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ORIGINAL ARTICLE

NURSE COMPETENCES IN THE FAMILY HEALTH STRATEGY COMPETÊNCIAS DO ENFERMEIRO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA COMPETENCIAS DEL ENFERMERO EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze the skills required by nurses in the care practice in the Family Health Strategy, based on the weaknesses found in the care of this professional. **Method:** this is a qualitative, descriptive and exploratory study, with nine nurses and three diabetic patients. We used the Problem-Solving Methodology for data collection. The thematic analysis of the interviews was carried out, identifying keywords and categorizing the results. **Results:** weaknesses were highlighted: lack of adherence to support and treatment groups; non-acceptance of the disease; delayed perception of the disease and its complications. The competencies necessary for nurses' practice were analyzed, based on Perrenoud's theoretical framework. **Conclusion:** it was considered that there was fragility in health education, and it is necessary that nurses reflect on their educational strategies and develop competencies, since graduation, that manage the care. The disclosure of the study will raise greater interest in the development of competence of the professional, contributing to a quality assistance, being essential for the promotion of teaching and research in nursing. **Descriptors:** Diabetes Mellitus; Family Health Strategy; Health Education; Competency-Based Education; Nursing; Nurses.

RESUMO

Objetivo: analisar as competências necessárias aos enfermeiros na prática assistencial na Estratégia de Saúde da Família, a partir das fragilidades encontradas na assistência deste profissional. **Método:** trata-se de estudo qualitativo, descritivo e exploratório, com uma nove enfermeiros e três pacientes diabéticos. Utilizou-se a Metodologia da Problematização para coleta de dados. Realizou-se a análise temática das entrevistas, identificando palavras-chave e discutiram-se em categorias os resultados. **Resultados:** destacaram-se fragilidades como: falta de adesão aos grupos de apoio e tratamento; não aceitação da doença; percepção defasada da doença e suas complicações. Analisaram-se as competências necessárias para a prática do enfermeiro, a partir do referencial teórico de Perrenoud. **Conclusão:** considerou-se que houve fragilidade na educação em saúde, sendo necessário que o enfermeiro reflita sobre suas estratégias educativas e desenvolva competências, desde a graduação, que gerenciem a assistência. A divulgação do estudo suscitará maior interesse no desenvolvimento de competência do profissional, contribuindo para uma assistência de qualidade, sendo essencial para a promoção do ensino e pesquisa em enfermagem. **Descritores:** Diabetes Mellitus; Estratégia Saúde da Família; Educação em Saúde; Educação Baseada em Competências; Enfermagem; Enfermeiros e Enfermeiras.

RESUMEN

Objetivo: analizar las competencias necesarias a los enfermeros en la práctica asistencial en la Estrategia de Salud de la Familia, a partir de las fragilidades encontradas en la asistencia de este profesional. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, con nueve enfermeras y tres pacientes diabéticos. Se utilizó la Metodología de la Problematización para la recolección de datos. Se realizó el análisis temático de las entrevistas, identificando palabras clave y se discutieron en categorías los resultados. **Resultados:** se destacaron fragilidades como: falta de adhesión a los grupos de apoyo y tratamiento; no aceptación de la enfermedad; la percepción defasada de la enfermedad y sus complicaciones. Se analizaron las competencias necesarias para la práctica del enfermero, a partir del referencial teórico de Perrenoud. **Conclusión:** se consideró que hubo fragilidad en la educación en salud, siendo necesario que el enfermero reflexione sobre sus estrategias educativas y desarrolle competencias, desde la graduación, que gestionen la asistencia. La divulgación del estudio suscitará mayor interés en el desarrollo de competencia del profesional, contribuyendo para una asistencia de calidad, siendo esencial para la promoción de la enseñanza e investigación en enfermería. **Descriptores:** Diabetes Mellitus; Estrategia de Salud Familiar; Educación en Salud; Educación Basada en Competencias; Enfermería; Enfermeros.

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INTRODUCTION

It is known that DM is a disease that has been growing epidemiologically over the years and is considered a public health problem in both underdeveloped and developing countries. It is considered a chronic non-transmissible disease of great relevance for public health and for society.¹⁻³ Thus, it is possible to emphasize the importance of the prevention of DM, and it should be carried out in the Family Health Strategy (FHS) avoiding future complications caused by the disease, since it is a disease directly linked to the lifestyle.⁴⁻⁵

It is considered that DM control depends on the sum of several factors and conditions that provide the follow-up of these patients. It is hoped that, in addition to glycemic control, there is the development of self-care, which contributes directly to the improvement of the quality of life and the reduction of morbidity and mortality.⁶⁻⁸

In this sense, the importance of educational support groups for the promotion of self-knowledge, reflection on the disease and the exchange of experiences among them are highlighted. Diabetes education should be focused on building knowledge that favors the self-care and autonomy of these patients so that they can lead a healthier life.⁹ It is understood that the nurse is one of the professionals responsible for promoting guidance to these patients through development of individual and collective educational activities. Based on this problem, it is necessary to develop competencies that help in the situations experienced by nurses with diabetic patients in the Health Unit.

It is paramount the development of the competencies of the nurses among their duties involving the preparation to face these complex situations, knowing how to identify and analyze the problems and taking initiative in the decision making regarding the patient.¹⁰⁻¹

Based on the concerns related to the theme, the subject of study was: the competences of nurses in the FHS in the care of patients with Diabetes Mellitus. The guiding question of the research is: How to develop competencies of nurses who work in groups of patients with Diabetes Mellitus from a situational approach?

The main objectives of this study were to elaborate the following objectives: to

elaborate situations-problems of patients with Diabetes Mellitus, problematizing, with the FHS nurses, significant aspects about the care; to identify, from the problematization, the main difficulties faced by the nurses in relation to the health education of the diabetic patient; to develop an educational primer to be applied in a group of diabetic patients in order to guide daily self-care; to analyze the competencies needed by nurses through the situational approach in the care practice at the FHS.

It is reported that DM is a disease that has been growing epidemiologically in recent years causing functional disabilities and early retirements, which represents a significant economic loss for Brazil.¹ Prior to this reality, the possession of substantial knowledge to provide quality care focusing on both disease prevention and ongoing treatment and health promotion, ensuring that these patients are properly oriented about the lifestyle they must establish and making them aware of the need to care for the body to prolong life.

OBJECTIVE

- To analyze the skills required by nurses in the care practice in the Family Health Strategy, based on the weaknesses found in the care of this professional..

METHOD

It is a qualitative, descriptive and exploratory study.¹² Considering that the current research involved human beings, the research project was submitted to the Research Ethics Committee (REC) of Antônio Pedro University Hospital (APUH) and approved under the number of CCAA 68428617.2.0000.5243. Subsequently, the study began, in accordance with Resolution No. 466/2012, of the National Health Council / Ministry of Health - NHC/ MH.¹³

All the regulatory provisions of Resolution No. 466/2012, of the National Health Council, were fulfilled, requesting the signing of the Free and Informed Consent Term (FICT) by the research subjects, nurses and diabetic patients.

As a study scenario, the Dr. José Ferreira de Souza Health Unit, in the city of Vassouras, in the State of Rio de Janeiro, where Primary Health care services were offered, was chosen as the study scenario. The inclusion criteria were: nurses available

from the FHS of the city of Vassouras and diabetic patients from the area covered by the referred Health Unit. As exclusion criteria: diabetic patients who are not of the area of the Dr. José Ferreira de Souza Health Unit and nurse managers (who do not act in Nursing care) and / or nurses who do not work at the FHS in the municipality.

The sample of participants from nine nurses and three diabetic patients was enrolled. The nurses were identified in the study as: E1, E2, E3, E4, E5, E6, E7, E8 and E9. The diabetic patients were identified as: P1, P2 and P3. Nurses are considered to be the focus of the study, since the competences of these professionals in relation to the care of diabetic patients were discussed.

The collection of data in the Arch of Maguerez was divided in three stages: a meeting with the nurses and two meetings with the diabetic patients.¹⁴

It is explained that the first reference of the methodology of the problematization is the Method of the Arc, of Charles Maguerez, called Arch of Maguerez. In this method, five stages are developed from the reality, being used themes related to the life in society. The first step is the observation of reality. From this point on, difficulties and shortcomings are identified that will be problematized. In the second step, key points, possible causes are defined: "why does this problem exist?". From these determinants, essential points are elaborated that should be studied in order to understand them better and to find a form of intervention in reality seeking the solution of the problem. The third stage is the search for information about the problem for the analysis and theorizing is understood. In the fourth stage, the hypotheses of solution to the problem are constructed and, later, in the fifth step, the hypotheses are applied to the reality - application to the reality. From the middle, the problems are observed and, in the middle, a response will be.¹⁴

The proposal of the study was first presented at the meeting with the nurses and they were arranged in a wheelchair to facilitate discussion of the study and the interaction of the group. In a second moment, a list of questions was distributed to each nurse to answer questions identifying their weaknesses when faced with the assistance of these diabetic

patients and with health education. Then, the problem situation chosen for the study was distributed to each participant, and a slide was read. After reading the problem situation, the discussion began with the nurses about her, problematizing her along with the script of questions. After that moment, the slide booklet was presented, elaborated by the researcher previously, with the proposal of prevention of the complications of the DM aiming at the self-care of the patient, being evaluated by the nurses. After the meeting with the nurses, discussion, presentation and evaluation of the booklet, a group with diabetic patients was scheduled in the Health Unit.

Two meetings were held with the patients. At the first meeting, the booklet was initially presented to the participants, an explanation was given and content teaching on self-care was conducted. There was a discussion about the doubts to fill out the booklet and the patients with difficulty reading and / or writing had the help of a companion in the filling. Subsequently, the booklet was distributed to participants to read it at home and try to perform self-care, as recorded in the booklet. In a second moment, seven days after the first meeting, a book evaluation instrument was applied in order to identify the difficulties encountered by them in reading and if there was improvement in the daily practice of self-care.

After the formation of the groups and the use of the problem-solving methodology, the thematic analysis was carried out using the following data:

- ◆ Nurses' discussion based on the problem situation and the questionnaire;
- ◆ Transcription of data from audio recording of meetings;
- ◆ Patient booklet evaluation responses.

Key words were identified after the description of the data and, later, they were discussed in three categories: the professional training of the nurse to care for the patient with DM; the art of caring for the nurse in the care of the patient with DM and ways of acting of the nurse in the care of patients with DM.

RESULTS

♦ About the problematization with FHS nurses

It was pointed out, through the nurses, the need to provide health guidance and education in the consultations and through the support groups and waiting rooms, highlighting the need to promote the prevention of complications of the disease through self-care and patient empowerment for this activity. Guidance was given on the practice of physical exercise, healthy eating, cessation of smoking, what is specific to the disease and the severity of its complications, and the importance of being certified as to the patient's understanding and understanding of these guidelines.

It is inferred the need for periodic consultations and priority attendance of these individuals on specific days, pointing to routine exams, foot evaluation and referral to the secondary sector, if necessary, streamlining these schedules.

It was also highlighted the need to carry out the continuity of treatment of these patients by scheduling the return visit and conducting the active search of the offenders and / or those who abandon treatment, directly compromising their quality of life. It is observed that nurses showed that the assistance of diabetic patients should be performed in an integral way, the patient should be evaluated and assisted not only in relation to diabetes itself, but also, should be attentive to their mental health, sexual health, to cognitive, emotional, environmental, family, sociocultural aspects, among other pertinent fields that encompass the health of this patient. The professional must have a critical eye on care.

The following difficulties were reported: the misunderstanding and misunderstanding of the DM, promoting a devaluation of the complications related to the disease and making the real gaze of its severity unfeasible; rooted life habits making it difficult to raise awareness and transform them in order to promote a better quality of life and the projection of DM; lack of adherence to support groups, the difficulty of adherence to pharmacological treatment and diet.

[...], the patients look for the Unit when they are feeling sick. (E3)

It is recommended that these patients need to be included in the FHS routine, however, many of them work all day, at the same hours of operation of the Health Unit, being another factor highlighted by nurses. After answering the questionnaire, the problem situation was given to the participants to follow the reading of it exposed in the datashow.

It is understood, according to the exposed methodology, that the first stage of the Arch of Maguerez comprises the observation of the reality, which was the problem situation of a diabetic patient accompanied at home by the FHS team. Soon after reading the problem situation, the nurses were asked to identify the problems found in the situation by highlighting these key points (second stage) and, afterwards, an open discussion was held with the nurse researcher about the observed reality and the questions script. Soon after the theorization, the hypotheses of solution were modified in order to modify the presented reality. In order to finalize the meeting with the nurses, after completing the problem-solving methodology based on the presented problem situation, the nurse was exposed to the research nurse, a self-care booklet for the diabetic patient, produced by her, the order to guide patient care on a daily basis with clear, easy and objective language. It was presented in slide in the datashow the booklet.

The primer was produced based on literature review and integrative review. In addition to guiding the self-care of diabetic patients, the booklet also assists nurses in the development of support groups for this public. The topics covered in the self-care booklet were: "what is diabetes?"; "What is insulin?"; epidemiology of the disease; types of Diabetes; signals and symptoms; acute and chronic complications; risk factors; prevention and treatment; feeding tips; physical activity tips; skin care; diabetic foot; storage of insulin and application sites in the body.

♦ On the application of the primer in the group of diabetic patients

Patients were initially introduced to the group by the research nurse. The three patients were women and one was accompanied by her daughter and grandchildren for assistance in the support group. Subsequently, a breakfast was

offered to patients with healthy foods while the researcher sought to know the history of each one of them. P3 was accompanied by her daughter, who assisted the mother in completing the papers and following up the self-care primer.

The follow-up of the booklet was started, through the explanation of the research nurse, in an easy, clear and objective way. When questioning the participants in the group if they know what diabetes is, they were all silent. "Someone has already explained to you what diabetes is?"

Speaking, you've spoken to the doctor once, but I did not understand myself That's why I came here today to understand because of Mom. (Daughter of P1)

The signs and symptoms of the disease were addressed during the explanation of the booklet, all the patients identified and even all of them reported having had hypoglycemia at some time in their life.

[,,,]my mother, her glucose has reached 600 and she does not feel anything [,,,]. After that the insulin was passed which was controlling better [,,,]. (Daughter of P1)

Long-term complications such as diabetic retinopathy, nephropathy, neuropathy, heart problems, etc. have been treated as a continuation of the booklet. The cigarette malfunctions and risk factors of the disease were addressed. Patients were advised of the importance of eating healthy foods, avoiding some industrialized products, and the relevance of moderation in all types of foods, even healthy foods. Some food labels have been shown that candies also have salt and savory foods also have sugar. In addition to reading some sugars that can go undetected to the eyes, it was oriented on cooking oils, healthy fat, doubts about sweetener, water intake, eating slowly, controlling the volume of food, etc.

The importance of follow-up was mentioned with the multi-professional team and P2 gave a crying testimony about her experience with a nutritionist.

I did a follow-up with a nutritionist and I had a pretty good reduction in weight and then I regained weight [,,,]. And when I returned, she simply spoke to me like this: Mrs. M. I do not know what I'm going to do with you, you see what you're going to do and then you return. [,,,] I took my bag and left the office. If she sees me this way, like a lost case, I'll look at myself and see me as a lost case. I gave up, it hurt me a lot. I have a scheduled appointment and I'm afraid to go and be the same doctor [,,,].

And today I'm here with another vision and I want, I, M, I want, I see that I need and I see that I'm framed in many of these things here and this worries me a lot [,,,]. (P2)

It is shown by the outstanding testimony of the patient in the support group, the importance of the professionals being prepared to attend the patients. In this context, it is considered essential to approach ethics, which is considered the science of conduct, but it is not limited to determining the way of acting, since it is part of the field of morality. Ethics is present in ideas and values and is the foundation of the rules proposed by morality that is substantiated in the set of norms, precepts and rules of conduct. Professional categories have the "code of professional ethics", which establish rules for the purpose of establishing ethical and moral principles that professionals can guide, thus regulating their performance.¹⁵

Guidelines for diabetic foot, skin care and the importance of hydration due to dryness of the diabetic patient's skin as a function of the disease were discussed after the patient's report and group discussion about his testimony. To conclude, the group was exposed to the topic of insulin retention, validity, conditioning and administration, as well as the importance of rotating the site of application due to the formation of lipodystrophy. The group was closed with thanks to the patients and the scheduling of the second meeting the following week in order to carry out the evaluation of the booklet and to develop a conversation about the changes in self-care in the day after the support group.

DISCUSSION

Thematic Categories

♦ The professional training of the nurse for the care of patients with DM

During the undergraduate nursing course, it is attempted to encourage students to develop behaviors compatible with the main functions that nurses play in their professional profile, based on the promotion of the student's potential.¹⁶ Pedagogical practice should favor learning through problem solving in professional practice. One author discusses the profile of the nurse, according to the CNE, based on the critical eye, the preparation for decision making, the development of communication

and the competence to manage and educate.¹⁷

It is acknowledged, however, that the training of nurses focused on their professional profile has not been fully contemplated. It was suggested that there is an inadequacy and deficiency present in the university centers in Brazil, which reflect the lack of synchronization between the planning and the organization of the curriculum regarding practical application in the clinical field.¹⁶ This should follow paths and methodologies appropriate to the development of nurses' skills that are compatible with health care making them able to assist patients in their entirety.

In this context, when speaking in full, it refers to the speech of E5 in the script of questions.

When asked about how the care of a patient with DM should be, he says:

Nursing care should encompass the patient as a whole evaluating not only diabetes, but also all of his / her psychosocial state. (E5)

It is directed in this sense that the totality of the individual, that is, the need to perform the integral care to the patient. In this way, we need to develop competence to design and manage situations-problems adjusted to the level and possibilities of patients. In addition, the nurse must work from the representations of patients not ignoring their knowledge and taking into consideration their target audience by constructing an integrated look at this patient. These concepts, ¹⁸ constitute definitions of competences: **organize and direct learning situations and manage the progression of learning.**

It also makes it necessary to design and make the differentiation devices evolve. One author said that the nurse, faced with this competence, should have a critical eye and qualified listening to develop a plan of care differentiated for each individual expressing the idea that the nurse should have competence to provide integrated support to the patient, taking into account the situation -problem of each.¹⁸

It is understood, when using the theoretical basis, ¹⁸ before the competence that involves organizing and directing learning situations, that the nurse must know how to select the themes and how they will work to achieve their goals. It is observed that nurses, in their statements related to the care of the diabetic patient, reinforce the need for guidance on all

aspects of the disease, for example, on the orientation of the disease and on the participation of patients in the groups of patients. support, but, at the same time, they emphasize aspects that do not corroborate the efficacy in the orientation of these patients, expressing a lack of knowledge about the disease and the low adherence to these support groups, for example.

In the same group with diabetic patients, there were failures in the orientation process performed with them in relation to the disease. We could identify these lapses in the following speech:

My mother's glucose is very high. (Daughter of P1)

When the participant informed that the mother does not perform physical activity, nor does it feed properly. At this point, it may be questioned where the health education process is inserted into these participants. P2 affirms:

I take care of the way, of course, the Brazilian, we're going to do something [...]. (P2)

It is also added that the nurse must work on the mistakes and the difficulties of the patients to carry out the correct path. The patient's error regarding self-care or adherence to treatment, for example, is directly related to the health education of the professional who advised him.¹⁸

It can be observed, in the E6:

Most do not do the care they should carry out with their health [...]. (E6)

This mirrors the need to reformulate the way this patient is being guided and educated in the practice of self-care. It is perceived in the competence to manage the progression of learning that the nurse must adapt his vocabulary, not using scientific terms that can cause strangeness, transmitting contents that will be effectively understood and incorporated by the cognitive structure of the patient.

They are expressed, when E2 says that:

Patients should be monitored periodically with consultations[...]. (E2)

E8 talks about the need to:

Perform active search of patients who did not attend the unit [...], and [...], ensure continuity in the appropriate treatment [...]. (E8)

Relationships with competence-based schedules manage learning progression since, in order for nurses to achieve their goals in relation to the orientation and self-

care of their patients, it is necessary that this follow-up be continued and that the nurse does not lose focus, nor the contact with this patient, aiming at the continuous maintenance of care. It is also necessary to administer their own continuous training, reflecting the professional's commitment to improving their knowledge. The nurse must be in constant advance and professional growth seeking to improve, to specialize and to accompany the technologies and changes occurred in the professional world in which it is inserted.

♦ The art of caring for the nurse in the care of patients with DM

It is observed that caring and acting are aspects related to the Nursing work process and both reflect the "what to do" in the nurse's profession. It was approached the interference of the art of caring and the ways of acting in the learning of thinking and the construction of knowledge in Nursing.¹⁹ The art of caring is related to the "things" that nurses deal with, relating to care direct. The ways of acting are related to the forms of "what to do" in Nursing work, inferring the administrative process that encompasses the profession and emphasizing indirect care in this area. It was reported that in any act performed by the nurse in relation to the patient, there is a permanent expression of an art of caring, whether in direct or indirect care¹⁹ the art of caring also permeates nurses' managerial work and the supervision of their team.

In this context, we examine in the nurses' statements, several forms of care present in the care of patients with DM that translate direct care provided representing the nurse's "what to do". These are: evaluation of the feet; the measurement of capillary glycemia; the holding of support groups; monitoring the prescribed pharmacological treatment; conducting periodic consultations and lectures; the active search of the patients in need and the orientation, in the whole sphere of the DM process, regarding the healthy habits of life in order to promote the self-care.

It is hoped, therefore, that nurses develop skills that guide their management of ideas to attend this patient, how to organize and direct learning situations, since he has a strong role of educator and needs to establish a methodological plan of his educational actions. Nurses should develop skills to design and develop

differentiation devices, based on the premise that they should have a critical eye and qualified listening in order to be able to identify the individual needs of each one, providing integral care and support.

Competences related to the administration of the learning progression must also be developed, so that the nurse is able to perceive the transformations experienced by the patients and knows how to adapt to the patient's possibilities and not the opposite. Continued care is created based on trust bonds between the professional, the patient and the family, informing and involving the family members in the health and illness process, and it is essential that the family is active and participatory, contributing to the success of the treatment. all its aspects.

It is analyzed, in this section, the following speech:

[...]when approached by a team participant reprimanding him for treatment, the patient dislikes and departs from the unit. (E6)

It can be seen that the professional performs actions contrary to what Perrenoud advocates. Therefore, the nurse must re-educate and reflect on this practice, that is, one should not assume practices of judgment, nor of superiority towards patients and relatives.¹⁸

However, in view of all the above-mentioned competencies, nurses must develop to provide the art of caring with quality and efficiency. It is clear that there is a fragility in the daily practice of these nurses, since it can be observed, in their speeches related to the difficulties faced in the care of these patients, the scarce.

Understanding of the disease and its perception by the patient. (E2, E4, E9)

[...] diabetic patients have a perception that the disease is not serious [...]. (E2)

[...] not participating in the support groups and activities proposed by the ESF. (E2, E3).

[...] health education activities have low adherence of patients, which makes prevention of diseases difficult (E3).

Most do not do the care they should do [...]. (E6)

Lack of adherence in diabetic groups [...]. Difficulty in understanding the real severity of the disease. (E9)

In addition, in the group of diabetic patients, in questioning whether they knew what the disease was, all were silent, emphasizing the need to strengthen and

strengthen educational practices with this public.

♦ Ways of acting of the nurse in the care of patients with DM

Administrative practices are involved in the forms of work related to the work of the nurse. The competence to manage is one of the duties of the nurse, since the care with the patient requires planning and organization of the services. Managing becomes facilitative competence for those who need to delegate, instruct, and administer tasks. Care management involves care and management actions, that is, direct and indirect care aimed at the performance of a qualified service.²⁰

It can be noticed, in the nurses' talk related to the way in which care should be given to diabetic patients, the indication of some administrative services, such as the administration of periodic consultations and the scheduling of return, aiming at the continuity of treatment and the accomplishment of the active search of the patients in need, so that the nurse has the control of these patients regarding the marking and scheduling of exams and referrals with priority.

It is also observed in the speech of the nurse E1, the report on the accumulation of administrative and assistance procedures, making it impossible to act effectively in health education.

The nurse has today the management of the FHS. This entails an accumulation of administrative services [,,,] among other cases, generating a reduction of time. (E1)

It is understood, in view of this aspect, that this nurse is lacking the administration of care and of his work process. Nurses must have the skills to manage their work environment with regard to their patients and all activities that change the management of the Health Unit.¹⁸

It is necessary at this point that the nurse knows how to work as a team. Thus, one author stated that it is necessary to work together by developing skills to: design projects; coordinating a group; conduct meetings; train and renovate a health team; face and analyze together complex situations, practices and professional problems and manage crises or interpersonal conflicts. In the Health Unit, nurses must have the competence to lead and know how to communicate, to know how to express

themselves, to know how to listen and to dialogue.¹⁸

It is related, from this problematic, 21 that some have correlated that the team work promotes the construction of the consonance of the objectives and results to be achieved by the professionals, as well as the most appropriate way to reach them. Teamwork, which is cohesive and integrates professionals from conception to execution, is an efficient means of achieving high quality and safe patient care.

As regards the scope of teamwork, the need to develop in nurses the ability to identify and manage interpersonal conflicts and professional problems seeking friendly resolutions is indicated. Within this theme, it is inserted the preparation of the nurse to face the duties and the ethical dilemmas of the profession.

It should be emphasized that nurses must prevent violence, in all its magnitude, in the work environment, fighting against all forms of prejudice and discrimination and creating rules of conduct. The work environment should be harmonious, of mutual respect, having a reciprocal relationship between the nurse and other staff members, with a sense of responsibility, solidarity and justice. The nurse must be based on the Code of Professional Ethics to manage, negotiate and resolve ethical conflicts in the labor supply.

CONCLUSION

It was considered that the assistance performed by the nurse was fragile demonstrating the vulnerability in the professional's critical eye regarding the direct care to the patient, which correlates directly to the difficulties found in the study on the health education of diabetic patients, which are: a low adherence to support and treatment groups, and poor understanding of the disease itself and its complications.

It is considered that this problem is related to the lack of knowledge of the nurses themselves regarding their competences, which comes from their professional training and not due to their negligence regarding their duties and direct care in the care. However, it is inferred that it is important that nurses are faced with various problems of infrastructure in their workplace, such as: the supply of inputs and materials needed for the service; structure

and equipment in the workplace; among others, which directly influence the decision-making of the professional and, consequently, the effectiveness of the assistance provided.

It is necessary, on the face of it, that the professional creates strategies of education and approach of this patient to the Health Units and, especially, in relation to their treatment. It is conceived that the nurse must evolve devices of differentiation, from the critical eye, qualified listening to the patient and the development of an individual care plan, providing an integral and competent care instead of a fragmented support.

It is important to emphasize that the booklet made as a product of this study, besides serving as a support and self-care for diabetic patients, can also be used by nurses in conducting the groups performed with this public in order to guide them and serve as basis for health education in the FHS.

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