TECHNICAL CONTEXT OF THE MANAGER'S WORK IN PRIMARY HEALTH CARE
CONTEXTO TÉCNICO DO TRABALHO DE GERENTES NA ATENÇÃO PRIMÁRIA À SAÚDE
CONTEXTO TÉCNICO DEL TRABAJO DE GERENTES EN LA ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: to analyze the technical context of the work of managers of Health Units of Primary Health Care, regarding training, professional qualification and inclusion in the position / function. **Method:** this is a qualitative, descriptive, field-research study conducted with 18 managers, using the semi-structured interview, the systematic observation and the Thematic Content Analysis technique. **Results:** it was verified that the managers presented a plurality of professional training; there is a predominance of female nurses; the form of hiring and the employment relationship are uncertain; the lack of experience and professional qualification at the entrance of the position / function represents a challenge for managerial work; the activities of continuing education and in-service education overlap with the actions of permanent education; HU nurses and managers reveal difficulties in articulating care and management. **Conclusion:** it is necessary to invest in the training and qualification of the individuals who act as managers of the HU, aiming at the valorisation of the UHS and, consequently, the strengthening of PHC. **Descriptors:** Primary health care; Human Resources; Health Service Administration; Health Management; Nurses and Nurses; Vocational Education.

RESUMO

Objetivo: analisar o contexto técnico do trabalho de gerentes de Unidades de Saúde da Atenção Primária à Saúde, no que tange à formação, à qualificação profissional e à inserção no cargo/função. **Método:** trata-se de um estudo qualitativo, descritivo, tipo pesquisa de campo, realizado com 18 gerentes, utilizando a entrevista semiestruturada, a observação sistemática e a técnica de Análise de Conteúdo Temática. **Resultados:** verificou-se que os gerentes apresentaram uma pluralidade de formações profissionais; há predominância de mulheres enfermeiras; a forma de contratação e o vínculo empregatício são incertos; a falta de experiência e de qualificação profissional no ingresso do cargo/função representa um desafio para o trabalho gerencial; as atividades de educação continuada e de educação em serviço sobrepõem-se às ações de educação permanente; as enfermeiras e gerentes da US revelam dificuldades na articulação entre a assistência e a gerência. **Conclusão:** deve-se investir na formação e qualificação dos indivíduos que atuam como gerentes das US, visando à valorização do SUS e, consequentemente, ao fortalecimento da APS. **Descritores:** Atenção Primária à Saúde; Recursos Humanos; Administração de Serviço de Saúde; Gestão em Saúde; Enfermeiros e Enfermeiras; Educação Vocacional.

RESUMEN

Objetivo: analizar el contexto técnico del trabajo de gerentes de Unidades de Salud de la Atención Primaria a la Salud, en lo que se refiere a la formación, a la cualificación profesional y a la inserción en el cargo / función. **Método:** se trata de un estudio cualitativo, descriptivo, tipo investigación de campo, realizado con 18 gerentes, utilizando la entrevista semiestructurada, la observación sistemática y la técnica de Análisis de Contenido Temático. **Resultados:** se verificó que los gerentes presentaron una pluralidad de formaciones profesionales; hay predominio de mujeres enfermeras; la forma de contratación y el vínculo laboral son inciertas; la falta de experiencia y de cualificación profesional en el ingreso del cargo / función representa un desafío para el trabajo gerencial; las actividades de educación continuada y de educación en servicio se superponen a las acciones de educación permanente; las enfermeras y gerentes de la US revelan dificultades en la articulación entre la asistencia y la gerencia. **Conclusión:** se debe invertir en la formación y calificación de los individuos que actúan como gerentes de las US, buscando la valorización del SUS y, consecuentemente, al fortalecimiento de la APS. **Descritores:** Atención Primaria de Salud; Recursos Humanos; Administración de los Servicios de Salud; Gestión en Salud; Enfermeros; Educación Vocacional.

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INTRODUCTION

The scope of Primary Health Care (PHC) Health Units (PHC) is understood as a locus of many specific needs and diversity, with respect to subjectivity, socioeconomic and cultural differences, structure and organization of services and the theoretical-practical knowledge required to act as manager of HU.

Managerial work is seen as a responsibility usually attributed to individuals who occupy higher positions in the organizational structure, who use technical and personal knowledge (technical, political, institutional, social, cultural, among others), as well as the perception they have about the reality in which they are inserted, to make a decision and thus mobilize the necessary resources for the organization of health services.¹

In the technical context of managerial work, the applicability of the knowledge, skills and attitudes necessary to experience the everyday life of the PHC's HU is related to questions about professional training, insertion in the position/function of manager and qualification of each of these health workers.

It is evident in the Brazilian reality that the position / function of PHC HU manager has no support in the salary plan of health workers who are responsible for the development of management actions and, consequently, for the individual and collective needs of the employees. users and other health workers that compose the health team. Thus, the performance of PHC HU managers is determined by the deliberations of representatives of each municipal health system.

It is now observed that, through the revision of the guidelines of the National Primary Care Policy (NPCP), by means of Ordinance N. 2,436, dated September 21, 2017, modifications are instituted regarding the organization and functioning of the PHC HU, in addition to the inclusion of the Manager of Primary Care (PC) with the "objective of contributing to the improvement and qualification of the work process (WP) in the HU, in particular by strengthening the health care provided by the professionals of the teams to the attached population".^{2:24}

However, it can be seen that, despite adding the work of a manager of PC, it leaves gaps in the formalization and definition of the position/function and the work process (WP) of managers,³ causing reflections on the

fragility and the lack of understanding about the importance of this position/function.

It is understood, in view of this contradiction, that training, preparation and insertion in managerial work need to be recognized and developed considering the need to prioritize the quality of PHC and to overcome the fragmentation of the health system, 4-5 because this fragmentation leads to the obstacles to the full constitution of UHS, since each municipality has the autonomy to define its own management policy.⁵

It is important to study the work of PHC HU managers and to consider that the actions developed in this specific, continuous and dynamic WP⁶ have a strategic potential to operate changes in the organization of health services, still marked by the formality of the Administrative Theories, in particular, the Classical and Scientific Administration, and thus strengthen the essential attributes such as first contact attention, longitudinality, completeness and coordination and derived attributes, including family and community orientation and competence in PHC.⁷

OBJECTIVE

- To analyze the technical context of the work of managers of Primary Health Care Health Units, regarding training, professional qualification and inclusion in the position/function.

METHOD

This is a qualitative, descriptive study, type of field survey⁸ carried out in Basic Health Units (BHU) and Family Health Units (FHU) of a medium-sized municipality in the Brazilian Northeast.

There are 708 health facilities in the health care network of this municipality, in particular 108 PHC UH, which include 13 BHUs located in the urban area and 95 FHUs, of which 77 are located in the urban zone and 18 in the zone rural. It is known, with regard to FHU's of the urban area, that they are distributed in 13 Administrative Regions (AR), five ARs in the municipal headquarters, listed from I to V, and eight AR, corresponding to each of the districts belonging to the municipality.⁹

It has been shown that, over the last ten years, the PHC HU of the locus of this study has guaranteed 70% of the population coverage in PHC, with emphasis on the work of 105 Family Health teams (FHT), corresponding to 58% of population coverage by FHT.¹⁰

Inclusion criteria included PHC services with a time of implantation and functioning of one year or more, the units of the urban area that belonged to different ARs of the municipality's headquarters, one HU per neighborhood and the units that they owned a complete team and the Strategy of Community Health Agents and, as exclusion criteria, defined the suppression of health units located in the rural area.

55 HUs were included in the selection criteria of the data collection field, of which 44 were FHU's and 11 were BHU's belonging to the ARs of the municipal headquarters. 56 HUs were excluded, since 18 belonged to the rural zone, three had less than one year of operation and 35 HUs belonged to the same neighborhood.

From the pre-selected data collection fields, 18 health workers were named PHC HU managers who worked in Administrative Regions I, II and III of the municipality's headquarters. It is pointed out that ten participants were FHU managers and eight BHU managers, who included the following inclusion criteria: FHU and BHU managers who had experience or not in managerial activities, regardless of professional training, type of employment relationship and of the actuation time. As exclusion criteria, PHC HU managers who were removed from the unit at the time of data collection due to maternity leave, medical leave, vacations or other types of leave were used as exclusion criteria.

The data was collected from September to December 2017, using as data collection techniques semi-structured interview and systematic observation, through the guiding questions of interview and observation scripts. It should be emphasized that the data saturation criterion was applied to delimit the end of the collection, which occurred as the information became repetitive.⁸

Data was analyzed based on the Thematic Content Analysis perspective, covering the organization of the material, transcription of the interviews and preparation of the records of the observations, the exploration of the material, through exhaustive reading, seizure of the nuclei of meaning and obtaining the convergences, divergences and differences between the information obtained through the participants and, finally, the interpretation and synthesis, through the final wording on the meaning of the findings.⁸

From the sense nucleus, two categories were obtained: socio-demographic and occupational characterization of PHC Health Unit managers and managerial work: from

vocational training to job/function placement.

In the analyzed empirical text, FHU managers are identified by the acronym FHUM 1 to FHUM 10 and the managers of BHU, such as BHUM 1 to BHUM 8, according to the order of the interviews and observations.

The determinations of Resolution No. 466/201211 on research involving human beings were considered, and the project was evaluated and approved by the Research Ethics Committee of the UEFS (State University of Feira de Santana), through the CAAE: 70233917.0.0000.0053. It should be noted that all participants signed the Free and Informed Consent Term (FICT) in two ways, ensuring the confidentiality of the information provided and the possibility of withdrawing from the survey at any time.

RESULTS

◆ Sociodemographic and occupational characterization of PHC Health Unit managers

It was recorded that 17 managers were women and there was only one man, aged between 27 and 53 years. It is pointed out that, with regard to vocational training, 11 were nurses; one, economist; one, social worker; one participant was still attending a degree in Social Work; two managers revealed that they had completed High School and another two had a mid-level vocational course in the areas of Administration and Work Safety.

There are variations between two and 24 years of the interviewees' training time and the time of performance in health services, between two and 13 years; as to the time of performance in the HUs studied, there was a variation from one month to 13 years.

It is observed, in relation to the form of employment relationship, that 12 interviewees are cooperative; three reported having a contract; one, outsourced link; one, another unspecified link and one did not respond.

Personnel turnover is evidenced, since the time spent in the same HU varied between shorter ties (one month) and longer ties (13 years). It is understood, therefore, that this variation can influence the establishment of a weak bond with the users, the community and the professionals / workers of the health team.

It can be seen that, with regard to professional qualification, three participants had a postgraduate degree in Public Health/Collective Health; one in Public Health

Management; five, in Emergency and Emergency/Intensive Therapy; one participant mentioned that he is taking a postgraduate course in Project Management; one undergraduate degree in Business Administration and seven participants did not mention undergraduate, specialization or other types.

It is emphasized that 11 participants reported having taken specific courses in the area of Health Management / Management; of these, seven reported having participated in courses offered by the Municipal Health Secretariat (MHS) / Nursing Division, being a participant, through the internet, and another three did not specify where they took the course.

It is revealed, on the previous professional experience in management, that seven participants had previous experiences in other PHC HUs of the own municipality, in PHC HUs of another city, in a network of cold stores, in a regulation center, five participants reported having experience in companies and stores and six said they had no previous experience.

♦ Management work: from vocational training to job / function placement

It is recognized that managers' reports about the technical context and their influence on the dynamics of the Management Work Process (MWP) correlate with professional training, job/function placement and qualification courses offered by the Municipal Health Department (MHD). In the reports, the contributions of vocational training.

[...]the basis I had in my undergraduate course [in Nursing] is enough for me to organize my work process [...]. (FHUM 10)

[...]I have a degree in Economics [...] and we use a little of what we learned at university, an organizational question, a question of data collection, a balance sheet question [...] the managerial work, here to me, with the formation of Economics, has a minimum of meaning, I will not say it is all about [...]. (BHUM 1)

However, there have been reports of divergences regarding the importance of professional training for the assumption of managerial practices in PHC HU.

[...]Being a nurse gave me no basis for me to be a manager, that's the truth. [...] this should change in college. The nurse, he only learns to act in hospital and in Basic Unit. (BHUM 3)

The management stage, I do not know in other institutions, but in my training ... it does not have much importance, [...] anyone does [...]. (FHUM 1)

The presence of a technical division of labor is observed, with the training of professionals specialized in tasks, contemplating, thus, professionals with academic training and training at the intermediate level.

In the interviewees' reports, the fragility of the insertion in the job/function of PHC HU manager.

[...]when I arrived, [...] it was all messed up, [...] simply, they threw me anyway, I had no course [...]. (BHUM 3)

[...]we come face to face and end up learning daily. (BHUM 7)

There are also reports of BHU managers on the implementation of courses by the PHC Coordination as a positive strategy for the qualification of health workers.

The Health Department, together with the Nursing division, had a brilliant idea, which is to do a course of improvement and recycling of the Health Unit Manager, [...] pass on to the manager the importance of the service, basic care [...]. (BHUM 1)

Look, the Health Department is always promoting some training for the people, [...] the last one we had now, which was practically two and a half months of training on BHU care and management [...]. (BHUM 6)

In contrast to the reports of BHU managers on professional qualification, the managers of the FHUs reinforced the need to train the team, especially in relation to clinical and care issues. These positions are seen in the excerpts from the reports.

[...]in relation to the team, I feel that there is still a little bit more experience, even in Public Health, because I'm coming from hospital [...]. (FHUM 6)

[...]I always train the team, both the fixed team and the community agents who are also part of the team, we train [...]. (FHUM 8)

It is also noted that when FHU managers referred to their own professional qualification, they emphasize the importance of qualification in care areas to the detriment of managerial issues, as shown in the following report.

[...]you do not have training for this [management], so this is a baggage that you have in the course of your work process, except for those who want to do a postgraduate degree or something in this area, but, myself, do not, it's not that I did not like it, I do not see the need to do a specific post for this, [...] for example, prenatal, you doing a post-graduation in obstetric emergency, or something like that, I think that for us the luggage will be

better than that of the management. (FHUM 10)

It is pointed out, regarding the mutual assumption of care and management activities, under which conditions the articulation between the Nursing work process and the managerial work process.

[...]besides that part of management that we are responsible for, it still has the whole technical part, all the programs, so I think, that way, it gets very overwhelmed, right, [...] sometimes the nurse, he does not know what side it will, whether it will further strengthen the management part or the part of the assistance. (FHUM 1)

[...]because we have to meet a goal, right, the doctor answers and goes away, I, as a nurse assistant and manager, I have to attend, organize this administrative part and listen to complaints, [...] then, is overloaded. (FHUM 6)

The management part, it gets a bit to be desired because we have to stay with the responsibility of care, [...] management is limited the same. (FHUM 9)

DISCUSSION

• Sociodemographic and occupational characterization of PHC Health Unit managers

The predominance of women and nurses can be seen in the role of HU manager, in other studies carried out in Brazil.¹²⁻⁴ This is related to the professional formation of Nursing, which brings a historical heritage marked by the characteristic of feminization.¹⁵

On the other hand, the professional career of Nursing graduates in the area of public management occurred due to the structuring of the UHS, mainly by the organization of the PHC HU and by the formulation of the programmatic content of undergraduate courses, which management practices.¹⁶ It was found, in relation to the managers with other professional backgrounds, that they exist, but in an unequal amount in relation to the professionals with training in Nursing.¹³

It is pointed out that the characteristics of the form of hiring and employment relationship found in the study locus and in other realities in Brazil in which the hiring is done through a public tender/selective test differ, signaling that in these municipal areas the uncertain contracts are being replaced by employees' own staff,¹³ however, at the study site, there is a large presence of hiring through a cooperative. Furthermore, in the Brazilian context, as a way of hiring, the appointment of health system managers and curriculum analysis, which allows for entry

and dismissal, more easily, than the bankruptcy and increased turnover of staff.¹³

It is attributed the existence of managers with specialization and/or residency in Family Health and Public Health, that is, own formations of the PHC field, to the investments that the municipalities realize for the education of its team of workers, as well as to the acquisitions individuals seeking to seize the opportunity and easy access to the university.¹⁷

It is noticed that the lack of qualification in the entrance of the managerial activities has been a challenge for the development of the managerial work, however, this qualification has happened after the entrance in the job/function, through the activities of continuous education and in service, contemplating contents which are not specific to the managerial work process, but rather to the organization of the service regarding ministerial programs aimed at assisting users of leprosy, prenatal care, hypertension, diabetes, tuberculosis, child health, women's health and others.¹⁷

However, the importance of qualification on issues that deepen the needs of planning, systems and services organization, personnel policy, planning and health economics, which can contribute to improving the performance of managers and increasing capacity assessing health needs and decision-making in territory management.¹⁷

It should be emphasized that the limited managerial experience of the individuals who occupy this job/function has been highlighted as one of the issues that influence the management of the actions of the managerial work and the distance with the knowledge about the work process in the PHC.¹²

Management work: from vocational training to job/function placement

It is considered, according to the NPCP, that the primary care manager should be a qualified professional with experience in PHC, preferably with a higher level.² However, in the local reality, there are professionals with or without experience in managerial work, besides different levels of education (middle and higher levels) and professional training (Economics, Administration, Social Work, Nursing); however, this is not an exclusive condition of the field researched, since other municipalities in Brazil coexist with these multiplicities of managers with diverse professional backgrounds.¹³

In this sense, it is believed that the situation of the locus of study and other realities in Brazil are incompatible with the

recommendations of NPCP², causing reflections about the formation of people for the UHS, understood as one of the critical nodes for the structuring of a strong PHC.¹⁹

In terms of undergraduate courses, especially in the area of health, professionals are involved in a variety of activities, from the approach, to the preparation of the students and the valuation of the professional who works in managerial positions in health. However, both in the hospital context and in the context of the PHC, there is an impasse in the development of managerial activities; In addition, it is often the responsibility of the postgraduate courses to complement the studies on the management of health services, or it is up to the individual to learn from daily practice to carry out managerial work.

It is acknowledged that Nursing undergraduate students have focused on assistential practice over managerial practice, and there is little appreciation of the work process within the PHC - this would be the influence of the biomedical model on the formation of the "nurse" -, a model that values the individual complaints of users of health services and is intended for the treatment of diseases. It is assumed that the consequence of this training model is that health professionals with these curricula tend to value little the UHS and the Family Health model.¹⁸

It should be noted that the National Curricular Guidelines (NCG) and the Laws of the Professional Exercise of nursing undergraduate courses justify and justify the performance of nurses as HU managers of the PHC; Thus, the Professional Exercise Law - Law no. 7,498 / 86 - and the National Curricular Guidelines for Undergraduate Nursing - Resolution CNE / CES No. 3/2001 - support their competence for managerial practice.²¹⁻²

It is noted, therefore, that the initiatives directed to the management practice in health in the middle level have been established, when in private institutions of vocational education, and in the National Catalog of Technical Courses of the Ministry of Education, through Law 12.513 / In the National Program for Access to Technical Education and Employment (PRONATEC), the training of the technician in health management.²⁰

It is added, however, that the middle level technical course in Health Management, proposed by the Superintendency of Professional Education (SUPROF), linked to the Bahia State Department of Education, despite being marked by the technicist logic, has an

approximation of the current assignments listed by NPCP² to act as manager of basic care, since it intends to train professionals capable of developing preventive, promotion, protection and rehabilitation actions for health, both at the individual and collective levels, as well as acting in the planning, administration, supervision, coordination and management of the workforce, physical and material resources and information on health services.²³

In view of this context, it is argued that the training of professionals working in the UHS and, consequently, in HU management, must be compatible with teaching projects that go beyond technical requirements (sciences), but that bring future professionals closer to the communities and the health complexities present in the insertion locus, contributing to the development of practical skills (experience) and to the articulation of theory and practice, since only with a critical view (art) about the potentialities and importance of managerial work, it becomes possible to intervene on the demands of the health units and, consequently, to strengthen the attributes of PHC.

Such an understanding is sustained in the idea that managerial work is a practice based on an inseparable triad, which involves the knowledge, daily practice and art of those who develop it, since the use alone or the combination of only two elements could result in a managerial imbalance; so the combination of practical experience and art would result in a work without analysis and application of scientific knowledge, the combination of art and science would result in a work disconnected from reality without practical skill and, finally, the combination of practical skill and science would result in a work discouraged by the lack of use of intuition, ideas and vision, that is, of art.²⁴

By virtue of the plurality of professional training at the study site, it is understood that the absence or lack of scientific knowledge or access to scientific knowledge in a precarious or undervalued form in vocational training can have repercussions on the balance of managerial practice, given that only the combination of practical experience and art has indicated the lack of analysis grounded in science; In addition, this fact can be reflected in the difficulty of the managers in the insertion of the job/function.

It is stated, according to NPCP², that the inclusion of PHC HU managers should be assessed by the manager, according to the need of the territory and coverage of PHC. It is understood, therefore, that their presence

is optional in the PHC HU, and therefore, it is also up to the municipal manager to decide how to insert it.

It is deduced that when managers report that they 'come face-to-face', " they threw me anyway " and " I did not have a course ", they demonstrate the need to train professionals who are capable of acting, just as it is necessary to (re) think of the provisions of the 'New NPCP'², which does not base or present no broader scope for regulating the job/function and form of entry of PHC HU managers.

The strong presence of pedagogical conceptions on Education in Service, Continuing Education and Permanent Education in the health services, are exposed to foment the educative process of health workers.

It is thus linked that the fact that some managers do not have specific training in the health area may have contributed to the recognition of continuing education as the most important activity for individual development. It should be noted, however, that, as this occurs in a timely manner, with the objective of promoting the technical-scientific update on a specific topic, by the traditional methodology of information transmission (lessons),²⁵ one can limit the autonomy of managers and therefore, Permanent Education is considered as a viable approach to the application of changes in the scope of work, as it may lead to reflection on managerial practice, since "the learning needs and the organization of the educational processes are raised from the reality of work".^{25:31-3}

In this sense, it is assumed that Permanent Education overlaps as a more important concept for health workers, because it has the potential to transform the reality of services.

It is emphasized that managers emphasize in-service education, as they consider the need for the staff to provide a qualified service to the population. It is clear, however, that the focus is no longer the development of critical thinking and the encouragement of the participation of health professionals in the transformation of the health practices of the unit and is only the training of technically qualified professionals for the development of your job.

It is thus speculated that the actions of Permanent Education should be assumed as a State policy capable of strengthening PHC, since it recognizes its potential to instigate PHC HU managers to reflect and envisage new

perspectives that minimize the dichotomy between care and management.²⁵

It is understood, on the mutual assumption of managerial and care work, which this dual function has overwhelmed the managers of the HU and, consequently, can influence the quality of the actions provided. However, the idea that the assistance activities are privileged in relation to managerial activities, as already observed in other studies,²⁶⁻³⁰, which attribute the administrative overhead.

Finally, it is believed that the fact that nurses deny managerial work in function of the ideology of care is stuck in the conception of this profession of wanting proximity to scientific knowledge,²⁹ which is reflected in the incomprehension as to the singularity and inseparability between the double dimension of the work of the nurse²⁹ and also the lack of recognition by employers, which are not charged for the payment of unpaid work performed by these professionals²⁹. It is understood, after all, that the nurse is an important social actor for the execution of health policies and changes in the macro and micro-political aspects of the health system.^{15,30}

CONCLUSION

It is pointed out in this study that, in the municipality studied, the managerial work process is an activity performed by workers who may have training in the health area or not, with medium and higher education, who assume the centrality of the process and as protagonists, they are assigned several responsibilities and tasks to meet the needs of the teams, the population assigned, as well as the organization of the HU.

In relation to the technical context, it is evident that the problem of personnel training for the UHS is present and, therefore, it is necessary to invest in the qualification of the individuals who act as managers, especially those who do not have training in or have weakened it. It is suggested the institutionalization of the actions of permanent education in the local health system.

It is believed that the nurse's role as a FHU manager in the scenarios of this study has a direct influence on the lives of users, families and the community, due to their proximity to the care and management dimensions, but their managerial work needs to be recognized and valued, including by themselves, as well as by the State, since their work process in FHU has shown the potential to promote change and assert health policies.

It reiterates the importance of health education directed to the valorisation of UHS and, consequently, to the strengthening of PHC, in addition to the need to invest in discussions and in the problematization of PTG, since there must be a PHC HU managers, the specific locus of action, training and professional qualification and those who act as leaders in the political-administrative structure of the local health system.

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