MANAGEMENT WORK PROCESS: COMPARATIVE BETWEEN COMMUNITY FAMILY CLINICS

PROCESSO DE TRABALHO GERENCIAL: COMPARATIVO ENTRE CLÍNICAS COMUNITÁRIAS DA FAMÍLIA

PROCESO DE TRABAJO GERENCIAL: COMPARATIVO ENTRE CLINICAS COMUNITARIAS DE LA FAMILIA

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ABSTRACT

Objective: to analyze comparatively the instruments of the managerial work process of the nurse. **Method:** this is a qualitative, descriptive study, using the comparative method, with seven nurses in two Community Family Clinics. A semistructured script was used as data collection tool and in the analysis, the technique of Content Analysis was used in the Thematic Analysis modality. **Results:** emerged from the analysis of the category "Instruments of the managerial work process of nurses used in community clinics". **Conclusion:** it was observed that the managerial tools used as comparison criteria in this study developed in the clinics are basically done in the same way, of the same system in common and with similar tasks performed by the nurses. **Descriptors:** Nursing; Health services; Primary Health Care; Comparative study; Organization and Administration; Nurses and Nurses.

RESUMO

Objetivo: analisar comparativamente os instrumentos do processo de trabalho gerencial do enfermeiro. **Método:** trata-se de estudo qualitativo, descritivo, empregando-se o método comparativo, com sete enfermeiros em duas Clínicas Comunitárias da Família. Utilizou-se como instrumento de coleta de dados um roteiro semiestruturado e na análise, empregou-se a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** emergiu-se da análise a categoria << Instrumentos do processo de trabalho gerencial dos enfermeiros utilizados nas clínicas comunitárias >>. **Conclusão:** observou-se que os instrumentos gerenciais utilizados como critérios de comparação neste estudo desenvolvido nas clínicas são feitos basicamente da mesma forma, de um mesmo sistema em comum e com tarefas similares realizadas pelos enfermeiros. **Descritores:** Enfermagem; Serviços de Saúde; Atenção Primária de Saúde; Estudo Comparativo; Organização e Administração; Enfermeiros e Enfermeiras.

RESUMEN

Objetivo: analizar comparativamente los instrumentos del proceso de trabajo gerencial del enfermero. **Método:** se trata de un estudio cualitativo, descriptivo, empleando el método comparativo, con siete enfermeros en dos Clínicas Comunitarias de la Familia. Se utilizó como instrumento de recolección de datos un itinerario semiestructurado y en el análisis, se empleó la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** surgió del análisis la categoría << Instrumentos del proceso de trabajo gerencial de los enfermeros utilizados en las clínicas comunitarias >>. **Conclusión:** se observó que los instrumentos gerenciales utilizados como criterios de comparación en este estudio desarrollado en las clínicas son hechos básicamente de la misma forma, de un mismo sistema en común y con tareas similares realizadas por los enfermeros. **Descritores:** Enfermería; Servicios de Salud; Atención Primaria de Salud; Estudio comparado; Organización y Administración; Enfermeros.

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INTRODUCTION

In the process of managerial work, a set of technical instruments specific to the management, such as planning, designing nursing personnel, recruiting and selecting personnel, continuing and/or permanent education, supervision, evaluation of performance, as well as other means or instruments such as the workforce, materials, equipment and facilities, including the different administrative knowledge.¹

Necessarily, in the use of the instruments, knowledge, abilities and attitudes are combined in a peculiar way directed to a specific specific need that that subject and singular situation present and that guide what will be done. It is seen that in administration, the instruments used by the nurse are the methodological and theoretical bases of administration and practice of resource management.² Instruments are considered as resources used to achieve a goal or achieve a result.

These instruments are constituted in means that contribute to the nurses having, in their practice in Primary Health Care (PHC), the implementation of nursing care. This perpasses by understanding about the meaning of your professional doing.³

OBJECTIVE

- To analyze comparatively the instruments of the managerial work process of the nurse.

METHOD

This is a qualitative, descriptive study using the comparative method, which consists in examining two or more elements at the same time as seeking similarities and differences.⁴ It is reported that it was developed in two clinics belonging to the basic health care network of the city of Niterói: Professor Barros Terra Family Community Clinic (CCFPBT) and Ilha da Conceição Family Community Clinic (CCFIC). The following inclusion criterion was chosen: nurses with employment relationship with the cited units; The exclusion criterion was not to participate in the research.

A semi-structured script was used as a data collection instrument consisting of two parts: questions about the personal characterization of the participants and about the nurses' managerial work process instruments. It is reported that the collection occurred in 2016, through interviews, at the participants' workplace, recorded and later transcribed for analysis. They were identified by the letter E

followed by the cardinal number and the initials of the unit according to the sequence in which they occurred: E1 CCFPBT, E2CCFPBT, E3CCFPBT and E4CCFPBT and E5CCFIC, E6CCFIC, E7CCFIC.

It is reported that the interviews were recorded and transcribed, analyzing them according to the content analysis following the steps: (a) Data organization, doing the pre-analysis, which consisted of the organization, reading and re-reading of the material , having consistency with the research objectives; (b) Classification of the data, exploitation of the material, carrying out the coding operation, making cuts of the text in registration units, a phrase, a word or a theme; (c) Analysis proper where the data were interpreted, highlighting the information obtained and making inferences in light of the existing literature, obtaining the categorization.⁵

It is stated that this work was approved by the Research Ethics Committee (REC) of the Faculty of Medicine of the Fluminense Federal University, with a CAAE opinion: 46533815.0.0000.5243, in September 2015. Resolution 466/12 was obeyed, of the National Health Council, and the participants signed the Free and Informed Consent Term (FICT)).

RESULTS

Profile of the nurses of the CCFPBT and CCFIC Clinics

It is revealed that, of the seven nurses interviewed, four (57%) were from the CCFPBT and three (43%) from the CCFIC; six (85.71%) are over 30 years of age. It can be seen that of these, four (57.14%) belong to CCFPBT and two (28.57%) to CCFIC.

It is added, as far as the training time of the CCFPBT professionals, that three (42.85%) are formed between six to eight years and one (14.28%), for one year. From CCFIC, two (28.57%) were between seven to 11 years old and one (14.28%), two years ago.

It was observed that, regarding the time they have wrked at the establishment, two nurses (28.57%) of the CCFPBT nurses are two years old; one (14.28%), three and one (14.28%), one year. From CCFIC, one (14.28%) is three years old; one (14.28%), two years and one (14.28%), five years respectively.

It complements the number of jobs in both clinics that respondents have more than one job. At the CCFPBT Clinic, three (42.85%) participants currently have up to four jobs and, in CCFIC, professionals have between two and four jobs as follows: one (14.28%) registered nurse with three jobs; one (14.28%)

with two and one (14.28%) with four jobs, respectively. It is important to note that five (71.42%) of the seven interviewees have already worked in other basic health units beyond where they are today. With regard to specialization, four (57%) of the seven nurses have specialization: two (28.5%) of the CCFPBT and two (28.5%) of the CCFIC.

The instruments of the managerial work process of the nurses used in the community clinics are reported: the cases of CCFPBT and CCFIC.

DISCUSSION

It is known that the work process is a social practice whose basic elements are agents, objects, instruments, activity and purpose. It is considered that the agents are those who are responsible for the performance of the work; the object is what the workers strive to change; the instruments are the means that help them to work, that is, the technical-scientific knowledge; activity is the practice of techniques and the purpose is the goal.⁵

In the health work process, the presence of material and non-material instruments is observed. It is seen that the former are equipment, consumer material, medicines, facilities and others, and the second, is administrative knowledge. It also includes the main tools of intellectual work. These knowledges allow the apprehension of the work object.⁶

The work process is defined in Basic Health Care (ABS), in the functionalist structure that derives from a political interpretation that emerges from the field of health and reflects the logic of the biomedical hegemonic model.⁷

It is explained that the Nursing work process is the set of follow-up actions of the user/population, in the course of diseases or along socio-political processes such as the health of the child, health in adolescence, women's health, among others, for the purpose of promoting, preventing and recovering.¹

The process of managerial work in Nursing is represented by the organization and coordination of the care process and the availability of the means. It is seen that as a mediate form is the development of conditions to the effectiveness of the caring process. Several technical instruments are used for the execution of this process: planning; sizing of Nursing staff; Recruitment and selection of personnel; continuing and/or permanent education; supervision and performance evaluation. The use of other means or instruments such as the workforce,

materials and physical resources, as well as different administrative knowledge.¹

Nursing is involved in the main health actions, in the context of basic care, from the activities of diagnosis of the health situation in the territory, to the analysis of the organization of the work processes of the services. Observe in this case, the incorporation of the management tools for Nursing management assumes aspects relevant to the organization of work regarding management practice and individual and/or collective care.⁸

The instruments used by Nursing were equipped in both clinics as follows: action planning; sizing of human resources; continuing education; conflict management; performance evaluation; institutional and nursing supervision; management of material resources and communication.

Nursing management practice is regulated by the Federal Nursing Council (COFEN) and Decree 94.406/87. It is considered in this last one, article 8 establishes that this professional has as assignments the direction, the planning, the organization, the coordination and the evaluation of the services of Nursing.⁹ It is emphasized on the basis of these legal documents, that the nurses need the planning for assistance, management, research and teaching, as the latter is essential for action to be taken.¹⁰

It should be stressed that planning is an important management tool and defined as the art of making choices and the ability to draw up plans in order to favor a certain process of change.¹¹ It includes undesirable and desirable situations with the objective of improving or maintaining them respectively.¹²

As a guiding tool for the organization of the work process in the CCFPBT, among the various activities, those related to the Bolsa Família Program (BFP), as stated below.

We take care of the Bolsa Família, work together with the Community Health Agents to make the funding [...] they have to come and weigh themselves and consult twice a year and every semester they have to update because they lose the benefit. (E1 CCFPBT)

The BFP was created in 2004 as a social policy to combat poverty and inequality in Brazil, and the objectives are: to promote access to the public services network, especially health, education and social assistance, sectors; combating hunger, poverty and promoting food and nutritional security, as well as encouraging the sustained emancipation of beneficiary families.¹³

It is important to note that, in this context, nurses work in the BFP, since the program provides for the monitoring of families in the FHP regarding the promotion, prevention, treatment, diagnosis and rehabilitation of their families. Member States. It is also observed that the nurses of both clinics plan their activities with the priority groups.

[...] we manage (the programs) of hypertension, diabetes, child and pregnant, based on them, if the follow up of the searches to be done, of the patient who came or not. (E2 CCFPBT)

We already have to organize the spreadsheets, not only visits, but also those priority groups: child health, hypertensive, diabetic, tuberculosis, if you have a patient with tuberculosis. (E7 CCFIC)

It is understood the responsibility of these groups for the organizational capacity to handle acute and chronic health conditions; the coordination of the care by the team and, when necessary, with the other equipment of the health network, with the own resources of the community and the territory; organization of clinical records; assessment and improvement of quality of care.¹⁴

It is understood that nurses work in accordance with the clinical protocols established by the Ministry of Health when monitoring priority groups such as: Integrated Assistance to Prevalent Diseases in Childhood; arterial hypertension; diabetes; family planning; women's health; prenatal and sexually transmitted diseases/Acquired Immunodeficiency Syndrome.

The health managers are confronted with the complexity of the area in their daily life, with several challenges, among them, the use of information as the primary resources for decision-making.¹⁵ In this sense, the Primary Care Information System (PCIS) is a management tool of great utility for health professionals.

This system was evidenced by CCFIC nurses.

[...] today is a day that we collect the PCIS, which is a basic care information system. We do this monthly. (E6 CCFIC)

It is reported that the PCIS is a facilitator since it follows the epidemiological data of the priority groups and contributes to the planning of the actions directed to these groups.

The staff dimensioning is recognized and used as a management tool by the nurses of the two units, since it is the exclusive role of the nurse, supported by COFEN Resolution 0527/2016, which updates and establishes parameters for the Sizing of Nursing

Professionals in the local services where the Nursing activities are carried out.¹⁶

Nurses are considered to be responsible for the distribution of personnel in the two clinics, the elaboration of the scales of Nursing staff and Community Health Agents (CHA), although the latter are not the legal responsibility of the nurse.

The scales of the CHA to the people who do, their activities [...]. Everything for the CHA has to have scale, [...] and the scale of the technician also the people who do. (E1 CCFPBT)[...] we scaled for everything from the technicians, the CHA, we nurses, we set up the scale [...] to be supervising. (E5 CCFIC)

For this activity, technical preparation and knowledge of customer needs, unit dynamics, labor laws and the nursing team are required. Key factors such as: number of employees; hourly loads; medical licenses; shifts; limitations and productivity of the employees involved; relation between the employees scaled with the objective of guaranteeing the elaboration of the same one that promotes the quality care.¹⁷

The CHA is considered a collaborator that promotes the entrance of the health professional in the community, that is, it is the element of the team that carries out the health surveillance, being the bridge between the families, the community and the health unit.¹⁸

It is noticed that another concern of the nurses of the CCFPBT are the scales that include them to act in the Central of Regulation of Vacancies since, if not well planned, it harms the organization of the routing of the users' needs. It should be emphasized that these are places that receive the requests for care, evaluate, process and schedule ensuring the integral care in a fast and qualified way to the users of the Health System, having, as a principle, knowledge of the production capacity installed in the units providing services.¹⁹

We do it here by scale, for attention to the regulation of the vacancies, because it is a great demand and if you do not and it is not well done, you have an unfoldment that will harm and will demand more service for another [...]. (E4 CCFPBT)

It is demonstrated that permanent education (PE) appears in both clinics, but the CCFPBT recognizes the importance of the role of the Permanent Education and Research Center (PERC) as a locus of PE, while CCFIC is limited to the recognition of training and education in service in their work environment, as follows.

The PERC provides courses, send the dates and we make the registration, this for all members of the team. (E1 CCFPBT) You will now have a multiactivation campaign, so the nurse receives the training and then arrives in the unit and passes to all the other companions. (E5 CCFIC)

It should be noted that Permanent Education, as a technology that favors the performance of the nurse's managerial functions, has been important for interprofessional practices.²⁰ It is considered that the training and development needs of the workers are based on the health needs of the people and populations.

The PERC is alluded to as the municipal representative of the Ministry of Health's Ministry of Management of Health Work and Education (MMHWE), therefore, the recognition of the CCFPBT is pertinent to its role Transformer of practices.

It facilitates for the nurse, through the management of conflicts when well applied, the solution of those that may exist. The assumption is that when people and professionals mix, disagreements and disagreements about the development of the work process are likely. It is considered that in both units, nurses recognize the existence of conflicts and report strategies of coping with the problem, turning to more democratic negotiations.

During the meeting, you try to manage the issue of conflict with the team. We call, talk. (E1 CCFPBT)

When there is conflict, if you talk, always with more people together, depending on the situation, we have to know not to expose that employee. You have [...] to have a witness and always listen to both sides. (E6 CCFIC)

It can be seen from the complexity of the work process developed by a multiprofessional team that the strategies are carried out together, without exposing the person involved and, often, with the intervention of outsiders as mediators. It is generally appreciated that these clinics adopt the strategy of collaboration, which is a cooperative and positive method, and the solution of the conflict is jointly, through consensus, assertive way of resolving the conflict, since all parties they win. The original goals must be left aside, and together they must establish new common goals.²¹

It is verified that performance evaluation is a practical and useful tool to individually measure the quality of professional performance, according to predefined criteria, in addition to managing employees' motivation and development when they

perceive it as accurate and fair. It is also a diagnostic management tool that underlies administrative decisions, through which it is possible to establish goals and understand the analysis of attitudinal and technical aspects.²¹⁻²

In this sense, it was verified that each target unit of the study has, in its organization, a form of evaluation developed by the nurse with a view to solve problems of performance and improve the quality of work and life within the organizations.

[...] then we do not usually do performance appraisal very often [...]. (E2 CCFPBT)

About two months ago, it was necessary to make an evaluation (performance) and had two or three employees dismissed because of this [...], this year, we are creating a new form. (E7 CCFIC)

The material resources management system in the health area is defined as a set of practices that guarantees materials in the right quantity, in the right place and in the right time, as well as the quality of the same so that professionals can carry out their work without risk and without endangering the users of the services, in order to guarantee the continuity of the assistance with quality and at the lowest cost.²³ It is observed in the units surveyed, it is the responsibility of the nurses the management of material resources that implies the responsibility for the forecast, provision, organization and control of these so much that to them they are attributed the supervision in the warehouse and in the sector of permanent material, besides the responsibility of the request equipment maintenance.

This month, I'm in the warehouse and permanent material [...] if you broke a pressure device, send it for maintenance or some problem we send to the patrimony for repair. (E3 CCFPBT)

[...] in the control of the material of dressing and sterilization, I send the material and I receive, I make this control [...] to see if there is a lack of material, gauze, preventive spoon, blade, feces. (E5 CCFIC)

It is presented, with regard to Nursing communication, that this is an instrument that allows to use it administratively for the purpose of sharing information that allows the employees to have the same language in the sense of understanding the organization of the service. The process of communication is constituted basically by two types: the verbal and the nonverbal.

The two forms are also used when the communication is used with the administrative character. It should be emphasized that

verbal administrative communication occurs through oral information transmitted to all members of the group at the same time, individually, or even from one to the other, as observed in the CCFIC, which highlights the importance of communication for the leadership exercise.

Every nurse has her sector and her team, but when it comes to something from the whole group, we sit down and we get a consensus, [...] and we can always talk and discuss [...]. (E5 CCFIC)

It is emphasized that, historically, the professional nurses have emerged as leaders of the health team. This is due to their training and professional development, with a broad vision of "human being", "care" and "health", besides the visible, that articulates knowledge and actions necessary to offer creative and quality assistance.²⁴⁻⁵

Non-verbal administrative communication can be expressed, in turn, by writing by memorandum, manuals, circular, ordinance, report, convocation, notification tokens, among others.²⁶

We have the records of rabies, HIV, hepatitis, congenital syphilis, acquired syphilis and other [...]. (E2 CCFPBT)

In the area of health, those mediated by Information and Communication Technologies, especially the internet, are used as another means of communication, which is a practical, dynamic system that saves time and can be accessed at any time, as evidenced at CCFPBT.

[...]we even have a group at WhatsApp where we communicate. (E2-CCFPBT)

Supervision should be seen as a method to assist the work process of the individuals, since, from this, the supervisors observe and guide the team promoting esteem and satisfaction. It is noteworthy that in both units, it was observed that supervision is a concern to assist in this process. The CCFPBT professionals emphasize institutional supervision through the Family Health Support Center (FHSC), with the participation of the supporter, and the professionals in the CCFIC referred to the supervision of the Nursing team.

The supporter is like our supervisor, not only ours, [...] she is here representing the management of the family doctor, she is the manager of the regional. (E2 CCPBT)

We are always supervising and so supervises, on a daily basis, what is improving, what is getting worse, we have a monthly meeting. (E6 CCFIC)

Through the relationship with the supporter, the team's competence to deal

with territorial problems is enhanced. It is seen in the case of the matrix supporter that he is a professional with specific knowledge and a distinct profile from that of the reference professionals of the team who can add resources and contribute with interventions that increase the resolubility of the reference team.²⁷

The FHSC was conceived by the Ministry of Health in 2008 with the objective of supporting and consolidating Primary Care (PC). Its supporters are considered to be competent to deal with territorial problems and contribute to the resolution of the problems presented by the teams, and the requirements are: to possess technical knowledge; be responsible for a certain number of FHS teams; commit themselves to making changes in the attitude and performance of professionals and among their own staff, in addition to acting in intersectoral and interdisciplinary actions in the promotion, prevention, rehabilitation of health and healing, in the humanization of services, in permanent education and in promoting the integrality and territorial organization of health services.²⁷

The Nursing supervision process is defined as the instrument that qualifies nursing with the objective of improving the care given to individuals and not only as an inspection or even surveillance, as many professionals believe it should be.²⁸⁻⁹ Ressalta-se que o olhar do enfermeiro supervisor é voltado também ao território onde ele atua.

Figure 1 shows the comparison criteria for the instruments used by the nurses of the study clinics.

Comparisson Criteria	Professor Barros Terra Family Community Clinic	Ilha da Conceição Family Community Clinic
Planning of actions	The appointment scheduling and exams The control of users of the Bolsa Família Program Management of Priority Groups	Nurse's Weekly agenda Management of Priority Groups Concern with the Information System (PCIS)
Dimensioning of Human Resources	Elaboration of Shifts: CHA Nursing technicians and nurses for the Regulation of Vacancies	Elaboration of Shifts: CHA and nursing technicians
Continuing and/or permanent education	Recognition of evidence of the role of PERC	Training and Education in service
Management of conflicts	Staff meeting Evaluation form (of the problem)	Meeting with a witness
Performance evaluation	Frequent evaluation	Non-Frequent evaluation
Management of material resources	Separated by areas Monthly order of materials Equipment maintenance	Separated by areas Shipping and receipt of materials Inventory control Application material
Communication	Notification sheets Communication through social networks	Organization of documents and printed matter Team Listening Standards to be followed Annotation monitoring
Supervision	Institutional oversight (FHSC)	It is evidenced the function of Nursing supervision

Figure 1. Comparative on the management tools used by nurses from both clinics. Niterói (RJ), Brazil, 2017.

CONCLUSION

It is concluded that the nurses of the CCFPBT and CCFIC regarding their characterization showed that the training time of professionals varies between six and eleven (71.42%); who work in establishments surveyed two years ago (42.85%); have more than one job (100%); and who have specialization (57%).

The management tools were used as comparison criteria in this study developed in the community clinics were the following: action planning; human resource planning, continuing and/or continuing education, conflict management, performance assessment, material resource management, communication, and supervision are done basically in the same way, from the same system in common and with similar tasks. It is shown that what differentiates them in some cases is the vision and the experience related to each of the instruments, that is, what changes is the way in which they are applied in the daily life of their managerial practice.

It is noteworthy that the use of management tools contributes to promote the efficiency and effectiveness of the care provided as well as valid to the performance of the nurse as administrator of the work process in nursing.

It is concluded that studies such as this one are carried out in other health units, since one of the limitations is related to the number of participants. It is reported that, on the other hand, these studies are important so that management practice is made based on

scientific evidence which provides excellence in the quality of health and nursing services.

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