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ORIGINAL ARTICLE

MANAGEMENT IN PERSONNEL NURSING IN THE FAMILY HEALTH STRATEGY GESTÃO EM ENFERMAGEM DE PESSOAL NA ESTRATÉGIA SAÚDE DA FAMÍLIA GESTIÓN EN ENFERMERÍA DE PERSONAL EN LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze the management process in Nursing of human resources, in the Family Health Strategy, from the perspective of nurses. **Method:** this is a qualitative, descriptive study performed with nurses from Family Health Units. The study sample was delimited by the saturation technique, and consists of nine nurses who work in family health units. As a data collection technique, the interview, guided by a semi-structured script, was used as the data analysis technique, the Content Analysis, in the Thematic modality. **Results:** it is reported that the activities considered by the interviewees as part of the human resources management were: the team meeting; the delegation of activities; teamwork; the planning; coordination; continuing education and supervision. It is shown that the strategies pointed out by the nurses in the delegation of activities were the dialogue, the team meeting and qualified listening. It should be emphasized that, in relation to the types of leaders mentioned, the articulator, the liberal, the integrative and the democratic are pointed out. **Conclusion:** it was concluded that the nurses demonstrated several weaknesses in the management of human resources in Primary Health Care, which highlights the urgent need to better qualify them for managerial practices. **Descriptors:** Nursing; Human resource Management; Leadership; Primary Health Care; Family Health Strategy; Qualitative research.

RESUMO

Objetivo: analisar o processo de gestão em Enfermagem de recursos humanos, na Estratégia Saúde da Família, na perspectiva de enfermeiros. **Método:** trata-se de estudo qualitativo, descritivo, realizado com enfermeiros de Unidades de Saúde da Família. Delimitou-se a amostra do estudo pela técnica de saturação, sendo constituída por nove enfermeiros que atuam em unidades de saúde da família. Utilizou-se, como técnica de coleta de dados, a entrevista, norteadas por roteiro semiestruturado, e, como técnica de análise dos dados, a Análise de Conteúdo, na modalidade Temática. **Resultados:** informa-se que as atividades consideradas pelos entrevistados como parte da gestão de recursos humanos foram: a reunião em equipe; a delegação de atividades; o trabalho em equipe; o planejamento; a coordenação; a educação permanente e a supervisão. Mostra-se que as estratégias apontadas pelos enfermeiros na delegação de atividades foram o diálogo, a reunião em equipe e a escuta qualificada. Ressalta-se que, quanto aos tipos de líderes referidos, apontam-se o articulador, o liberal, o integrativo e o democrático. **Conclusão:** conclui-se que os enfermeiros demonstraram diversas fragilidades na gestão de recursos humanos na Atenção Primária à Saúde, o que ressalta a necessidade urgente de maior qualificação dos mesmos para as práticas gerenciais. **Descritores:** Enfermagem; Administração de Recursos Humanos; Liderança; Atenção Primária à Saúde; Estratégia Saúde da Família; Pesquisa Qualitativa.

RESUMEN

Objetivo: analizar el proceso de gestión en Enfermería de recursos humanos, en la Estrategia Salud de la Familia, en la perspectiva de enfermeros. **Método:** se trata de un estudio cualitativo, descriptivo, realizado con enfermeros de Unidades de Salud de la Familia. Se delimitó la muestra del estudio por la técnica de saturación, constituida por nueve enfermeros que actúan en unidades de salud de la familia. Se utilizó, como técnica de recolección de datos, la entrevista, guiada por guión semiestructurado, y, como técnica de análisis de los datos, el Análisis de Contenido, en la modalidad Temática. **Resultados:** se informa que las actividades consideradas por los entrevistados como parte de la gestión de recursos humanos fueron: la reunión en equipo; la delegación de actividades; el trabajo en equipo; la planificación; la coordinación; la educación permanente y la supervisión. Se muestra que las estrategias apuntadas por los enfermeros en la delegación de actividades fueron el diálogo, la reunión en equipo y la escucha calificada. Se resalta que, en cuanto a los tipos de líderes referidos, se apunta el articulador, lo liberal, lo integrativo y lo democrático. **Conclusión:** se concluye que los enfermeros demostraron diversas fragilidades en la gestión de recursos humanos en la Atención Primaria a la Salud, lo que resalta la necesidad urgente de mayor calificación de los mismos para las prácticas gerenciales. **Descriptor:** Enfermería; Administración de Personal; Liderazgo; Atención Primaria de Salud; Estrategia de Salud Familiar; Investigación Cualitativa.

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INTRODUCTION

Strategies, knowledge and institutional resources for intervention in the problems and health-disease needs of the communities of a territory are articulated in health management. Priorities are identified and alternative actions are considered in the conduct of work processes that aim at the resolution or control of diagnosed problems.¹ Thus, it is shown that health management works in the organization of the work process, in the work of the health professional and in the professional practices aiming at a better service delivery and user satisfaction.²

In this context, the nurse's role as manager of their team and health services in all spheres is highlighted. It should be emphasized that the nurse's administrative function is recognized in the units of all levels of health care,³ highlighting the scope of Primary Health Care (PHC) in which nurses assume care and management responsibilities inherent in the health context using skills, abilities and creativity for the effectiveness of health services.⁴

Nurses are expected to have technical, normative and managerial skills developed during their training in their professional practice. There is the insecurity of the newly formed nurse, the lack of interaction with the Nursing team, the difficulty in making decisions and the inadequate positioning in front of the team, as well as the need to further improve the skills in some Nursing techniques, which evidence the lack of preparation of the nurse for the exercise of leadership before the health and nursing team.⁵⁻⁶

It is believed that the still shyness to deal with the conflicts experienced in the team is something marked in the profile of this professional whose formation is more directed to the direct health care, to the detriment of the managerial function, bringing damages to the assistance given to the users.⁴

It is known that, among the obstacles encountered by nurses in the management of family health units (FHU), those referring to management in Nursing Human Resources (NHR) stand out, consisting of a complex set of special skills and such as the ability to socialize and work as a team, listen, examine and reconcile the group, among other actions.⁷

It is understood, in the execution of activities inherent to the management of the team, that the duties of the nurse administrator run into challenging diversities such as the acceptance by the team,

difficulties of interpersonal relationship, outdated professionals, shortage of resources and factors related to inexperience, the results of the lack of preparation for the job market or the style of leadership adopted that have repercussions on their relationship with the team.⁵

Thus, with the lack of qualification of the nurse in personnel management, organizational conflicts are phenomena that interfere with the dynamics of the work process and interpersonal relationships if they are not properly analyzed and managed.⁷ In addition, there are various prejudices in professional relations and work organization, affecting the harmony of communication and interpersonal relations, decision-making and even the productivity of workers in the sector.⁸

It is considered that being a leader is to influence the members of his team in the course of the actions acting as facilitator and motivator of the work. It reinforces, therefore, that the dynamics of leadership of a nurse influences the work process of the team (community health agents and nursing technicians) and therefore affects the quality of health care provided to clients.

Management and care functions inherent to the nurse's competence are performed in the PHC, both in the direct service to the users, and in the coordination of the activities performed by the community health agents (CHA) and by the nursing technicians. It is reported, however, that the nurse, despite the current appropriation of this function, finds difficulties in the development of HR management activities.

It is therefore imperative to deepen the understanding of personnel management implemented by nurses in their routine, which will guide the critical reflection and transformation of practices, as well as the training actions of these professionals in order to effectively manage the work process team and quality health care.

OBJECTIVE

- To analyze the management process in Nursing of human resources, in the Family Health Strategy, from the perspective of nurses.

METHOD

This is a qualitative, descriptive study. This study was carried out in the FHU's of the municipalities of Cuité and Nova Floresta, belonging to the Western Curimataú of the State of Paraíba. The study population was

constituted by the nurses who work in the FHU's located in these municipalities, corresponding to 14 subjects.

The sample was determined by the saturation technique, which is defined as the suspension of the inclusion of new participants when the data obtained present in the evaluation of the researcher a repetition in the information obtained, and it is not considered relevant to persist in the collection of this data.⁹ The final sample of nine subjects was obtained, corresponding to five nurses from Cuité and four professionals from Nova Floresta.

As a criterion of inclusion of the research, it was defined as being an active nurse for the minimum period of three months in FHU. The following exclusion criteria were considered: nurses away from work, by medical leave or vacations, in the period of data collection.

As a data collection technique, the interview was guided by a semistructured script, and the interviewers themselves prepared the interview script, which included information on the identification of the subjects and questions related to the process of human resources management under the PHC.

The interviews were carried out in March 2016. It should be emphasized that, at the beginning of each interview, the purpose of the research was explained in order to obtain a greater approximation between interviewer and informant, as well as a greater clarification about the study procedures. It is noted that, after the acquiescence of the research participants, the interviews were recorded and later transcribed for later analysis.

As a data analysis technique, the Content Analysis, in the Thematic modality was used. The following steps are considered: pre-analysis, coding and treatment of results and interpretation.¹⁰

Thus, after transcription of the interviews, the process of coding the collected empirical

material was done, cutting out the registration and context units, as well as the validation of the subsequent coding. These registration units were classified and grouped into thematic categories, namely:

- Category I - Human resources management in the Family Health Strategy: conceptions and perspectives of nurses;
- Category II - Types of leadership and their influence on team management;
- Category III - Interpersonal communication interfaces in the daily life of the team.

The research was initiated only after the appreciation and approval of the Research Ethics Committee through Opinion no. 1,431,139 and the Certificate of Presentation for Ethical Assessment (CAAE) num. 50327415.7.0000.5575. It is reported that the participation of the subjects of this research was supported by the Term of Free and Informed Consent, guaranteeing the anonymity of the participants of the study, as provided in resolution CNS 466/2012. The anonymity of the research participants was ensured by identifying them with the letter P followed by the number corresponding to the order of the interviews, for example: P01, P02, P03 and so on.

RESULTS

It is observed, according to table 1, the characterization of the participants of the research by means of the professional variables: accomplishment of postgraduate and area of the same; time of operation at FHU; type of employment relationship; management position and participation in HR management training.

Table 1. Information on the training and professional performance of the nurses interviewed. Cuité (PB), Brazil, 2016.

Professional variables	n	%
Post graduation		
Yes	06	66.7%
No	02	22.2%
Currently studying	01	11.1%
Total	09	100.0%
Post-Graduation Area		
Family Health	03	33.3%
Urgency and Emergency	03	33.3%
Intensive Care Unit	02	22.2%
Others	01	11.2%
Total	09	100.0%
Time working		
Less than six months	03	33.3%
Seven to 12 months	02	22.2%
12 months to 24 months	03	33.3%
More than 24 months	01	11.2%
Total	09	100.0%
Type of Employment		
Contract	04	44.5%
Public servant	05	55.5%
Total	09	100.0%
Mangement post		
Yes	01	11.1%
No	08	88.9%
Total	09	100.0%
Participation in training on HR Management		
Yes	-	-
No	09	100.0%
Total	09	100.0%

It is noted that, with regard to the completion of a postgraduate course, which most of the participants reported having performed, however, the minority pointed out the achievement of specialization in Family Health, area in which they work professionally, and the others did courses in other areas of health.

It is mentioned that, regarding the length of stay in the FHU, less than half worked in the unit for more than 12 months, and the type of employment relationship was not effective for the majority of respondents.

It is described, with regard to the management of human resources in the FHU, that almost all respondents stated that they did not fill this role, despite reports of concomitant performance of managerial and care activities.

It is noteworthy that, regarding training in HR management, none of the interviewees performed the same, a concern, since the managerial actions of a nurse require continuous qualification.

Following are the categories derived from content analysis according to thematic modality.

♦ **Category I - Human resources management in the Family Health Strategy: conceptions and perspectives of nurses**

Through the interviews, important activities for nursing management of human

resources were mentioned, however, without describing the concept of management. It is reported that the main definitions and conceptions about the activities that the interviewees thought belonged to the day-to-day management of personnel at FHU were: planning, supervision, permanent education, coordination, teamwork, delegation of activities and team meeting. The relevance of these strategies in the management process and the need to understand how to implement them in the scope of PHC.

Planning is highlighted as an important tool in the management of human resources, however, only two interviewees mentioned it in their statements, denoting fragility in the recognition of this element as fundamental in the management of these resources.

[...] I'll do this planning, okay? It is [...] weekly with the health agents, we do our planning, we monitor the territory, the main obstacles, the main health indexes that we can identify some fault, right? And we plan the weekly actions [...]. (P02)
[...] it lists the main problems and, at the beginning of the year, we worked out the work plan for the whole year in order to identify the fragilities and, from there, we constructed the plan of action. (P07)

It should be emphasized that the participants of this research also pointed out, as a personnel management strategy, the supervision. It is understood that, although fundamental to the management process, and

constituting an inherent nursing assignment, only four interviewees pointed to supervision as one of the tools used.

[...] people, as a nurse, it is up to us to manage, observe, see what is being done, the way it is being done, see the question of the environment itself [...] you are always aware of what is being done [...]. (P05)

[...] the person only observes this way, it is as if it were to supervise, but it is another word [...] to supervise. (P06)

It is stated that the practice of permanent education in the process of human resources management was described in only one speech of the interviewees, which shows the low level of knowledge or interest in improving the professionals in their team.

[...] so you guide, make a permanent training of these professionals [...]. (P01)

It is pointed out that the research participants also referred to the coordination of the team as a very important administrative function in the process of human resources management, as explained in the following speech.

[...]the nurse, in and of itself, coordinates everything [...]. So, the nurse has this autonomy in the basic attention of dimensioning the personnel that works in the attention [...]. In addition to coordinating the Nursing team [...]. (P01).

In this perspective, the relevance of teamwork is confirmed, being the nurse the manager of the FHU team, as can be observed in the subsequent speeches.

[...] each has its own function, has its responsibility [...] and when it is something that involves the collective, then everyone works together [...]. (P03)

[...] when I have a specific problem in an area, I call the responsible person to work with the team [...] I always speak in team meetings, I also like to expose what has to be done by seeking the opinion of everyone to do [...]. (P04)

It is noticed that the study participants were asked about the strategies they use to delegate activities and functions. It should be emphasized that one of the duties of nurses is to recommend activities inherent to their duties to the members of their team, supervising the progress of the same in their form of execution.

[...] the division of responsibility goes a lot according to what I'm going to request, right? [...] Each has its function, has its responsibility [...]. (P03)

[...] Well, I've always been in the meetings, it's never been necessary to delegate any assignments. I have always emphasized that when you come to the service, you have to

know what is within your competence or not [...]. (P05)

It should be emphasized that the interviewed nurses emphasized that the process of delegating activities occurs mainly with the CHA and the nursing technicians, but they did not know how to describe the strategies they use when delegating, they only mentioned the functions of these professionals.

[...]Nursing technician [...] works practically by spontaneous demand, right? [...]. (P02)

[...]the nursing technician here by demand, right? So, I currently have one nursing technique that does everything and one that stays in the vaccine room [...]. (P03)

It is also observed that some interviewees understand that delegating activities is to charge the actions that need to be developed by the CHA due to the goals required by the MH that need to be achieved.

[...]the health agents, we have to reach the goals of the Ministry of Health, right? It has to cover the entire population [...]. I have just been overcharging health agents [...]. (P02)

Through the same charge, right? Because, so, we always work with goals, so it's how I tell them, management is charged, consequently it charges me and I have to charge them [...]. (P03)

It is revealed that, in relation to the practice of holding team meetings, all participants reported using this personnel management strategy.

[...]the meetings are usually the nurse and the health workers. But when it is a broader meeting, planning, training, involves the Nursing technician, the medical and, when it is the case, we also do with the whole team, receptionist, Nursing technician, the whole team. But, mainly, the monthly one is with the nurse and the agents [...]. (P07)

The strategies used by the nurses interviewed in the conduct and direction of the meetings are: the holding of meetings on fixed days and times; the practice of dialogue; the arrangement in a circle; the use of the book of minutes and the use of a predefined schedule or agenda, and the place chosen for these meetings is the nurse's office.

[...]so a strategy would be to set a day and a time for these meetings, it would be the first strategy [...] other strategies is that I use the book and use the e-SUS card, so I get these agents' signature who participate, right? [...]. (P02)

[...]usually, in a circle, because I think it's better, because everyone keeps looking, everything the same [...].It's more a conversation, the staff, well, already knows, so the type of schedule, I already set

a schedule, so, what I'm going to spend; the day before, I already make a schedule of what I'm going to report to them because we're going to organize [...]. (P04)

According to the interviewees' speeches, nurses frequently use meeting space to supervise the work of CHAs and nursing technicians. It is reported that this tool proved to be very useful to meet the management needs of the health units.

[...]Well, there, usually, with the agent, I like to know how your area is, right? What are the needs, the weaknesses that we can improve. In the same way, with the technician, right? [...]. This question of always seeking dialogue, never imposing, is always dialoguing. Look at the side of needs, weaknesses, right? [...]. (P08)

Category II - Types of leadership and their influence on team management

It is approached that the majority of the interviewees affirmed that it implements a democratic style of leadership, as observed in the following statements.

I consider myself a leader [...] I am not traditional [...] I am very participatory and I like opinions very much, I do not solve anything alone [...]. (P02)

[...]in fact, I try to interact, integrate well with the team, I like to work very much together [...]. Even integration of the team seeking the best service, right? [...]. (P04)

It is pointed out that some participants of the research emphasized, besides the above, the importance of not being authoritarian managers noting, besides, the differences between being leader and being leader, as referred in the subsequent speech.

I think I'm democratic, I'm not authoritarian. I do not like it, I think everything here is solved, so in dialogue, in conversation, in a team consensus [...]. (P03)

It was stated, regarding the reaction of the people to the form of leadership, good receptivity of the team and the community. It is pointed out that some interviewees presented difficulties in evaluating the concept of leadership and also referred to user satisfaction as a criterion for evaluating their management in FHU, with the allusion that management influences the quality of care provided.

The reaction is good, you know? [...] I am well accepted here by both the staff and the community and thus the patients here are very gratifying, so they have a huge satisfaction of coming to the unit and finding me [...]. So this, for me, already shows a service, a performance in basic care. (P01)

Category III - Interpersonal communication interfaces in the daily life of the team

Interviewees pointed out, during the interpersonal communication process with the team members, the existence of obstacles: difficulty in separating the professional from the staff; resistance of the CHA to attend to some requests of the nurse and lack of commitment to the work of the CHA, which put obstacles to the accomplishment of necessary activities in the provision of the assistance, hindering the work process in health proposed by the nurse manager.

[...] we have to differentiate the professional side of the staff, but this friendship issue really is inevitable. Both the bond that we create with the community, we create with the professionals, right? [...]. And sometimes we have some complications [...]. (P02)

[...] There are health workers I have to stay on top of, you know? I have to report more than once one thing to do, to get a patient in the area, a child who has the vaccine delayed [...]. There are others you speak only once and you already understand and it is much more practical [...]. (P04)

[...] What I see more is the issue of this commitment, you know? Because all of them put a difficulty in achievement. Because what they think is that their work is only going from house to house and, often, we impose something more for them to do, they already find difficulty [...]. (P08)

Through the authority exercised by the nurse manager, in some situations, a lack of compliance is generated, since these commands are imposed, as mentioned in one of the interviewees' statements, in which it was clearly observed that there is still a imposition of authority, with the validity of a hierarchical model of functions and attributions still very common in PHC.

Conflicts are resolved, according to the interviewees, through dialogue and team meetings, in which the divergent points are discussed, the problems clarified, and the goals to be achieved are established.

I prefer the dialogue [...]. The conflict will only reach a hierarchy of coordination when something is not solved in here, right? [...]. But let it be solved internally [...]. Sometimes it's a misunderstanding, a bad word in a moment, right? It's a wrong term, one thing, and it's settled right here. (P03)

It is assumed that in any work environment conflicts are common because several personalities are involved in a life that is not always harmonious and therefore the nurse must have the ability to maintain the balance

between the members, seeking resolute means to manage conflicts. It is shown that, according to the professionals, an open conversation, a dialogue, a qualified listening and, also, an ethical stance were pointed out as effective ways of resolving these conflicts.

Depending on the conflict, I would talk to each of the involved, kind, to hear both parties. And if it is an individual problem, like the agent himself, talk to himself, try to identify the problem and try to solve it in the best way (P07).

DISCUSSION

It is approached that the lack of specific qualification of the nurses for the management of the family health team, such as the accomplishment of a specialization course in this area or permanent qualification, is a troubling result, since the nurse manager, who works in the FHU, needs to be trained for managerial practice, since insufficient management performance has a negative impact on health care provided.^{12,14}

In this context, it should be emphasized that the activities inherent in the human resource management process require the skills and competencies that are developed in the work practice based on the knowledge acquired in the undergraduate course. It is strengthened, through disciplines directed to the Administration applied to Nursing, offered by the universities, that the professional acquires technical-scientific knowledge for the development of such an end.¹⁵

It is also important to emphasize the importance of postgraduate training in nurses who are in the management of a health team. It is understood that, in order to achieve quality both in health care and in management, it is extremely important the search for training aimed at the subjective and objective evaluation of the health professional.¹¹

It is reported that, regarding the relationship built in the management routine between nurses and their teams, the permanence of the professional in the FHU can be favorable to the performance of the same, since it allows greater interaction with the team that commands and with the community where it operates and ties of work, generating complicity and trust among professionals.¹

It should be noted, in the light of the above, that turnover has a positive side with regard to non-essential employees, however, the exit of essential workers from the organization may be negative in the

organizational strategy and, consequently, decrease its efficiency.¹³

In addition, as far as the type of employment relationship is concerned, a significant number of respondents were not effective in the municipality of operation, which may lead to discontinuation of care and management, difficulties in linking unit-professionals-community, and lack of credibility of PHC in the community,¹² with consequent impairment in the implementation of the Family Health Strategy (FHS) in the community.⁴

It should be noted that, although the majority of the interviewees do not occupy a position of management of the FHU, it occurs the exercise of the assistance activities concomitant to the managerial activities, causing overload to the activities performed by the nurse in the context of the FHU.⁴

It is noteworthy that the results of this study evidenced activities that belong to the day-to-day management of personnel in the FHU: planning, supervision, permanent education, coordination, teamwork, delegation of activities and holding team meetings.

It is stated that the interviewees' statements denoted weakness in the recognition of planning as fundamental in the management of human resources. It is understood that the planning must be communicative, interactive, dialog and shared, aiming at the effectiveness of health activities, socialization, interaction and training of the subjects involved in the management process and execution of care practices.¹

It should be emphasized that supervision, an inherent nursing assignment and fundamental to the management process,¹⁶ but also poorly indicated by the research participants, is an essential tool for monitoring and developing activities in the work process at the FHU, as well as for the resolution of conflicts and adversities presented in the team.¹⁷

Among the actions of the nurses supervision in the FHU, the supervision of the activities developed by the CHA and nursing technicians, the coordination of the CHA, the organization of the educational actions in health and the delivery of production reports to the municipal manager are included.¹ It is understood that supervision is not limited only to the achievement of goals, but it includes the co-responsibility of activities to be performed by the various actors involved in PHC care.¹⁸⁻⁹

In addition to the above, it is related to the supervision process, which is the practice of continuing education of the professionals who make up the work team. It is pointed out that the inexistence of this practice in the management of nurses evidences the low level of knowledge or the interest for improvement or the search for professional improvement.²⁰ This is an important problem, since the excellence of the quality of managerial work requires competence technique for its execution.

It is conceived that the training or permanent education should be sought and performed by all Nursing professionals who have their daily structured, from the problematization of their work reality, aiming at the transformation of professional practices.²⁰

It is known that the training, specialization and / or permanent education are essential for the improvement of Nursing professionals, as they positively reflect on their performance in any sector. It is stated that GM Ordinance num. 1996/2007 instituted the National Policy of Permanent Education in Health, as a strategy of the Unified Health System (UHS), with the objective of training and developing the workers for the good progress and development of the UHS.²¹

It is stated that the coordination of the Nursing team and the CHA, the competence of the nurse of the FHU, aims at planning, directing and training for the execution of what was planned in the PHC, aiming at attending to the needs of the attached population.²²

It is considered essential to renew the classic management model, implementing a more shared and dialogued management among the subjects involved in the health work process and involving the co-management of care actions, its planning, implementation and evaluation.²³

In this perspective, we emphasize the importance of teamwork through interdisciplinarity, aiming to meet, in a comprehensive way, the complex health demands of families and the community. It is verified that, in this process, the nurse stands out as manager of the FHU team.

It was also pointed out, by the interviewees, the delegation of activities as one of the inherent tools of the management process in the FHU. Thus, delegating consists of the function of a leader passing on tasks or activities to his team, without relinquishing responsibility for their proper execution in a negotiated and negotiated way.^{7,16} It is

understood that the delegation activities according to the needs of the service and with the skills of each professional involved in the health work process.⁹

It is known that one of the duties of nurses is to recommend activities inherent to their duties to the members of their team, supervising the progress of the same in their form of execution. Therefore, it is not necessary to restrict the practice of delegation of activities to the achievement of goals, by means of supervising the activities of the CHA and the Nursing technicians, since this activity includes the co-responsibility of the activities to be performed, as well as the guarantee of the manager in the excellence of its execution.¹⁸⁻⁹

An identified potentiality is identified in the human resources management of nurses, which was the routine accomplishment of team meetings, whose importance arises because it constitutes a space open to dialogue, to the exposition of ideas and opinions, to the confrontation of conflicts, to planning jointly with the actions, the division of responsibilities and also as a means of supervising the activities implemented by the other professionals and the result of the work for which they were assigned.

It is necessary, therefore, due to the complexity in the Nursing work process, the use of other strategies and skills such as creativity, which is a resource widely used for the exercise of care work, as well as the division of labor in the sharing of actions and measures that each of the involved uses to manage their daily life.²⁴

In this context of FHU personnel management, the relevance of the type of leadership exercised by the nurse, who emerges as the leader of a team with the power coming from not only the organization where it is inserted, but also from its capacity technique. It is emphasized that the leadership profile evidenced by him will govern his actions within the institutions.⁵

In this way, the democratic model experienced by the majority of respondents is reaffirmed. It reaffirms the importance of dialogue, open and conscious conversation, shared management, encouragement and convincing of team members in the integration of health and compliance actions of their duties.²⁵⁻⁶

It should be noted that some interviewees presented difficulties in evaluating the concept of leadership and referred to user satisfaction as a criterion for evaluating their management at the FHU. It is noted that user

satisfaction considers the inherent needs of each individual with measurable value in the quality of care and in directing actions and measures that may better reflect the processes of nursing management in health services.²⁷

It is stated that, in the development of teamwork in a harmonious way, adequate interpersonal communication is an important instrument, as it serves as a means of transferring information inherent to the performance of the attributions and competence. It is reported that the nurse manager must possess this ability, comprising each individual component of his or her team.²²

It is defined that the work process in health refers to dynamic and relational actions, incorporated by several technologies, carried out in a participatory and direct way by the health worker, being classified as living work in the act.²⁸

In view of this, the need for a reformulation of the working model in force in the FHU in the country with the objective of improving the work process and, consequently, the existing relationships in this dynamic.²⁴

It is discussed that during the work process, the emergence of conflicts is common, and the FHU nurse must be able to solve them through dialogue, as a way of listening and deliberating on the parties involved. It is pointed out that during this dialogue the negotiation technique emerges as an alternative for the resolution of these conflicts and, from this listening, a proposal is negotiated that enables the continuation of the work process in harmony.²⁹

In the implementation of health management, several challenges arise along the path taken by managers, who make decisions based on their experience, professional capacity and prior knowledge of the local reality.³⁰

CONCLUSION

In the course of the research, there were obstacles in the management of Nursing staff in the FHS, when the interviewees showed weaknesses in the re (knowledge) of the importance of elements such as planning and permanent education for management, as well as difficulties in interpersonal communication with team members, the practice of delegating activities as an important weakness, as some managers understand that this activity is merely to charge the actions that need to be developed

by the CHA due to the goals required by the MH. On the other hand, the following potentialities were identified: the recognition of the coordination of the Nursing team and the CHA as nurse manager competency and the use of the team meeting as a personnel management strategy, with the majority of those interviewed affirming to implement a democratic leadership, reaffirming the importance of this profile for the management in the FHU. Strategies were used to promote good living together, work organization in health, harmony of the group, development with excellence of labor action and the assistance services provided by the team and the promotion of dialogue in the work process. It should be pointed out that these professionals need better technical and scientific training to improve their personnel management competency.

The need and relevance of this study for the management process in Nursing of human resources in the FHS is emphasized in order to aggregate knowledge that can understand its obstacles and seek the achievement of better results in people management. It should be emphasized that the quality of the management developed will have direct repercussions on the quality of the assistance provided in the FHU service. In order to deepen and expand this analysis, it is suggested that other research on the subject be carried out, such as studies from the CHA and Nursing technicians under the responsibility of the nurse managers. It reinforces, with respect to the limitation faced in this research, the scarce production regarding the subject in the scientific environment, which requires that more studies be carried out. It is concluded that this research provided an understanding of the weaknesses and potentialities of the management of people within the scope of the FHS, from the perspective of the nurses.

REFERENCES

1. Almeida DB, Melo CMM. Avaliação da gestão na atenção básica nas dimensões da integralidade. *Rev Baiana Saúde Pública*. 2012 June/Sept;36(3):816-30. Doi: <https://doi.org/10.22278/2318-2660.2012.v36.n3.a557>
2. Albano, TC, Freitas JB. Nurse's effective participation in planning: focus on costs. *Rev Bras Enferm*. 2013 May/June; 66(3):372-7. Doi: <http://dx.doi.org/10.1590/S0034-71672013000300011>
3. Melo RC, Machado ME. Coordination of family healthcare units done by nurses: challenges and potential. *Rev Gaúcha Enferm*.

- 2013 Dec;34(4):61-7. Doi: <http://dx.doi.org/10.1590/S1983-14472013000400008>
4. Medeiros MHM, Martins MIC, Giovanella L, Escorel S. Participative management in permanent health education: view of the nurses. *Rev Bras Enferm.* 2010 Jan/Feb;63(1):2355-65. Doi: <http://dx.doi.org/10.1590/S0034-71672010000100007>
5. Vilela PF, Souza AC. Leadership: a challenge for recently graduated nurses. *Rev Enferm UERJ* [Internet]. 2010 Oct/Dec [cited 2018 June 15];18(4):591-7. Available from: <http://www.facenf.uerj.br/v18n4/v18n4a15.pdf>
6. Lanzoni GMM, Lino MM, Luzardo AR, Meirelles BHS. Nursing and healthcare planning: an integrative literature review. *Rev Enferm UERJ* [Internet]. 2009 July/Sept [cited 2015 Apr 12];17(3):430-5. Available from: <http://www.facenf.uerj.br/v17n3/v17n3a23.pdf>
7. Santos JLG, Pestana AL, Guerrero P, Meirelles BSH, Erdmann AL. Nurses' practices in the nursing and health care management: integrative review. *Rev Bras Enferm.* 2013 Mar/Apr;66(2):257-63. Doi: <http://dx.doi.org/10.1590/S0034-71672013000200016>
8. Spagnoll CA, Monteiro LAS, Paula CL de, Bastos JM, Honorato JAG. Experiencing conflict situations in the context of nursing: the use of sketch as a teaching-learning strategy. *Esc Anna Nery Rev Enferm.* 2013 Jan/Mar;17(1):184-9. Doi: <http://dx.doi.org/10.1590/S1414-81452013000100026>
9. Caregnato RCA, Mutti R. Qualitative research: discourse analysis versus content analysis. *Texto contexto-enferm.* 2006 Oct/Dec;15(4):679-84. Doi: <http://dx.doi.org/10.1590/S0104-07072006000400017>
10. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 2011.
11. Saporoli ECL, Adami NP. Evaluation of nursing consultation structure for children in primary health care. *Rev Esc Enferm USP.* 2010 Mar;44(1):92-9. Doi: <http://dx.doi.org/10.1590/S0080-62342010000100013>
12. Fernandes JC, Cordeiro BC. The management of basic health units from the point of view of nursing managers. *J Nurs UFPE on line.* 2018 Jan;12(1):194-202. Doi: <https://doi.org/10.5205/1981-8963-v12i01a23311p194-202-2018>
13. Robbins SP. *Comportamento Organizacional*. 9th ed. São Paulo: Prentice Hall; 2002.
14. Bazzo-Ramangolli AP, Gimenez-Carvalho B, Almeida-Nunes EFP. Management of the Basic Health Unit in Small Municipalities: Instruments, Facilities and Related Difficulties. *Rev Gerenc Polit Salud.* 2014 July/Dec;13(27):168-80. Doi: [10.11144/Javeriana.rgyaps13-27.gubs](https://doi.org/10.11144/Javeriana.rgyaps13-27.gubs)
15. Coatto A, Traldi MC. Competências gerenciais do enfermeiro na atenção primária. *Saúde Coletiva* [Internet]. 2011 Feb [cited 2016 Aug 10];8(52):180-6. Available from: <http://www.redalyc.org/articulo.oa?id=84219781005>
16. Marques BL, Huston CJ. *Administração e Liderança em Enfermagem. Teoria e Prática*. 4th ed. Porto Alegre: Artmed; 2005.
17. Lima SV, Haddad MCL, Sardinha DSS. Strategic planning developed along with the nursing time at a medium-sized hospital. *Ciênc Cuid Saúde.* 2008;7(Suppl1):138-44. Doi: <http://dx.doi.org/10.4025/ciencucuidsaude.v7i0.6585>
18. Kantorski LP, Jardim VMR, Coimbra VCC, Oliveira MM, Heck RM. Integrality in care in health care from the perspective of municipal district management. *Texto contexto- enferm.* 2006 July/Sept;15(3):434-41. Doi: <http://dx.doi.org/10.1590/S0104-07072006000300007>
19. Vendemiatti M, Siqueira ES, Filardi F, Bionotto E, Simioni FJ. Hospital management conflict: the leadership role. *Ciênc Saúde Coletiva.* 2010 Jan/June;15(Suppl 1):1301-14. Doi: <http://dx.doi.org/10.1590/S1413-81232010000700039>
20. Verçosa MF. *Prática e percepção do enfermeiro gestor quanto à efetivação do programa saúde da família [dissertação]* [Internet]. Lisboa: Universidade Lusófona de Humanidades e Tecnologias; 2013 [cited 2018 June 17]. Available from: <http://recil.ulusofona.pt/handle/10437/4657>
21. Almeida LPVG, Ferraz CA. Development policies of health and nursing human resources. *Rev Bras Enferm.* 2008 Jan/Feb;61(1):31-5. Doi: <http://dx.doi.org/10.1590/S0034-71672008000100005>
22. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. *Política Nacional de Atenção Básica* [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2018 Mar 20]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica_2006.pdf

24. Alves CA, Deslandes SF, Mitre RMA. A. The management of nursing work in a pediatric ward of medium and high complexity: a discussion about co-management and humanization. *Interface Comun Saúde Educ* [Internet]. 2011 Apr/June [cited 2015 Mar 20];15(37):351-61. Available from: <http://www.redalyc.org/articulo.oa?id=180119116015>
25. Araújo CEL, Pontes RJS. The strengthening of subjects in health management: advances and challenges in the experience of Fortaleza, state of Ceará. *Ciênc Saúde Coletiva*. 2012 Sept;17(9):2357-65. Doi: <http://dx.doi.org/10.1590/S1413-81232012000900016>
26. Jonas LT, Rodrigues HC, Resck ZMR. The managerial role of the nurse in the Family Health Strategy: limits and possibilities. *Rev APS* [Internet]. 2011 Jan/Mar [cited 2018 Mar 20];14(1):28-38. Available from: <https://aps.ufjf.emnuvens.com.br/aps/article/view/977>
27. Resck ZMR, Gomes ELR. Background and managerial practice of nurses: paths for transforming praxis. *Rev Latino-Am Enfermagem*. 2008 Jan/Feb;16(1):71-7. Doi: <http://dx.doi.org/10.1590/S0104-11692008000100012>
28. Hennington EA. Management of work processes and humanization in health care: an ergological perspective. *Rev Saúde Pública*. 2008 Apr/June;42(3):555-61. Doi: <http://dx.doi.org/10.1590/S0034-89102008005000022>
29. Merhy EE, Onocko R. Em busca de ferramentas analisadoras das tecnologias em saúde: a informação e o dia a dia de um serviço, interrogando e gerindo o trabalho em saúde. In: Merhy EE, Onocko R. *Agir em saúde: um desafio para o público*. 2nd ed. São Paulo: Hucitec; 2002. p. 113-50.
30. Chiavenato I. *Administração: teoria, processo e prática*. 4th ed. Rio de Janeiro: Elsevier; 2007.
31. Berreta IQ, Lacerda JT, Calvo MCM. Evaluation model for municipal health planning management. *Cad Saúde Pública*. 2011 Nov;27(11):2143-54. Doi: <http://dx.doi.org/10.1590/S0102-311X2011001100008>

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