TASKS PERFORMED BY PROFESSIONAL NURSES IN FAMILY HEALTH STRATEGY

ABSTRACT

Objective: to verify that the nurse in the Family Health Strategy of the municipality of Ponte Serrada/SC develops assignments recommended by the Ministry of Health. Method: exploratory descriptive study, based on the duties performed by nurses according to the Ministry of Health according to the National Policy of Primary Care. A questionnaire was administered to three nurses. Data collection occurred in January 2012, after approval of the research project by the Ethics in Research Committee under protocol 188/2011. Results: after data analysis, we were able to make up ten themes, and the duties of nurses in the Family Health Strategy. Conclusion: we noted that nurses have limitations in understanding their real skills, they justify it saying “it’s due to lack of time,” the overload of activities and even the lack of assignments recommended by the Ministry of Health. Descriptors: Public Health System; Nursing; Family Health Strategy.

RESUMO


RESUMEN

Objetivo: verificar que la enfermera en la Estrategia Salud de la Familia del municipio de Ponte Serrada/SC desarrolla tareas recomendadas por el Ministerio. Método: estudio exploratorio descriptivo, con base en las tareas realizadas por el Ministerio de Salud como Política de Atención Primaria Nacional. Se aplicó un cuestionario con tres enfermeras. La recolección de datos ocurrió en enero de 2012, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación en virtud del protocolo 188/2011. Resultados: tras el análisis de los datos dio lugar a la estructuración de diez temas, y los deberes de las enfermeras de la Estrategia de Salud de la Familia. Conclusión: se señaló que las enfermeras tienen limitaciones en la comprensión de sus capacidades reales, lo justifican por “la falta de tiempo”, la sobrecarga de actividades, e incluso la falta de asignaciones recomendadas por el Ministerio de Salud. Descriptores: Sistema de Salud Pública; Enfermería; Estrategia de Salud de la Familia.

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INTRODUCTION

The Health System was created by the 1988 Constitution and regulated by Law n.° 8080/90 and No. 8.142/90, Organic Laws of Health, in order to change the situation of inequality in health care of the population, making the public service mandatory to all citizens, and forbidden charges of money under any pretext.¹

With the new Constitution, various institutional, legal and community actions were creating the conditions enabling the full right to health. We can highlight Organic Laws of Health (No.. 8.080/90 and 8.142/90), the Decree. 99.438/90 and Basic Operational Norms, edited in 1991 and 1993. In Itamar Franco’s government, it was published NOB 01/93. This document is based on “Decentralization of actions and health services: the courage to follow and enforce the law”, approved by the National Health Council, on April 15 1993. Then the first steps start up towards the decentralization of health services in three forms of management: management of primary care, semi-full municipal management and full municipal management.

Therefore, the NOB SUS 96 was established by GM / MS No. 2203, which proposes the reorganization of care model by establishing a single management in the health sector, with management tools set for service providers and public managers, and financial transfers from fund to fund.¹

However, the actions of health promotion have been incorporated in the legal part of SUS only in 1996 during the 10th Conference of Health when they debated Models of Care for Quality of Life and the implementation of the Program of Family Health Program (PSF), occurring at the inclusion of the topic health promotion on the agenda of health policy in Brazil.²

In this context, as a proposal for this study, the Family Health Strategy will emphasize the Primary Care which is characterized by a set of health actions, both individually and collectively, covering health promotion, prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health, and as a strategic priority for their organization.¹

In Brazil, the origin of the Family Health Strategy dates back to the creation of the Program for Community Health Workers in 1991, as part of the process of health sector reform, intended to increase accessibility to health care and improve the prevention and population health promotion, to complement this ESF currently named.

Launched in 1994, the Family Health Program, which is characterized as a strategic priority for the reorganization of primary care, with organizational and substitutionary, which characterizes a traditional model of primary care.³

With the expansion of the ESF, the Ministry of Health issued the GM / MS 648, of March 28, 2006, approving the National Primary Care, setting the revision of guidelines and standards for their organization from the Program for Agents Community Health and Family Health Strategy. ESF, as a restorer of Primary Care, accounts for this level of attention (gateway) in the SUS and the routing of calls that require medium and high complexity, system reference to the levels of secondary and tertiary care.

The ESF aims to provide comprehensive, quality and continuous care, at home and in community settings such as schools, daycare centers, nursing homes, prisons, and even on the Family Health Unit being developed by a multidisciplinary team, represented by a doctor, a nurse, a nursing assistant and four to six community Health agents.⁴ It is recommended some ESF planning actions for the promotion, protection and recovery of health as an integral approach to the health of families, community groups and others.

In this context, family health is a strategy reorientation model, operationalized through the implementation of multidisciplinary teams at UBS. These teams are responsible for the monitoring of a certain number of families, located in a geographical area. Responsibility for monitoring household places for family health teams need to push the boundaries classically defined for primary care in Brazil.³

So we had as aim for this study “verify that the nurse in the Family Health Strategy of the municipality of Ponte Serrada - SC develops assignments recommended by the Ministry of Health.”

The Ministry of Health recommends assignments for each member of the family health team, for nursing: Perform direct care nursing, making the statement to the continuity of care, nursing consultation, request laboratory tests, prescribe / transcribe medications, plan, manage, coordinate, implement and evaluate the USF, supervise and coordinate the actions of the Community Health Agents and nursing assistants.

It is observed that the duties of nurses in the ESF are important to the development of
the team, because the nurse is responsible for managing the work carried out at UBS. They encourage a collective and team work as to achieve a high level of productivity and health services of high quality, making it satisfactory to patients.

To better understand this work, it is described in accordance with the Information System of Primary Care (2011) the city of Ponte Serrada - SC, the study site has 11,031 inhabitants according to the Brazilian Institute of Geography and Statistics (2010). As for the health network, there are two Basic Health Units, comprising three ESF, and ESF 01 with 973 families, 3,517 people, the ESF 02 contain 1,047 families, 3,732 persons, and the ESF 03 containing 965 families, 3,006 people therefore affected by the ESF 93% of the teams have among its members the professional nurse.

This study is justified by the need for nurses to know the actual management practice, and to reflect on it, thus coordinating regularly the ESF, seeking quality care to patients. In this context, the nurse has been a professional extremely important, along with the staff, the construction of this new model of health care, since it develops its assistance activities, manages and supervises the nursing and Community Health Agents

Within this framework of reorganization and innovation, verify how the ESF of the municipality works, through the assignment of nurses recommended by MS, because we understand that this will assist nurses and municipal administrations locally, stately and federally.

**METHOD**

Descriptive exploratory study. The adopted methodology was the "content analysis", based on the duties performed by nurses according to the Ministry of Health as the National Primary Care (2006).

Content analysis is defined as the set of analysis techniques to obtain communications for procedures, systematic and objective description of message content, indicators (quantitative or not) that allow the inference of knowledge concerning the conditions of production (variable deducted) of these messages.  

This study was conducted with nurses from the ESF of Basic Health Unit in the city of Ponte Serrada - SC, being the instrument of data collection an anonymous questionnaire containing open and closed questions, each professional answered it, relating the understanding of ESF nurse on their skills to be performed. To preserve the nurse respondents, we used nurse 1, nurse 2 and nurse 3 to identify the nurses. The study was published in the CEP - UDESC Ethics Committee and authorized under protocol number 188/2011.

**RESULTS**

From this topic we will present the results proposed in this study, i.e., "to identify the knowledge of nurses about their skills at ESF according to the Ministry of Health."

Respondents completed a questionnaire, which after analysis of statements, resulted in the structuring of ten tracks, and the duties of nurses in the EFS.

We will initially describe the profile of this population which consists of three (100%) nurses all of which participated in the survey, aged between 20 and 50 years, female. In relation to the time of operation in the ESF, one (25%) works from 01-05 years and two (75%) for over 10 years.

We note that the presence of women in the profession is remarkable, because in general nursing is still considered a predominantly female profession that is characterized by a practice historically linked to the role of women in society - caring, which undergoes a double subordination - social, to medical work, and to the gender, male.  

**DISCUSSION**

We will now present the responses of assignments according to the National Primary Care (2006) summarizing 10 assignments proposed by the MH (Ministry of Health) in 2001, in two, but the 10 assignments are implied within these, as we can observe below the skills of the nurse:

♦ Competency I: Performs nursing consultation, requests additional tests, prescribes medications according to protocols established in the MH programs and the legal profession

*I do nursing consultation within programs as established by the MH: Prenatal, STD / HIV / AIDS, SISVAN, tuberculosis, leprosy, chronic degenerative diseases Diabetes mellitus / hypertension, women's health, etc. examinations through a standard service December 20, 2007. (Nurse 03). Our unit had a protocol to request additional tests and prescription of painkillers. I do nursing consultation. With pregnant women, it is usually held on the first time she seeks the health unit, it is then required all examinations for the beginning of prenatal care and it is scheduled consultation with gynecologist...*
who follows the pregnant woman. (Nurse 02).
I do the prescription of drugs only for pregnant women, ferrous sulfate and folic acid and I do the prenatal care. I assess consultation, guide (nutrition, proper use of medications, etc...) and tests for pregnant women, hypertensive, diabetic and children at nutritional risk. (Nurse 03).

Regarding nursing consultation, responses were yes: they perform the various stages of life. There is a controversial in answers when it comes to prescribing medications, and nurses do not seem to know thoroughly the law of professional practice that supports the nurse only on prescription drug filings, they always provide care routines, existing programs or institutional protocols, or the other programs of the Ministry of Health

We observed in the responses that nurses emphasize the ordering of tests, they very little pay attention to nursing consultation. It is important to highlight that test requests must be supported in nursing consultation.

In Brazil, the prescription of medicines by nurses is expected in the Federal Law No. 7.498/86, as a shared activity with members of the multidisciplinary team in health through established protocols for public health programs and routines approved by health institutions.

Given that the prescription of drugs by nurses has been controversial and at the same time complement the assistance provided to the individual / family / community, this comprehensive care professional should perform community in the promotion and protection of health, disease prevention, diagnosis treatment, rehabilitation and maintenance of health, in order to improve the work offered.

The nurse must understand that the prescription of drugs and their relevance within the service can ensure safe exercise and reduced risk to the population, who will enjoy a service within ethics and legislation, humanely, solving health problems detected.

According to the Law of Professional Nursing - Decree No. 94.406/87, prenatal of low risk can be fully monitored by the nurse. The interval between visits should be four weeks. The 36th week the pregnant woman should be monitored every 15 days in order to assess blood pressure, presence of edema, fundal height, fetal movements and fetal heart rate.

As described in Law No. 7498 of July 25, 1986, which provides for the regulation of nursing practice, it is the nurse performing nursing consultation and prescription of nursing care, as a member of the health team: prescribe medications, since established Programs of Public Health and approved by the routine health facility providing nursing care to the pregnant, parturient and puerperal women and engage in health education.

In nursing consultation, it is important to emphasize what must happen in the active lifestyle of the patient, with special groups facing the numerous programs of the MH, and should not be construed as screening or checking vital signs, nursing consultation is a competence of the nurse in the ESF.

The COFEN Resolution No. 195 of 1997 concerning the legality of the request for routine and supplementary per nurse, came into force on February 18, 1997. This resolution is categorical in stating in its article 1, the following: "the nurse can request routine checkups and complementary when exercising their professional activities", so it is again guaranteed the right of nurses to request routine and complementary checkups.

According to Decree No. 1625 of 10 July 2007 amending assignments of Professional Health Teams Family disposed in the National Primary Care, being one of the nurses' consultations nursing, request additional tests and prescribe medications in compliance with the legal profession and according to protocols or other technical regulations established by the Ministry of Health, state or municipal managers ".

The COFEN Resolution No. 358/2009 which is the systematization of nursing care and the implementation of the nursing process in public or private places where there is professional nursing care. Being an exclusive activity of the nurse, who uses the method and strategy of scientific work for the identification of the health / disease, providing a foundation for nursing care that may contribute to the promotion, restoration and rehabilitation of the individual, family and community.

♦ Competency II: Performs health actions in different environments, the USF and, where necessary, in the household.

Yes, more severe cases are treated in the home with the family guidelines, vaccines and all services requested. (Nurse 02).
Visits to hypertensive patients, pregnant women, postpartum women, infants, bedridden, provide nursing care under the supervision and guidance. (Nurse 01).
I perform activities in private companies, schools, kindergartens, old age groups,
CRAS, PETI, APAE. At home with visits by staff, with pressure measurement, HGT, dressings, medications, catheterization of delay installation of home oxygen therapy, gastric and guidelines. (Nurse 03).

Regarding the care outside of UBS occurring at home with the care of the nursing staff, and as Violeta reported, taking guidance in schools, kindergartens, to the elderly, and others with the aim of prevention and restoration of health in the general community.

Care is systematized considering the nursing process which includes: assessment of patient, family and household context, the needs assessment and establishment of affected nursing diagnosis, defining the care plan with the patient and family, the implementation of the care, guidance, supervision that triggers the cycle of shares of systematization of care.

Among the practical assistance given to the nurse, we observed actions aimed at pre-school to school, in the care of children and women victims of violence, prevention of prostate cancer, menopausal care and activities to addicts. And in home visits to monitor the health status of families and meet sick people who are unable to get to the UBS.

Home visit is a privileged space for dialogue and knowledge production and is part of the work process of family health teams, in which professionals must follow up the patient at intervals to be determined in consultation with the staff. Furthermore, it is an activity used in order to assist in the intervention process health-disease patient or aimed planning at promoting the health of society. 8

In the same context, it is one of the important activities of the ESF, one of the practices that help more assistance and comprehensive care to the community. And with the nurses surveyed, the home visit was touted as part of the routine work of the staff.

The VD are performed by all members of the ESF; nurse always accompanies the CHWs and / or nursing assistant during these visits. Nurses perform the monthly RV addressed to all population groups, seeking to meet the guidelines established for this activity in the ESF; helping therefore to be performed whenever there is an indication of their need for CHWs, as well as the perception of the nurse when the FHU. 9

King's theory seems ideal for studying human interactions with the environment, just by considering the complexity of the organization of health services and its socio-cultural context. This is the scenario in which the ESF should be implemented, since the program has family in the social space, and core approach as well as the encouragement of community organization. 10

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At the end of this study, it is confirmed in the testimony of the participants, within the context of ESF that nurses work both in the health of the family, and the community from having its specific functions to perform epidemiological surveillance and health and primary care at the enrolled population; they organize work routines both at USF and the community, and supervise and develop actions for the training of community health workers and nursing assistants.

It is observed that because of UBS's center meet a large number of patients, thus increasing the demand for services, the nurse may be impossible to meet and perform their duties in a manner consistent with the guidelines of the ESF and the powers of nurse within the strategy.

Given that, it is noted that nurses ESF municipality of Ponte Serrada - SC have limitations in understanding their real skills, ignorance of many of the tasks recommended by the MH which can be observed in the responses, taking it to a fault the very identity of each professional service.

**REFERENCES**


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