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SOCIAL REPRESENTATIONS OF NURSES ABOUT SUPERVISION: FROM TRADITIONAL TO SOCIAL

REPRESENTAÇÕES SOCIAIS DAS ENFERMEIRAS SOBRE SUPERVISÃO: DA TRADICIONAL À SOCIAL

REPRESENTACIONES SOCIALES DE ENFERMERAS SOBRE SUPERVISIÓN: DE LA TRADICIONAL A LA SOCIAL

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ABSTRACT

Objective: to understand the representation of nurses about nursing social supervision in the family health strategy. **Method:** descriptive and exploratory study with qualitative approach, carried out with five nurses of family health units in Conceição do Jacuípe/BA/Brazil. The technique used for the analysis of the data was Content Analysis. The research project was approved by the the Ethics Committee of the Feira de Santana State University, with certificate CAAE 0196.0.000.059-08. **Results:** the study points to the possibility of development of social supervision by nurses of the family health teams when the importance of intersectoral actions is understood by re-meaning their practices aiming at the integrality of health care and the Community Health Agent is regarded as a subject involved in the process of communication in health. **Conclusion:** the social representations of nurses about supervision highlight the need of overcoming the traditional supervision with a new perspective of practices in health through hegemonic social supervision. **Descriptors:** Nursing Supervision; Family Health; Management; Representation.

RESUMO

Objetivo: compreender a representação das enfermeiras sobre a supervisão social em enfermagem na estratégia saúde da família. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, realizado com cinco enfermeiras das Unidades de Saúde da Família, em Conceição do Jacuípe/BA/Brasil. Para a análise dos dados foi a Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética da Universidade Estadual de Feira de Santana, com o CAAE 0196.0.000.059-08. **Resultados:** o estudo sinaliza a possibilidade do desenvolvimento da supervisão social pelas enfermeiras das equipes de saúde da família quando se compreende a importância das ações intersectoriais, ao resignificarem suas práticas visando a integralidade da atenção à saúde e visualizar o Agente Comunitário de Saúde como sujeito implicado no processo de comunicação em saúde. **Conclusão:** as representações sociais das enfermeiras sobre supervisão apontam a necessidade de superação da supervisão tradicional com um novo dimensionamento de visão das práticas em saúde de supervisão social hegemônica. **Descritores:** Supervisão de Enfermagem; Saúde da Família; Gerência; Representação.

RESUMEN

Objetivo: comprender las representaciones de enfermeras sobre supervisión social en enfermería en la estrategia de salud de la familia. **Método:** estudio descriptivo y exploratorio con enfoque cualitativo, realizado con cinco enfermeras de las unidades de salud de la familia en Conceição do Jacuípe/BA/Brasil. La técnica utilizada para el análisis de los datos fue el Análisis de Contenido. El proyecto de investigación fue presentado al Comité de Ética de la Universidad Estatal de Feira de Santana, y aprobado según con el certificado CAAE 0196.0.000.059-08. **Resultados:** el estudio señala la posibilidad de desarrollo de la supervisión social por enfermeras de los equipos de salud de la familia cuando se entiende la importancia de acciones intersectoriales al re-significar sus prácticas con objetivo de la integralidad de la atención a la salud y ver al Agente Comunitario de Salud como sujeto involucrado en el proceso de comunicación en salud. **Conclusión:** las representaciones sociales de las enfermeras sobre supervisión destacan la necesidad de superar la supervisión tradicional con una nueva visión de las prácticas en salud de supervisión social hegemónica. **Descriptor:** Supervisión de Enfermería; Salud de La Familia; Gestión; Representación.

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INTRODUCTION

Supervision of nursing and health represents the possibility to transform working relationships and the organization of health network services with a view to consolidating the Unified Health System (UHS). It configures itself as a management tool that aims to implement a model of alternative health care to the private medical care model.

The Family Health Program (FHP) was created in 1994 with the intention of transforming the model of physician-centered health care. It was based on a strategy to analyze the context of families living in a given territory. Its objective was to reorganize the health services network from the understanding of the health-disease process by establishing closer relationships between the health staff and families in the areas of health units.

In the Family Health Strategy (FHS), the core team working in a family health unit is composed of doctor, a nurse, a nursing assistant or technician and community health agents, and it can count on the presence of oral health team according to the managing and structuring of family health units in the various municipal scenarios.¹ This team might face difficulties of several orders in order to organize the working process according to the principles and guidelines of the UHS. These difficulties are accentuated when there are no managerial instruments that allow performing interventions according to the real needs and health problems of users.¹⁻²

Still, social supervision can contribute to the transformation of established practices, based on the hegemonic medical model toward an alternative practice that corroborate the principles and guidelines of the family health strategy, which "goes beyond the controls, assuming instrumental importance in possible changes regarding workspaces".^{3:101}

However, since the institutionalization of nursing as a profession in the nineteenth century, the social representation of supervision was an administrative instrument for imposing sanctions if the workers did not properly carried out tasks predetermined by leaders of organizations. The supervisor played a role as an intermediary between the top management –that determined the actions to be carried out– and the workers who were obliged to perform those actions efficiently.⁴⁻⁵

Nevertheless, the working process became more complex after the Industrial Revolution, causing task fragmentation and mechanization of work. This led workers to become exhausted and, with it, the emergence of demands for better working conditions. This way, the attitude of the traditional supervisor, which was characterized as coercive, changed to a cooperative activity in which the problems detected in the daily services were resolved jointly through guidance and training of workers.⁶⁻⁷ They could perform their tasks in the best possible way and would continue to increase the productivity of organizations.

Within this context, there were theories that changed the way of administering organizations. The representations about supervision of health and nursing were influenced in the various historical, economic and political contexts such as the theory of the following administrations: scientific, classical, bureaucratic, human relations, structuralist, behavioral, systems, and contingent, among others. According to this theory, the efficiency of an organization determines the logic of the work process.^{4, 8-9}

In this sense, social supervision contrasts to the administrative theories as it is based on the logic of micro-politics according to Merhy's theoretical postulates (1997).¹⁰ This author conceives the management of health services workplaces as a privileged place for the encounter between health workers and users. These interfere with each other when they dialogue about their needs and share a project for improvement of the living conditions and health of families who coexist in a given territory.

At the same time, social supervision is an instrument of managerial work process of nurses that will be able to contribute in work management. Redirecting actions and reorganizing health services, the content of the health team practices will be influenced towards the production of care. This will enable the improvement of the family health strategy towards the consolidation of the UHS.

Studying the supervision performed by nurses in the family health team, under the theoretical and methodological perspective of social representation, is a challenge to be conquered given the ambiguity that permeates the concept. Light beams coming from studies in the area are scarce and different, as well as new perspectives of everyday practice of nurses, which makes it a fertile field as an object of study.

The study of nurses' social representations

about supervision allows understanding how health actions are performed in family health units of the Municipality of Conceição do Jacuípe, State of Bahia, Brazil, as well as the paradigms that influence this way of production, thus becoming a possibility for re-evaluation.

The relevance of this study, from the epistemological point of view, expands knowledge about nursing supervision. From the social point of view, it could contribute in the improvement of care quality for users' health, access to health services, efficaciousness and the intersectoral approach. Given the foregoing, the present study aims to understand the representation of nurses about nursing social supervision regarding the family health strategy.

METHODOLOGY

This research was carried out in the context of qualitative approach, understood as that suitable to "incorporate the issues of meaning and intentionality as inherent to actions, relationships and structures" admitting the involvement of the researcher with the object of study.^{11:27}

The study is based on theoretical and methodological frameworks of Serge Moscovici's Theory of Social Representations, trying to understand the representation of social supervision by nurses in family health teams. Such a theory is defined as a "phenomenon created collectively through the understanding and communication between individuals and their groups on a given reality that aims to transform the unfamiliar into something familiar through the processes of anchoring and objectification".^{12:78}

By understanding the social representations about social supervision drawn up by nurses, it is possible to get a sense of the reality experienced by these individuals. At the same time, this understanding highlights the historical and social conditions that interfere in the way they interpret and (re) produce their practices toward (or not) the democratization of health and completion of the principles and guidelines of UHS and the family health strategy.

This is a descriptive case study which –besides being characterized by deep and thorough study of one or a few objects– is a relevant technique for exploratory research. It is flexible and has the advantage of stimulating new discoveries, the emphasis in its entirety and the simplicity of procedures.¹³

The survey was conducted in five family

health units of the Municipality of Conceição do Jacuípe, State of Bahia, Brazil, in 2008, with five nurses who were in full professional practice in these units and who agreed to participate in the survey. The techniques chosen for carrying out the data collection were a semi-structured interview and a focus group. At the first time of data collection, we conducted the interview through a script containing open and closed questions. This allowed greater flexibility in conducting the research on the social representation of supervision. In the second stage of data collection, we conducted three focus group sessions with the nurses of the family health teams. The meetings of the group consisted of a collective interview, which allowed us to deepen the discussion on the social representation of supervision. To this end, we used the same script of the semi-structured interview.

The completion of the work with the focus group was important for the validation of the nuclei of meaning obtained on the analysis of the interviews. This work was used in conjunction with the interviews, revealing the implicit and enabling the construction of empirical categories.

Regarding the need to understand the social representations through the contents of the statements –beyond the superficial meanings contained in the messages and revealing what was said and not said– we used the technique of content analysis. This procedure, "when working with words and meanings (...) seeks to know what is behind the words under analysis (...)".^{14:44} The information contained in the semi-structured interviews, recorded and transcribed during data collection, was organized in three stages: "pre-analysis; exploration of the material and the processing of results; and inference and interpretation".^{14:75}

Taking into account the Resolution 196/96 of the National Health Council, the research project was submitted to the Ethics Committee of the State University of Feira de Santana and approved according to the Submission Certificate for Ethical Assessment No. 0196.0.000.059-08 and 014/2008 Protocol. We applied an Informed Consent Form, which reported to the individuals of the study about the subject, the risks and benefits of the research, ensuring the ethical use of information collected.

To ensure the anonymity of the subjects of the study, they were assigned the following names of Greek goddesses: Athena, Aphrodite, Hera, Gaia and Theia. In addition, the

contents of the semi-structured interviews were not identified with respect to the subjects of study because this material was used in the focus group as a device for reflection and manifestation of the representations about the supervisory process in nursing.

RESULTS AND DISCUSSION

As a management instrument, social supervision contributes to the implementation of the principles and guidelines of the UHS. These are guides for organizing the nursing working process in the family health team. With respect to the social representation of supervision by this team, the discourse of the nurses showed their beliefs when they reflected on their roles, as can be observed in the fragment of a discourse below.

And social supervision (...) I imagine that (...) we will observe (...) what difficulty that this patient has (...) go to the house to see what we can do, working together with the agent and with the doctor as well (...) If, for example (...) the economic issue or family problems, violence within the family, right? Then we will seek to coordinate, as in this case, if it is a child, Guardianship Council (...). (Interview-Ipsis litteris)

in this issue of social supervision, I think, with respect to the FHP, we need (...) to have more contact with the other sectors, for us to work together, get it? In the case, for example, of the social worker, the INSS, the Guardianship Council, so we know how it works (Theia - focus group - Ipsis litteris)

The issue of intersectoriality emerged from nurses' representations when they reflected on social supervision in the team. They realized that their field of action showed limitations regarding the complexity of health problems manifested on a daily basis by the users of family health units.

In a study carried out in family health units of Ribeirão Preto, State of São Paulo¹⁵, intersectoriality was understood by nurses as a responsibility of health workers. This led them to a sense of frustration as they were not able to solve the problems of the community. The authors¹⁵ of that study pointed out that intersectoriality could be consolidated as a principle from an articulation between government organizations at macro-political level. Thereby, there would be a reflection on the practices of social subjects, encouraging them to respect the autonomy of each other, while sharing knowledge for the sake of the

population's quality of life.

After the analysis of the management experiences of two Brazilian municipalities, that tried to create joint strategies and the integration of actions regarding problems of the population, it was found "(...) the level of complexity built into the operation of the intersectoral approach, because its application implies the overcoming of the hegemonic model, throughout the twentieth century, in the constitution of the State".^{16:281}

In the city of Fortaleza, there was a reform in the organizational structure of the municipality with the division of the territory into regions. Municipal secretariats were created at the same hierarchical level and they were responsible for the development and implementation of actions planned and integrated. However, they were implemented in an authoritarian manner, creating resistance to social actors. In the case of the city of Curitiba, the proposal was to intervene in the territories by drawing projects of matrix design. These would involve various sectors, but they were not able to promote a rapprochement between the planning team and the execution team.¹⁶

The practice of social supervision is a possibility for approaching various sectors through the use of supervision techniques. These include meetings, group discussions and case studies among family health nurses and the coordination of primary health care, health surveillance, epidemiological investigation, managers from the field of education, and social assistance, among others, in an attempt at a rapprochement between the various hierarchical levels of an organization. The goal would be to articulate knowledge and specific practices in addressing the problems identified in areas in which family health teams work.

In addition to the enhancement of the intersectoral approach in the development of social supervision, the representations of the nurses in the interviews revealed a concern with the practice of the principle of integrality in social supervision.

(...) the question of integrality (...) we have to assist the individual (...) in all their needs (...) but sometimes when it comes to medication there isn't (...) you assisted, carried out the consultation, solved up to a certain point (...) while we supervise (...) you have to be always providing everything, you are providing everything to the unit to be avoiding this, but this way sometimes your role is limited. (Interview-Ipsis litteris)

(...) with respect to social supervision of the nurse? We're going to observe (...) an individual as a whole (...) in this case it's the social issue, the psychological issue, the issue of physical health (Athena-Interview-Ipsis litteris)

The nurses expressed a need for logistical support by other sectors such as the supply of medicines, which are available in the family health unit for the user population. In these units, there is: storage and distribution, control, and prevision and provision of medicines approved by the Ministry of Health, concerning the specific programs for the control of hypertension and diabetes, health of women, children, adolescents, men, and older adults, among other demands under the supervision of a nurse.

Regarding the reflection on the sense of integrality in the organization of health practices, it exceeded the size of individual and collective approach, requiring a larger perception of the context in which the subjects are inserted and from which their sufferings or desires emerge.¹⁷ As a management instrument of nurses' working process in the family health team, social supervision enables individuals (workers and users) to dialogue about their needs and re-signify their practices in order to intervene based on the diagnosis of situations or problems, aiming to the integrality of health assistance. As a principle of the UHS, integrality permeates the practice of nurses in basic health units through the association between management and servicing activities. These activities allow the quality of care for users searching to meet their needs in the various objective and subjective dimensions. At the same time, they ensure access to the health service network in addition to granting power to users as social subjects of their care processes.¹⁸

When nurses re-signified the supervision at the focus group, they pointed out the importance of the Community Health Agents' work (CHA) regarding the integrality of assistance.

The work of CHAs allows the practice of the principles of the UHS, because they know the reality of the community and make the link with the family health team. (Athena - focus group - Ipsis litteris)

Now I'm seeing (...) the importance of the community agent, with respect to the principles of the UHS, integrality and universality, the community agent, he knows everyone in the community, then he is going to bring these people. (Gaia -

focus group - Ipsis litteris)

The nurses regarded CHAs as social subjects who are in permanent contact with the families in the territories covered by health units. These agents would develop programmed activities and at the same time they would observe the emerging health needs of families. They would also create a new meaning for their supervisory practice in order to turn it into social supervision.

A study conducted in two family health units in the Municipality of Rio de Janeiro¹⁹ revealed the importance of considering CHAs as social subjects that have vocalization in the community. It was also noted that within family health teams, in which they are inserted, there is a need to establish exchanges of knowledge, share health practices and recognize their potential as articulators of the demands of the community.

With regard to the use of technologies in the development of social supervision, the discussion at the focus group was centered on hard and light-hard technologies.

So, for me in the first moment that we had, it was kind of confusing (...) what would technology be, but after reading, things after the others interviewed spoke (...) became clearer, because in all that we do we're always, you know, using the technology, it is so by the professional technical staff that we have within the team, you know, by the equipment that we have, whether by print, all that, you know, they are the technologies that we have. (Hera - focus group - Ipsis litteris)

Regarding nurses' representations, their process of anchoring and objectification was evident. The nurses incorporated new knowledge to that already existing when they interacted with the other's knowledge observing the presence of light, light-hard and hard technologies in the concrete work process. These technologies involve meetings shared with users; the awareness of knowledge areas such as public health, clinical and administrative; and material resources and regulatory and prescriptive managerial instruments, respectively.^{10,20}

With the handling of technologies, nurses can use these instruments to exercise social supervision by regarding the user as a structuring axis of the health working process. This way, nurses will expand their view beyond the traditional supervision, which is limited to the use of light-hard and hard technologies, while acting in accordance with the institutional and professional knowledge protocols without open spaces to question the

purpose of their actions.

In this sense, there was difficulty in the group communication among themselves and with the coordination with respect to understanding the meaning of light technologies as important tools to exercise social supervision.

(...) we will improve the social supervision issue when you have it is in this sense the technology, the issue of scientific knowledge (...) which is different from a nurse who's working in a cutting-edge unit, at the hospital. (Theia - focus group - Ipsis litteris)

And at the end there is that stigma that it is a health center nurse (...) you're always without update, at one time or another there is some course to take (...) but with respect to training, with respect to you being training it is very little. (Athena - focus group - Ipsis litteris)

Within social representations, supervision reveals itself as the use of light-hard technology by the knowledge of healthcare area that supports the action of nurses in units with higher technology density. The image built with respect to nurses working in this environment is that they are more skilled and, therefore, they are more prepared to perform social supervision. The existence of this type of representation is linked to mythical ideas about supervision, so that "(...) being technically skilled is not a sufficient condition for being a good supervisor". This way, for the exercise of supervision, it is required: "careful reflections, planning and development of specific skills".^{21:235-6}

The health working process in family health units involves the establishment of closer relationships between the families and the team. The value of light-hard and hard technologies used in the hospital universe points out the non-recognition of light technologies (user embracement relations, referrals in network services, meeting users' needs, establishing trust and respect between health staff and users) as power for consolidation of the principles and guidelines of the UHS.

Gaia explains the need for integration of nurses and implicitly reveals that the group has the power to overcome the difficulties that arise in the exercise of social supervision.

(...) now is the first moment that the four are talking about the same thing, so if we fail to stop to achieve the same goal, nobody will search for us (...). We have power, autonomy, but it is that thing, it is veiled power and autonomy,

we have limits within this power and that autonomy within the unit. (Gaia - focus group - Ipsis litteris)

For Gaia, nurses' power and autonomy are hidden; however, "the issue of power permeates the central features of education, control and political articulation in supervisory activities in their social character".^{4:75} Their use is necessary for maintenance or transformation of reality that shows to be dynamic and contradictory in the production of health. This way, the autonomy of nurses is evidenced in the co-management of the health working process.

Power is part of the relationships established between the family health team, users, and managers and health service providers in the supervisory process. However, this power can assume the characteristic of a manipulator instrument of the supervisory activity –meeting the particular interests of leaders– or as an instrument enabling the emancipation of social subjects in pursuit of democratization of health by exercising social supervision.

FINAL CONSIDERATIONS

Social supervision constitutes an important instrument for the health working process. It can be used by nurses in the transformation of the hegemonic assistance model toward the consolidation of the family health strategy.

In the present investigation, it was clear that the social supervision is a latent desire in the professional practice of nurses, who feel difficulty in managing the work process in the family health team. At the same time, their representations are also anchored in the theoretical assumptions of traditional supervision.

The dichotomy between thinking, feeling and acting was present in the social representations of nurses. However, there is an approach to the exercise of social supervision by the recognition of intersectoral actions, i.e., an attempt to create strategies to continue in the direction to the principle of assistance integrality, the constant search for meeting the needs expressed by users and the appreciation of the community health agents' work.

In this sense, it is necessary to overcome the social representations anchored in traditional supervision aiming at a new view of health practices –social supervision– considering users as active members of the health working process. Family health teams must also be recognized as the bearers of a

project that can be directed to the completion of the family health strategy.

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