hands of various professionals, featuring a work process performed by a set of people who interact with each other, in such a way that they influence and are influenced by the other.[4]

While challenges to the managing process, the findings revealed the difficulty of coordination between the services of the health care network, and consequently the difficulty to ensure the completeness of the assistance. As stated by N9:

> *[...] at the same time when I notice that my coordinator offer to resolve some problems, she is unable at times because the system somehow doesn't give all that support [...].*

According to these perspectives, it was noted that the FHU and consequently the professionals who assumed managerial activities require the continued support of the different instances of the healthcare network to meet their goals and objectives. Thus, when these relationships are not well established, they become a limiting factor for the process of resolution and/or speech on problems of the community and consequently undermines the ability of services to ensure efficaciousness and comprehensive care.

The entirety of healthcare is one of the principles of SUS and composes the scope of actions directed to ensuring the health of the population as an entitlement, guaranteed by the Federal Constitution of 1988. The principle of completeness presents a polysemic concept, there is no consensus among scholars. Then, there are definitions related to feasibility access to different levels of care, to the articulation of different health services based on reception and link between users and teams.[28]

In view of the several meanings attributed to integrality, Paim expressed the concern about the applicability of this principle in the context of the health system and reveals that it has provided the combined efforts between academic groups and instances of the SUS, to define paths and overcome the challenges of integrality.[29]

Decree 7508/2011, which regulates law 8,080/90, highlights among the strategies proposed for the new management model of the SUS, the establishment of Health Regions understood as continuous geographical space that aims to integrate the organization, planning and execution of actions and health services; and also the implementation of concepts and conceptions about Health Care Networks defined as the set of actions and health services articulated in levels of increasing complexity, with the purpose of ensuring the integrality of healthcare.[30]

Bringing those strategies for the prospect of the applicability of the integral care within the framework of the FHU, it was observed that the concept of integrality related to the organization of the health system as a regionalized and hierarchical network, as proposed by the Decree, it has not taken into

account the real needs of services and consequently the population, affecting the operationalization of integrality.

CONCLUSION

This study showed that the consequent health assistance through the Family Health Strategy, has required efforts and commitment of managers and professionals to the development of organizational actions focusing on the full operation of health services and programs.

With the importance of the management process for the organization and functioning of services of BC, we point out that this study has allowed the knowledge of a municipal reality not different from others, in Brazil. Thus, it becomes relevant working on knowledge gaps about the management process and contributing to think in a professional performance on the process of managerial work in the Family Health Strategy from the needs of the population served.

This study does not terminates the need for further investigations into other realities, about new forms and dynamics of this process and about the new challenges and the various difficulties and facilities present in the daily lives of professionals who assume managerial activities and consequently of the health system.

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