MANAGEMENT OF THE NURSING CARE IN THE FAMILY HEALTH STRATEGY

GERÊNCIA DO CUIDADO DE ENFERMAGEM NA ESTRATÉGIA SAÚDE DA FAMÍLIA

Francisca Tereza de Galiza¹, Antônio Leonan de Sousa Bezerra², Andressa Suelly Saturnino de Oliveira³, Gilvan Ferreira Felipe⁴, Marcelo Costa Fernandes⁵, Maria Alzete de Lima⁶

ABSTRACT

Objective: to analyze the knowledge of nurses of primary care about care management. Method: This is an exploratory-descriptive study with a qualitative approach, which was attended by ten nurses who worked in the Family Health Strategy of Picos (PI), Brazil. The data were produced by means of structured interviews and analyzed by Content Analysis Technique. Results: it was observed the dichotomy between managing and watching from the conceptions and reports of nurses that characterized the management of care, demonstrating a lack facing the organization of assistance. The difficulties reported are related to the workload present in Family Health Units. Conclusion: the results of this study demonstrate the weaknesses and difficulties presented by nurses that refer to the organization of assistance and their conceptual models of practice, as the manage care.

Descriptors: Nursing care; Primary health care; Management of Patient Care.

RESUMO

Objetivo: analisar o conhecimento dos enfermeiros da atenção primária sobre gerência do cuidado. Método: estudo exploratório-descritivo com abordagem qualitativa, no qual participaram dez enfermeiros que atuam na Estratégia Saúde da Família de Picos (PI), Brasil. Os dados foram produzidos por meio de entrevista estruturada e analisados pela técnica de Análise de Conteúdo. Resultados: percebeu-se a dicotomia entre administrar e ver desde as concepções e relatos dos enfermeiros que caracterizassem a gerência do cuidado, demonstrando um despreparo frente à organização da assistência. As dificuldades relatadas se referem à carga de trabalho presente nas Unidades Saúde da Família. Conclusão: os resultados do estudo demostram as fragilidades e dificuldades apresentadas pelos enfermeiros que remetem à organização da assistência e seus modelos conceituais de atuação, como o gerir o cuidado. Descritores: Cuidados de Enfermagem; Atenção Primária à Saúde; Administração dos Cuidados ao Paciente.

RESUMEN

Objetivo: analizar el conocimiento del personal de enfermería en la atención primaria de salud en la gestión sanitaria. Método: este es un estudio descriptivo-exploratorio con enfoque cualitativo, que contó con la participación de 10 enfermeras que trabajaban en la Estrategia Salud de la Familia de Picos (PI), Brasil. Los datos fueron obtenidos por medio de entrevistas estructuradas y analizados por la Técnica de Análisis de Contenido. Resultados: se observó la dicotomía entre administrar y ver desde las concepciones e informes de enfermeras que caracterizaban la gestión de la atención, demostrando una falta de frente a la organización de la asistencia. Las dificultades mencionadas están relacionadas con la carga de trabajo presente en la salud de la familia. Conclusión: los resultados de este estudio demuestran las deficiencias y las dificultades presentadas por las enfermeras que se refieren a la organización de asistencia y sus modelos conceptuales de la práctica, como la gestión de la atención. Descriptores: Atención de Enfermería; Atención Primaria de Salud; Manejo de Atención al Paciente.
INTRODUCTION

The process of nursing work, for the professional nurses actions, is subdivided in care, management, search, teaching and political participation¹, the first two considered most evident in professional nursing practice. The management practice is a private activity of nurses, supported by the law of professional practice N° 7,498/86², characterized by the working environment organization, care techniques and nursing staff, in order to promote better working conditions, and care practice should cover comprehensive care itself.

Nursing management is conceptualized in the maintenance and control of material resources and human capital, supply and forecasting, planning, implementation and evaluation of assistance, care management and supervision and guidance of the nursing³ staff; and the coordination of these activities make it possible to reach the development of care management. In turn, the management of nursing care involves a relationship between the know-how of managing and know-how of taking care, establishing relationships that result in a dynamic and systemic process, which articulates the managerial knowledge and care, characterized by instrumental actions of care, direct and indirect, as well as the coordination of the technical, political and social interface involving the nursing practice.⁴

However, despite those working tools demonstrating the scope of competence of the nurse manager, in practice, the tasks delegated to these health professionals often comes down to compliance, bureaucratic activities and control procedures to be performed. Thus, the true care management is not being developed by nurses, but are prioritizing the management of the service unit, driven by the demands of the institutions.⁵

Nursing, since the implementation of the Unified Health System (SUS), has sought to articulate the management and care practice in an attempt to meet the issues raised by the new system. How and who should plan and organize health services without losing sight of comprehensive care, there were continuing concerns at the time. Since then, with the addition of social and technological changes, the demand for quality care has taken important position, requiring a flexible nurse and able to shape the face of new trends in order to meet the wishes of the customers.

Not only nurses and nursing in general need to be aware of changes in contemporary society. For this, nursing care managers should improve to unlink the classic paradigms of managements, such as the Taylorist model that spreads the activities of division and fragmented care, which still predominates in health institutions.⁶

It is believed, therefore, that the nurse who provides his services in primary care exceed his management actions to the functioning of the healthcare service, and prioritize care management as inherent professional nursing practice. This study aimed to analyze the knowledge of nurses in primary care about care management.

METHOD

This is an exploratory and descriptive study with a qualitative approach, conducted in 10 Health Family Units (FHU) of the city of Picos-PI, in the period from December 2012 to February 2013. Participants consisted of 20 nurses from FHU urban area totaling 10 nurses who were in their service stations during the collection period and were willing to participate.

The data were collected through a structured interview, guided by questions that characterize the participating nurses with demographic aspects and partners related to nursing education. The interview guide consisted of questions that seek to meet the objective of the research, namely: What do you mean by management in nursing? That the care order is managed in nursing care?

The reports were written with the support of a digital mp4 device to maintain the integrity of the speeches, and then fully transcribed; so that they could be better analyzed. The participants were informed about that data collection method.

The speeches were analyzed according to the Content Analysis Method, and carried out in three phases, following the order of pre-analysis, material exploration and treatment of results, inference and interpretation; so in this study, the speeches were encoded in E01, E02 […] E10 to illustrate the presentation of the data and represent the meaning of management of care by nurses in primary care.

The research project of this study was submitted to the Research Ethics Committee (CEP) of the Federal University of Piauí/UFPI, obtaining favorable opinion, while respecting the ethical and legal aspects of research involving human beings, according to Resolution 466/12 of the National Health Council.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Encoding</th>
<th>Units of Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careful bureaucratic management</td>
<td>- Institutional management</td>
<td>CBGI - 10</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>- Administration of materials and inputs</td>
<td>CBAM - 05</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>- Qualification of the workplace</td>
<td>CBQT - 02</td>
<td>09%</td>
</tr>
<tr>
<td></td>
<td>- Personal resizing</td>
<td>CBRP - 03</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>- Bureaucracy</td>
<td>CBBU - 02</td>
<td>09%</td>
</tr>
<tr>
<td>Direct nursing care</td>
<td>- Coordinating the team</td>
<td>CECE - 09</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>- Organization of direct care actions</td>
<td>CEOC - 08</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>- Assistance</td>
<td>CEAS - 04</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CDE - 21</td>
<td>48%</td>
</tr>
</tbody>
</table>

As for the category direct nursing care, the subject of the survey, when asked about the nursing management, stressed that the role of nurses was related to the responsibility for the team, planning and execution of the same care, namely, referred to the management of care. As noted in the lines:

...I think that this is a form of organization of nursing actions, whether it is in the care, administration or supervision. (E02)

Nursing management for me is you drive, administering a nursing service for which you are responsible. (E06)

It is to coordinate [...] with a view to subsidize educational and welfare, optimizing and improving the assistance. (*) It is the stock administration and nursing services. (E09)

The subcategory coordinate the team as the most emphasized, showing a total of nine units (CECE-09), corresponding to 43% of the lines of this questioning, being depicted below:

...I understand it is a valuable service, because the nurse has to assess, coordinate all the staff [...] (E03)

...And is the nursing staff it should be coordinating supervisor of all employees, all human resources, from the janitor to the medical activity, which today we are really the team engineers [...] (E05)

It is coordinating organizationally and integrative a team [...] (E08)
With regard to the care management context in primary care, nurses, when asked about the method used to manage care in primary care, emerged from the bureaucratic, training and assistance categories represented by the quantity of 23 reporting units (37%), 10 (16%), 29 (47%) units respectively, composed by the subcategories: regulatory, supervised, planning, staff training, organizing the actions of care and identification of needs as shown in Table 2.


<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Encoding</th>
<th>Units of Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucratic</td>
<td>-Normative</td>
<td>BU-05</td>
<td>04 (40%)</td>
</tr>
<tr>
<td></td>
<td>-Supervised</td>
<td>BUSU-01</td>
<td>10 (43%)</td>
</tr>
<tr>
<td></td>
<td>-Planning</td>
<td>FOPL-03</td>
<td>16 (55%)</td>
</tr>
<tr>
<td>Formative</td>
<td>-Team training</td>
<td>FOCE-06</td>
<td>06 (60%)</td>
</tr>
<tr>
<td>Assential</td>
<td>-Organizing care actions</td>
<td>ASOC-16</td>
<td>16 (55%)</td>
</tr>
<tr>
<td></td>
<td>-Identifying the needs</td>
<td>ASIN-13</td>
<td>13 (45%)</td>
</tr>
</tbody>
</table>

It emphasizes the normative subcategory to the bureaucratic category, as the most representative, with 57% of the registration units. As denote the lines:

I have as priority to manage this care in a standardized manner; for example, by creating rules and routines for the unit, writing, fixing in the workplace [...] (E01) We have a scale here in the second service station, from Monday to Thursday and this care is managed in this way [...] (E04) This management is organized, as I said in the previous question, in the manual of rules and routines and procedures [...] (E05) Care is managed by nursing supervision [...] (E06) In relation to the category formative, this category presented a contingent of 10 record units (FO-10) made up of the planning and training of the team subcategories, in which the first equals 40% (FOPL-4) units and the second to 60% (FOCE-6).

So, we can manage, while nurses, that care, not only creating rules and routines but also qualifying the team [...] (E01) Care is managed through supervision of nursing, for updates, continuous activities to be provided in a service. (E06) Giving continuity to the programs, making lectures [...] (E10) Although FOPL-4 have been less mentioned in the speech, it is important to discuss that nurses when they referred to planning, mainly addressed the division of services offered by the unit during the week, suggesting that this planning directed it to the organization of care in care management.

The issue of care, it is managed by the division of the days of care [...] every day of the week is a day of an activity. (E04) Regarding the third category, that was very homogenous among nurses’ perceptions as to how to manage care. Because, despite being one of the core management function of nursing, assistance is considered the signature of nurse while professional; condition imposed by historical factors intrinsic to the profession and the society’s perspective.

The assistance category (AS-29) racked up 47% of the units, being divided into subcategories: organizing actions of care (ASOC-16) and identification of needs (ASIN-13), the first being the most talked about, with 55% among the units, understanding that these nurses care management is geared to assisting and not bureaucratic actions.

It notes on textual production, in which the nurses try to organize their services, they refer themselves directly and indirectly to the Systematization of Nursing Care (SAE), as a facilitator for the management of care, as noted:

Since the attendance to the customer where the data are collected, the history, the encoding problems or in nursing interventions. (E02) Care is managed from the planning of actions that must be performed within the Basic Health Unit, seeking for an appropriate assistance [...] (E07) In order to provide quality care according to the principles governing the care and respecting the skills of each professional. (E08) Through SAE [...] (09) Well, although some participants still use bureaucratic and administrative actions in the organization of care in the FHS, the majority (47%), 29, in relation to the management of care, has its decision-making based on strategies for assistance, showing that in spite of the contradictions surrounding the subject it can still find professionals running the care without running the context.

**DISCUSSION**

The nurse care management refers to two distinct dimensions of the nursing process; careful, considered the core function of...
nurses and management, responsible for subsidies for the implementation of the first. Maintaining this relationship proves to be effective in the management of nursing services where the gap of this harmony can result in the professional identity escape reflecting in health services.

Some studies have indicated the existence of this disagreement between managing and caring in various segments of nursing practice. The relationship between watching and always manage proved a challenge and it was most prominent from the 1990s, both in the aspect of nursing education and in nursing practice; however, there are critical and reflective encouraging of the activities the nurse develops, allowing this category to appropriate the work philosophy of the Family Health Strategy and implement changes.7

The discussion about the results of this research was guided by authors who believe in the existence of possible concerns arising from the ambiguity of these concepts, and the extracted empirical reality of the discourse of research subjects in relation to the management of nursing care in primary care; so, in that, with regard to bureaucratic management care, according to the interviewed nurses, it was observed that the professionals responsible for the FHS assimilated nursing management to the role of manager, managing, coordinating the work of the unit and the entire staff, or performing a bureaucratic nature of work.

It is understood that this bureaucratic management understands the process of working with people, involving several other operations to achieve organizational goals, seizing the management, when properly executed, involves a series of activities, including planning, evaluation, organization, leadership and control.3

Taking this same reasoning, and in accordance with the submitted statements, we can see a tendency to link the nursing management to institutional management, where the occurrence of this fact is based on management theories.

This reduction of bureaucracy to nursing management tends to become a mechanical dimension of the nursing work process, since the provision of the user of nursing care cannot be impaired, due to the bureaucratic activity.1 It is important to remember that the management function of the nurse is an intrinsic component of the assistance, and that its implementation is firm as a means to achieve the essential goal of nursing, which is care.

The nurse is primarily responsible for the organization of services and the work of his team, ie the insertion of nursing in management actions aimed at quality is a necessary condition, because the process requires planned, structured and continuous initiatives, in order to meet the user in full.9

Thus, it can be observed that the subjects showed comprehension that nursing management should be targeted for assistance, making use of its legal powers as the care manager. However, to the extent that they differ from the paradigm of bureaucratic management, move apart; so, the proposal of having the dimensions to manage and care interconnected to maintain a good service.

Through the coordination of the nursing staff supervision is achieved, the leadership and the qualification of staff, strengthening the activities developed by nursing technicians integrating an important axis of the care management.10

With the speeches of the participants, it was noted that the presence of qualified staff in primary care is a safety for the nurse manager in relation to the provision of care. Showed also feel the duty to train and qualify the team, giving to understand that teaching, sub-process of the nursing work is included in the day-to-day of these professionals. Thus, nurses, when relating the coordination of the team as a form of nursing management are subtends that the scope of nursing care is still based on the fragmentation of services. On the other hand, the search for an organization of nursing actions, by the team, it is shown as a positive point, because it shows that nurses still refers to the care management in their decision making.

Relating to the care practice, focused on care management, set up in fact as a nurse's strategy for the organization and implementation of assistance. As already discussed, the nursing process can be understood as the articulation of its management and care to meet the needs of patients and the institution; however, with the speeches of the participants, it was found that nurses, when faced with the need to organize assistance, still resort to bureaucratic nature of actions, highlighting the normative activities and supervision, increasing the gap between managing and assistance. In this context of practices, nursing care has not been able to facilitate actions to the real health needs of users, emphasizing the technical procedures by compliance with rules and regulations.11
However, the correct preparation of regulatory procedures allows a better distribution of services and employees, as the amount of nursing staff available. So, the normative subcategory refers to creations and fill norms, routines and scales, and gives an everyday activity the nursing management practice used in the organization and division of labor.

The training of health workers, especially from the FHS, is necessary, due to theoretical advances, organizational, technological and political present and the diversity of the field of care and management in the territory, a fact that imposes new situations to be experienced. Still, it is worth noting that health services are the tertiary sector of the Brazilian economy, ie, the assets of this category are consumed in the act of production, and the unprepared team can have serious complications in this process.

Therefore, planning is the process of analyzing, evaluating and understanding the set of activities carried out in the FHS, formulating goals and objectives for implementation and establishment of the system, in order to achieve an optimum level of relationship between what we need and the system.

SAE is the main way to improve the quality of care and strengthen the nursing profession, and its execution faithfully demonstrates the role of nurses as care managers, since they enable the implementation of a set of nursing care and a constant evaluation of the assistance. This is a scientific method of work that provides a significant improvement in quality of care provided to the client through the planning of nursing actions developed by nurses. Based on this, configured as a scientific method that provides significant improvement in the quality of care provided through individualized nursing actions, allowing continuity and comprehensive care, appreciation of the nurse and the strengthening of teamwork, making it essential for institutions seeking to improve the quality of care.

It is believed, therefore, that the way the nurse relates the management and care properties, without forgetting the importance of interprofessional dialectics and teamwork, always focused on the needs of customers. It will allow achieving a comprehensive care.

The results of the study demonstrate the weaknesses and difficulties faced by nurses that refer to the organization of assistance and its conceptual role models, such as managing care. From the data survey it was noted an emphasis on bureaucratic nature and administrative actions taken by nurses in primary care when they tried to manage care, confirming the existing unpreparedness among these professionals.

Participant nurses with the research are failing to manage care, demonstrating difficulties both in understanding and practice of care management, requiring measures from managers and competent body to minimize these problems.

The relevance of this study is confirmed from the moment that aims to establish the reality of nurses in primary care, revealing a lack of knowledge of these professionals in care management and feeding a specific area of nursing research, contributing to solutions of these facts and disseminating this theme.

**REFERENCES**


5. Oliveira JC, Prado C, Peres HHC, Fernandes MFP, Leite MMJ. Grau de competência gerencial em enfermagem na perspectiva de graduandos de uma


Submission: 2015/04/23
Accepted: 2016/08/12
Publishing: 2016/11/01

Corresponding Address
Francisca Tereza de Galiza
Rua Gothaordo Moraes, 155, Ap. 1001A
Bairro Dunas
CEP 60177-340 – Fortaleza (CE), Brazil