MANAGEMENT OF WORK IN BASIC HEALTH UNITS
GESTÃO DO TRABALHO EM UNIDADES BÁSICAS DE SAÚDE

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ABSTRACT
Objective: to analyze the management of the work process of the Basic Health Units managers. Method: descriptive-exploratory study, with a qualitative approach, carried out in eight Family Health Centers with eight nurses from the Family Health Strategy. The data collection was performed by using a semistructured form. The data were organized, codified, analyzed and interpreted by the Content Analysis Technique in the Thematic Analysis modality. Results: two themes were identified: 1. The socio-professional characteristics of the managers and 2. The managerial work and its aspects. Conclusion: it was identified that nurses perform several activities in the BHU, besides the management, having work overload that can generate both dissatisfaction on the part of the professionals and harm the service. Descriptors: Primary Health Care; Health Management; Health Services Management.

RESUMO

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Objetivo: analizar la gestión del proceso de trabajo de los gerentes de las Unidades Básicas de Salud. Método: estudio descriptivo-exploratorio, de enfoque cualitativo, realizado en ocho Centros de Salud de la Familia, con ocho enfermeros de la Estrategia de Salud de la Familia. La recolección de datos fue realizada por un formulario semi-estructurado. Los datos fueron organizados, codificados, analizados e interpretados por la Técnica Análisis de Contenido en la modalidad Análisis Temática. Resultados: fueron identificados dos temas: 1. Las características socio-profesionales de los gerentes y 2. El trabajo gerencial e sus matices. Conclusión: se identificó que los enfermeros presentan varias actividades en la UBS además del gerenciamiento, teniendo sobrecarga de trabajo, lo que puede generar tanto insatisfacción por parte de los profesionales como del servicio asistencial. Descriptores: Atención Primaria de Salud; Gestión en Salud; Administración de los Servicios de Salud.

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INTRODUCTION

Comprehensive health care begins with the reorganization of the work processes in the Health Care Networks, based on the different fields of knowledge and practices. The production of care is visualized in a systemic and integrated way between the care levels.

In this sense, health work is a dynamic process that articulates with other works of society and produces and reproduces actions and interventions to act in solving problems and resolvability of health needs. Thus, the work process in the health services is a collective work, composed of technical areas that integrate several areas of knowledge and that complement each other.¹

Health management is the knowledge applied in the management of health organizations, including the management of networks, public health spheres, hospitals, laboratories, clinics and other health institutions and services. It involves three very large and complex dimensions: the spaces of direct care, including the singular and multidisciplinary spaces; health institutions; and the requirement of the formation and operation of health service networks for universal, comprehensive, equitable, quality and efficient care to the health needs of the population.²

In the same way, Primary Care is marked by management problems that are reflected in its physical structure, in services, in the adequacy and profile of managers and workers, and in access to resources and effectiveness of policies. Thus, one can visualize different socioeconomic levels within the same territory that result in different health indexes and quality of life.³

Corroborating with the aforementioned, health management must be developed by a competent professional capable of leading and adding value, increasing the potential of the team and combining efforts to use financial, technological, material and human resources with the objective of increasing the resoluteness of the service. Providing services with excellence is essential in the quality of health management. The ability to bring people together around projects, goals, objectives and work processes leads to significant results, motivating the group and contributing to a favorable working place.² ⁴

Given the above, the management of the basic health unit is a necessary and important tool in health care, since it directs the health work process. This article aims to contribute to the construction of the knowledge about the management of the work processes in Primary Care, the characterization of the profile of this managers and their managerial activities, contributing to the reorganization of the care model, besides the scientific contribution to the policies and reflections that may lead to new practices that generate benefits for the municipality of Tabuleiro do Norte-CE.

OBJECTIVES

- To analyze the management of the work process of the managers of the Basic Health Units.

METHOD

This is a descriptive-exploratory study, with a qualitative approach, which sought to understand and deepen the subjectivity of the social phenomenon and its relations in the field of health. Thus, this study makes possible fundamental attitudes related to openness, to flexibility, and to the capacity of interaction between the group of researchers and the social actors involved.⁵

The study was carried out in the municipality of Tabuleiro do Norte (CE), located in the region of Vale do Jaguaribe, 211 km from the state capital. The city has an area of 861,828 km², with a population of approximately 29,204 inhabitants and population density (hab./km²) of 33.89.⁶

Tabuleiro do Norte is known as the “city of truck drivers” and is limited to the North, with the municipality of Limeiro do Norte; to the East, with Apodi/RN and Governor Dix-Sept Rosado/RN; to the South, with Alto Santo; and to the West, with São João do Jaguaribe. Its economic activity is very predominant in the transportation of cargoes and products, as well as other activities such as agriculture, livestock and fisheries.⁶

The research was carried out at the Basic Health Units of the municipality, which has eight Family Health Centers and ten Family Health Strategy (FHS) teams, consisting of doctors, nurses, nursing technicians, dentists, oral health agents and community health agents. Of these teams, four are located in the urban area of the municipality and the others in the rural area, communities and districts.

The research subjects were composed of eight nurses, technical leaders of the Family Health Strategy (FHS), who occupy the role of managers of the Basic Health Units of the Family Health Strategy (FHS) of the Municipality of Tabuleiro do Norte-CE, which received authorization from the Secretary of
Health of the municipality to carry out the research.

Two nurses were excluded because they were among the exclusion criteria, which are those in leave due to vacations, medical reasons and other leaves during the period of data collection. The research began only after appreciation and approval by the Research Ethics Committee of the University of International Integration of Afro-Brazilian Lusophony (UNILAB), under protocol number 1,332,821. After the clarifications and doubts resolved regarding the research and after expressing the voluntary participation in the research, the data collection occurred between November 24 and 30, 2015, through a semi-structured questionnaire with questions regarding the socio-professional characteristics of the managers and the managerial activities developed in the Basic Health Units of the municipality. The research complies with the ethical principles of Resolution 466/12 of the National Health Council, which states that “Every research involving human beings involves risk in varied types and gradations”.7

The treatment of the empirical material consisted of the thematic content analysis, proposed by Bardin, which indicates a set of techniques of analysis of the communications that works and treats the information contained in the message, however it is not limited to the content, but considers the “continent”.8

In this sense, the definition of content analysis is complemented as a “research technique that, through an objective, systematic and quantitative description of the manifest content of communications, has the purpose of interpreting these same communications”.8

In the organization of the analysis, the different phases of content analysis are presented in three chronological poles: pre-analysis; exploration of material; and treatment, inference and interpretation of results.

Pre-analysis is the phase of the organization itself, comprising a period of intuitions, with operational and systematic objectives of the contents. It begins with the floating reading of the data, knowing and appropriating the information. When continuing the reading, which happens to be more focused, hypotheses, projections of theories and possibilities of application of techniques used on the material emerge. Following, there is the constitution of a corpus that gathers the data to be submitted to the analytical procedures.

The Exploration of the material is the systematic application of the decisions made in the different operations of the pre-analysis. It is a long phase and consists of operations of codification, decomposition or enumeration, according to formulated rules.

In the step Treatment and interpretation of the obtained results, researchers transform the gross results in significant and valid data, allowing establishing tables, diagrams, figures that condense and put in focus, for analysis, the information. With the possession of significant and faithful results, the researcher can propose inferences and anticipate interpretations about the objectives.

Thus, a synthesis of all the participants’ discourses was carried out, which set up a table of analysis (Figure 1), which made possible to perform a transversal reading of the data as well as the intersection of ideas, seeking convergences, divergences and complementarities.

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Figure 1. Tabulation of the questionnaires (eight people). Tabuleiro do Norte (CE), Brazil, 2015.

RESULTS AND DISCUSSION

Based on data analysis, the research results pointed to two themes, which were organized into two chapters, namely: the socio-professional characteristics of managers and managerial work and its aspects.

♦ Socio-professional characteristics of managers

The research showed that seven professionals were female and only one was male, showing us the predominance of women in the workplace. Historically, women have occupied large spaces in the labor market and
it is very common to see this quantitative in the undergraduate and graduate classrooms and health services. Thus, we visualize the feminization of the workforce of the FHS in health care.

We also found in this sample the unanimity of nurses as managers and coordinators of the unit. Thus, we can identify the approximation of this professional category to the management of care. Nursing, besides the very strong feminine representation, brings in its academic outline this construction of knowledge, since the academic curriculum itself has disciplines focused on management and administration.

Among the various nurses’ performances, one of the most significant ones is Nursing Management. To work in this area, the professional needs to have knowledge, ability and competence to perform this function, proving to be able to control the nursing and health care system.8 It is of fundamental importance that the nurse is prepared to perform the functions of being responsible for the care, management, administrative and educative service, being thus dynamic and flexible in the team in which they work.

Regarding the age group, this variable showed participants aged between 27 and 42 years, with a mean age of 34.5, which characterizes a young, economically active and productive age population. It is emphasized that most participants are in the age group of 34 to 39 years.

In a study found in the literature, which studied 10 basic health units and 10 nurses, it can be observed that, regarding the profile of the subjects, nine were female and the majority was in the age group between 37 and 57 years.10

Thus, converging with this research data, the literature shows us that young age is the one that predominates in care assistance, since the majority of these professionals are between 30 and 50 years old.

Based on the findings, we can see that the employment relationship established by the City Hall varies between the service provided and the statutory service, since only two professionals had an employment relationship. Thus, this type of statutory employment bond shows to be little present in the municipality's FHS. It is worth mentioning that the public service provides financial and work stability, professional valuation and security.

In fact, we find that the form of hiring that is most used by the City Hall is the service provided, making up 75% of the sample surveyed. This is a reflection of the precarious employment relationships and the working and of the living conditions of these professionals. We still see that this employment fragility has interfered, in a way, with the choice of having another job, because the research findings showed us that four professionals answered that they had no other job, three stated having another job and only one did not answer the questioning.

Some researches report that FHS professionals from some localities do not have a formal employment relationship, but they have temporary contracts, without legal guarantees of labor rights. Thus, it directly affects the satisfaction of the professional and the quality of health work.

Corroborating with the aforementioned, the FHS proposal stresses the importance of the professionals staying for long periods in the territory, since the work takes place in the construction of care and bond with the community. This approach of professionals with the community also makes them knowledgeable about their area of coverage and the profile of their users; it is extremely relevant and necessary to realize the comprehensive care in primary care and allows greater continuity of care.

The turnover of professionals constitutes an obstacle in the qualification of work, therefore, one must think about important strategies to attach professionals in a workplace, such as stable employment relationships, good salaries, working conditions, infrastructure and safety.11

As this research was carried out in the municipality of Tabuleiro de Norte, we identified the professionals' origin as a research variable and found that six people were born and worked in their city of origin, while only two were not born there, and one of them was from the nearby municipality.

This shows us the strengthening of the cultural roots of the professionals in staying in their municipalities of origin in order to contribute to the care and progress of the city. This data is important, because the number of professionals who stay in small cities is still insufficient, since the attractions for the professionals are still greater in the big city.

Another variable of the study was the year of graduation of these professionals, which revealed that most had little time since graduation, that is, six professionals completed their graduations from 2010 to 2013 and only two concluded before the year 2000.
Health education has taken a major and important step in the country's professional education with the opening of many colleges and the emergence of more professionals in the labor market. However, this data also shows that there are more young people in the labor market, who have been recently trained and who have little professional experience in this area of activity.

As for the time they have worked in the function of manager, the results showed very different variations, pointing to periods from one year to eighteen years. The majority of the sample comprised a period of one year and seven months to five years.

Thus, following the same line of variations, the time of work at Public Health also showed very distinct periods, comprising a period of two to fifteen years, with the predominance of the time interval of two to eight years.

In view of these two variables, time of work as manager and time of work in Public Health, authors performed a combined analysis for each professional and realized that two professionals had the same time as managers and working in Public Health, and the others had different times, in which two professionals had more time as managers than of working in Public Health and three had more time working in Public Health.

In this same line of analysis of combined variables, in the variables time of work in public health and time since graduation, authors identified that the period of work in public health sometimes did not match with the time since graduation, in which the time of work in public health was higher than time since graduation, which shows that even before graduation these professionals were already active in public health. However, some professionals, in this case, five nurses, had only begun their work after graduation, and the time of work, in years, converges between graduation and professional work in public health.

Thus, authors also evaluated the time since graduation with the time working in the function of manager and found that all professionals only started their managerial activities after the completion of higher education.

Based on the findings on health education, only one professional did not have specialization, while the others had one to three specializations. Still in this area, seven answered that they do not have masters or doctorates and one did not answer the question.

Professional qualification is a very important tool for the health worker, because learning is continuous and education is an act that permeates the whole life of the subject.

In this way, the training in Family Health allows identifying the commitment of the nurses with their professional qualification in the area of performance. It is seen that professionals seek to qualify through graduations along their professional trajectory, and that nurses are concerned about having this training in Family Health.

According to studies found in the literature, there is the need for training and developing skills aligned with the principles of the Family Health Strategy, such as specialization courses in Family Health, as these skilled professionals enable a better qualification of health care and adequacy of the professional profile, and the municipality also has a good visibility of a structured human resources development program.11

Regarding the area of coverage and coverage of the Family Health Strategy of each team in the municipality, authors found that only two professionals reported having less than 4,000 inhabitants per team, while the others presented larger numbers, in which four FHS teams cover more than 5,000 inhabitants and two FHS teams cover between 4,000 and 5,000 inhabitants.

Based on the findings of the study, we identified that the family health teams of the municipality have their complete composition, containing physician, nurse, nursing technician, community health workers, dentist, oral health assistant, according to the ministerial order. Thus, we observed that each family health team occupies a basic unit, with the exception of two units in the urban zone that comprises two teams in each unit. All units have the following categories, in addition to the basic staff: receptionists, drivers and cleaners.

The municipality also has a partnership with Multidisciplinary Residency with emphasis on Family and Community Health of the School of Public Health of Ceará and adds another team of resident professionals from the following professional classes: two nurses, one nutritionist, one psychologist, one physical therapist and one social worker.

This enabled us to analyze that the number of users assisted in some teams is superior to that recommended by the Primary Care Policy and this result may impair the quality of care.

Ministerial Order No. 2488 of 2011 informs us that the recommended by each family...
health team to be responsible for the care is up to 4,000 users of a certain area.\textsuperscript{12}

\textbf{Managerial work and its aspects}

According to the research proposal to analyze the management of work processes, authors sought the profile of the managers of the health units of the municipality to know this work in health. However, the empirical research enabled us to visualize that the managers of the units did not only exercise this professional occupation, being, therefore, also the nurses of the Family Health Strategy teams. Thus, based on the findings of the research, all professionals answered that they do not work exclusively as managers, but they are also care professionals of the basic health units.

Therefore, it is fundamental to discuss the importance of the duties of the nurse in the FHS, as it is directly related to the development of the team, because in some locations this professional is also responsible for managing the activities of the UBS. This collective work aims to achieve high productivity with quality care, which makes users pleased.\textsuperscript{13}

Corroborating with the aforementioned, the activities developed, besides the managerial activities, were consultations, anamneses and evaluations with physical examination of the FHS programs, i.e., prenatal care, child care, hypertensive, diabetic, cervical cancer prevention, family planning, evaluation of the Health in School Program, free demand services, etc.

Among their activities, we can also mention the decision-making process, which consists of phases such as the perception and definition of problems, data collection and analysis, redefinition of problems, search for alternative solutions and choice or decision-making.\textsuperscript{14}

One of the very significant speeches was reported by the professional codenamed Tulipa, which stated that “In the FHS, the nurse, besides being a manager, also develops actions of health prevention and promotion, with activities and programs according to ministerial ordinances”.

The nurse's role as manager has become a very frequent practice, since this professional practice is regulated by the Federal Nursing Council (COFEN), which establishes functions of leadership, planning, organization, coordination and evaluation of nursing services. Also, communication is one of the main instruments for the managerial exercise of the nurse, favoring the work in the multidisciplinary and in the nursing team.

Nurses take over this function due to their professional training, their technical-administrative competence and their involvement with their clientele, understanding that nursing management must achieve comprehensive care, by articulating staff, service and health.\textsuperscript{15}

These coordination actions, carried out by nurses, are performed with the purpose of defining the work relationships and activities of the team professionals, avoiding that they do not lose the focus of their roles within the organization. It can be said that it is a challenge for nurses to achieve and maintain the balance in teamwork relationships during this managerial process of coordination, so they should always maintain an ethical attitude, be impartial, flexible and act as a leader.\textsuperscript{16} This leadership refers to the competence of nurses to seek, on a daily basis, to make necessary changes with the purpose of guaranteeing the quality of care to the users, without forgetting the organizational factors and the needs of the team.\textsuperscript{17}

One of the factors that can facilitate nurses' work is this professional's identification with the coordination work of the unit. These management practices have been requirements in the training of nurses since the beginnings of modern nursing, thus being one of the actions of this profession. Nursing seems to be the profession that has greater intimacy with the activities related to coordination when compared to the varied professions that are present in the Family Health Team.\textsuperscript{18}

Thus, in this perspective, facilitators are sought in this process of managerial work, in order to promote comprehensive care, a quality of care and solutions to the problems of the reality of the service. In this sense, when asked about the factors that would facilitate or enhance the practices of daily work, nurses converged on the importance of good inter-professional relations, interpersonal communication, teamwork, commitment to the care of others and to the health work. In addition to the above mentioned questions, some other answers complemented those enhancers of managerial work, which were a compatible number of families so that the professional can give the necessary assistance, as well as the involvement of the municipal manager in health policies and resolutions of the challenges and professional practices.

In the managerial role, the manager must commit to working with the purpose and objective of improving the care provided to
the users and be a strategic professional, with knowledge of the area of work.\textsuperscript{11} It becomes evident that this managerial work of nurses has weaknesses to be faced by making new strategies flexible, and by creating solutions to problems from daily practice. Given this scenario, the weaknesses pointed out by the professionals surveyed in the municipality were configured in this double function and in the accumulation of professional assignments.

In this sense, a professional codenamed as Acacia, stated that the weaknesses of this work process are "Having to coordinate the unit and promoting and serving the population at the same time". In addition to performing the functions of manager of the unit and care professional, the professionals pointed out as fragilities the lack of financing for the health sector and limited resources, the lack of commitment on the part of some professionals, the insufficient amount of professionals, lagged wages and the large amount of professionals, to serve which makes it difficult to supervise and manage the unit- sectors and demotivates professionals.

Among some scientific studies, the main difficulties faced by the managers of the units to perform their activities are incomplete FHP teams, lack of training of some professionals to work in the unit, lack of financial resources, material and equipment. The situations referred to as those that favor the work of the managers are configured in the interpersonal relationships with the team, users and community, the identification with the work and the commitment of the team.\textsuperscript{10}

In the analysis of the speeches of the professionals, authors identified discourses that converge in the same sense of thought and even complement each other, as some also diverge, according to the methodological proposal of the study. Researchers saw that some lines diverge, since nurses pointed out, in another question asked, that there were materials needed to carry out their activities, and yet, when approached the fragilities of this process, nurses presented deficiencies of resources, lack of materials and equipment, and demotivated professionals.

Regarding the above question, it was asked about the availability of materials needed to carry out the professional activities and six answered that there are enough materials for the activities, while two answered that there were not.

Thus, another issue addressed in the study was the unit’s infrastructure question, in which six professionals answered that the facilities are regular, but can improve to qualify the care and the service. As for the others, one responded that the infrastructure of the unit is adequate and the other responded that it is not sufficient.

According to some authors, nurses find, among the fragilities of the work process, inadequate physical space for the conditions of care, which can generate discomfort and embarrassment to the user due to the lack of privacy and may lead to user’s resistance to seek professional care.\textsuperscript{19}

Other difficulties that complement the context, indicated by the sample of the study, are the greater contingent of people seen in the unit, both by the composition of two teams in the same unit and also by the offer of other services of the Health Care Network in that same unit, which are specialized care services, such as the psychiatry and gynecology care referred by the entire municipality.

It is understood that a high number of users, beyond the capacity of the unit, impairs comprehensive care, since professionals cannot give due attention to the users, with their particularities and equity.

An issue that drew attention to the weaknesses of this work process was the access to services and their location, because some units are 24 km away from the downtown and professionals need to move to these regions. Also, these units have an extensive territorial coverage area, which makes it difficult for the entire population to be served in the same assigned area. In these cases, professionals need to move, additionally, 18 to 20 km to reach some communities, where they have a service support point so that they can serve the population. The team gets divided to serve in the basic unit and in the support point without harming the attendance of the unit as a whole.

Here we visualized how the work of these teams becomes hard, since they must cover all the social health needs of a population spread over a great-extension territory. Some consider that there are two units in the same assigned area and this displacement is hard for them, as well as more tiring and the sensation of having more work.

Some research has shown that one of the main causes of job dissatisfaction is the overload of activities, and the second cause of dissatisfaction mentioned was job insecurity and poor working environment. Another factor, pointed out in this study, was the lack of training for the activities. Among other factors that caused dissatisfaction, lack of
knowledge, impossibility of professional growth and lack of autonomy were also mentioned.20

As previously discussed, these professionals, in addition to the care activities, perform managerial activities such as organization and coordination of the service, management of the team, supply and administration of materials, meetings, lectures and planning. Some professionals reported that they plan the activities and vaccination campaigns, prepare the work schedules of the professionals, control of absences, request material, from gauzes to disinfectants and soap, compile the unit data and send it to the municipal health department, make evaluation of the service provided, satisfaction of professionals and users.

Some studies state that management activities involve planning, organization, coordination and control, as well as actions related to vaccination campaigns, material and equipment organization.21

Nursing managers assume demands that involve the dynamics and the functioning of basic health units and are responsible for reporting, controlling and feeding the Information System. These professionals are the link between the management and the health units, being in charge of the administrative and bureaucratic functions. These activities include the control of Human Resources, working hours, absences, leaves, conflict-management, and team-meeting.22

Through the analysis of the speeches, it is seen that the municipality has a care flow that does not facilitate the work of the professionals, since the attributions and accumulations of professional positions becomes a work overload. The Family Health Strategy nurse must exercise his/her activities according to the program, as an articulating agent of the actions developed by the team and a care organizer, and, therefore, such work needs working conditions so that a quality care is achieved. Thus, the exercise of the two functions is not appreciated by the professional, however, it is recognized the good work performed by these professionals together with their team.

Some authors mention the highlight of managerial activities in the nurses’ work process, aiming at guaranteeing the quality of care and the functioning of the service. This can be based on the National Curriculum Guidelines of the nursing course, which brings as general nurse’s competencies the administration and management, leadership and decision-making.21

Nursing work demands responsibilities with patients, both in terms of physical, moral, social and psychological aspects; in addition, this professional also carries out activities related to the operability of work. Due to these factors, it is a work considered extremely exhausting.20

To play the leader role, the nurse must have initiative, proactivity, knowing how to listen and accept suggestions. Faced with such daily exercised skills, they may encounter conflicting situations and, therefore, must always be prepared for this reality.23 In addition to the role of leader, they exert the role of mediator of work, seeking to be the example of complicity in the process of delegation of tasks. Thus, they have the fundamental role of directing the activities to be carried out, relying on the potential of the team, competence and professionalism.24

CONCLUSION

The profile of the managers of the basic health units of the municipality of Tabuleiro do Norte is of nurses, predominantly female and young aged. This professional category has administrative and managerial learning in their academic formation, which provides a greater number of nurses in these positions of coordinators of the units.

Authors observed that the managers of the units are the nurses who execute the direct care to the users, presenting this double functionality in the services, which brings challenges and potentialities of this care. It was possible to observe this division of time between the care and managerial activities of the unit; however, it often becomes an overload of work and the lack of full completeness of activities.

Thus, the nurses’ work process includes the development of several competences of various dimensions in order to achieve comprehensiveness. It is hereby affirmed that they exercise care, managerial and administrative activities.

It is important to have professionals committed to the professional performance, knowing how to work as a team and also to carry out projects, to have proactivity, enthusiasm, innovation, to make work return to other professional colleagues, seeking a work in health with quality and efficiency.

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