UNVEILING THE FUNCTIONS OF NURSES IN SUPPORT OF THE FAMILY HEALTH STRATEGY

DESVELANDO LAS FUNCIONES DEL ENFERMEIRO NO APOIO A ESTRATEGIA SAÚDE DA FAMILIA

PRESENTACIÓN DE LAS FUNCIONES DE LA ENFERMERA EN EL APOYO A LA ESTRATEGIA DE SALUD DE LA FAMILIA

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ABSTRACT

Objectives: understanding the role of the nurse in supporting the management of the municipality; investigating the tasks of nurses supporters of the Family Health Strategy. Method: an exploratory study, with a qualitative approach, performed at the Sanitary District IV of João Pessoa/Paraíba, Northeast Brazil. The production of empirical material occurred in September 2013, through a semi-structured interview script. The interviews were recorded and then transcribed verbatim, with the analysis anchored in Fiorin and Saviolli, after approval of the research project by the Research Ethics Committee, CAAE n. 20227113.0.0000.5178. Results: from the speeches emerged the following categories: << Matrix support while managerial role in the FHS >> and << The nurse while supporting the management of the municipality >>. Conclusion: it became evident the evolution of nursing roles in the management and co-management, however, these professionals have played an administrative and managerial role in family health units, organizing and supervising workers in the FHU, stop discussing the proposed real matrix. Descriptors: Family Health Strategy; Management; Nursing.

RESUMO


RESUMEN

Objetivos: comprender el papel de la enfermera en el apoyo a la gestión del municipio; investigar las tareas de los enfermeros apoyadores de la Estrategia de Salud de la Familia. Método: un estudio exploratorio, con abordaje cualitativo, realizado en el Distrito Sanitario IV de João Pessoa/Paraíba, noreste de Brasil. La producción del material empírico se produjo en septiembre de 2013, a través de un guión de entrevista semi-estructurado. Las entrevistas fueron grabadas y luego transcritas textualmente en la íntegra, con el análisis anclado en Fiorin y Saviolli, después de la aprobación del proyecto de investigación por el Comité de Ética de la Investigación, el párrafo CAAE. 20227113.0.0000.5178. Resultados: de los discursos surgieron las categorías: << Apoyo matricial mientras el rol gerencial en LAESF >> y << La enfermera mientras el apoyo a la gestión del municipio >>. Conclusión: se hizo evidente la evolución de las funciones de enfermería en el manejo y la cogestión, sin embargo, estos profesionales han desempeñado un papel administrativo y de gestión en las unidades de salud de la familia, organizando y supervisando los trabajadores de la USF, fallando en discutir la real propuesta de matriz. Descritores: Estrategia de Salud de la Familia; Gestión; Enfermería.

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INTRODUCTION

The management of health systems and services in Brazil is a big challenge for consolidation and functioning of the Unified Health System (SUS), equity earned by organized civil society. Management of health services is adopted administrative practices, some complex depending on the wide expanse of this area and the need to reconcile individual, corporate and collective interests, with the purpose to optimize the operation of services in order to obtain maximum efficiency, and effectiveness.¹

The SUS is a democratic system and changes in practice management end up being favored, which urges the inclusion of covenants between management levels, federal, state and local that will favor the reorganization of the management logic system.² Thus, emphasize the importance of having in managing the introduction of new care practices that may cause social transformation from the mobilization of knowledge, reorganizing work processes in health. Among the devices are called organizational arrangements, such as the support matrix.

The support matrix is a complementary approach to the management of health work, aiming to expand the opportunities for expanded and is dialogical integration between different clinical specialties and professions. This scheme aims to strengthen health care networks, and their use should be seen as a concrete tool and every day, which implies some degree of reform or transform the way services are organized and function and health systems. This indicates the existence of difficulties and obstacles for the reorganization of work in health.³

The reorientation of management functions can be seen as a strategy for consolidating the principles of the NHS and transformation of healthcare practices, creating conditions for directing the work process for the development of services, application resources, improved relations interpersonal, and resolution and user satisfaction. The management has a coordinating and integrative character, being determined and decisive management action in the organization of health services and a tool for process and execution of policies.³

Matrix support health aims to provide backup care teams and professionals responsible for the care of health problems, particularly with regard to support the Family Health Strategy. To do so, it depends on the shared construction of clinical guidelines and health among the components of a reference team and experts that offer.⁴

The Family Health Strategy is a form of health care and also a proposal for the reorganization of primary care, representing a new concept of health focuses not only on the care of illness, but mainly on promoting quality of life and intervention the factors that put them at risk, and the supportive matrix plays a key role in this process.⁵Basic health care should serve as a gateway for users to network services; it guides care, addressing common problems of the community, prioritizing the services of prevention, promotion, cure, rehabilitation aiming at the health and welfare of the population, so the family becomes the main object of attention, understood from the environment in which she lives.

In this perspective were created Centers of Support for Family Health (NASF, in Portuguese), aiming to support and extend care and health management in Primary Care and Family Health. The purpose of the NASF is to provide promotion and health care technically oriented to contribute to the actions of the FHS.⁶Each NASF is in charge of the service to users of a certain number of Family Health Teams, ie professionals NASF’s work in their specialties to complement the action of the Family Health Teams which are linked.⁷

The work of the support matrix is developed by different health professionals or the like, whose skill and expertise are focused on system building and health services in settled concepts of completeness, humanization and co-management. The matrix supporters provide as much support as the managerial clinical setting, with the goal of producing reflection of health practices, using lifelong learning as it is already done by nurses FHS.⁴

The number of nurses, acting as managers is increasingly common in Brazil. Managerial activities performed by nurses, are usually focused direction and leadership, planning, organization, coordination and evaluation of nursing services.⁸In Resolution COFEN 194 the participation of nurses in general management was made official, which may act in any sphere in public and private institutions, but it does not respond by leaving nursing services. Being the manager an activity that stands as a strategic element because you can collaborate in the organization of the work process in health and make you more qualified for the provision of comprehensive health care.⁹
Given the considerations, the question is: “What is the role of the supporter nurse in managing the municipality of João Pessoa?”; “What are the duties of the professional in the FHS?” To answer these questions it was formulated the following objectives:

- Understanding the role of the nurse in supporting the management of the municipality;
- Investigating the duties of nurses supporters of the Family Health Strategy.

METHOD

This is an exploratory and descriptive study, with a qualitative approach. The research scenario was the territory of the Sanitary District IV of João Pessoa/PB, Northeast Brazil, with six supporter nurses. It was adopted as inclusion criteria: subjects who were developing their activities with the support of Family Health teams for at least four months, excluding thus the newly arrived professionals in the role of matrix support.

The production of empirical material occurred in September 2013, through a semi-structured interview script. The interviews were recorded and then transcribed verbatim. The second stage corresponded to the identification of themes/figures in the discourse on questions prepared respondents. Then the texts were decomposed and organized into blocks of meaning by coincidence/divergence issue. To maintain the anonymity of the participants, the interviews were referenced by the letter “E” followed by numbers one to six (E1, E2 … E6).

The empirical material produced by the interviews was coded and treated through the technique of Fiorin and Savioli. For these authors, the text is an organized whole of meaning in a particular universe of meaning. The meaning of the text is given both by its internal structure, which are the grammatical rules, as by the historical context of the time in which it was produced. Therefore, the text is a full linguistic and historical object entirely.

The importance of discourse analysis stems from the possibility to examine the creations of language, the stories that humans produce and perceive them their values, ie, the meaning assigned to the dimensions that make up the universes of reality of human beings to each historical moment. The present study was conducted according to the ethical principles of research and the respective Resolution n.466/12, of the National Health Council. The research project was approved by the Research Ethics Committee of the Faculty of Medical Sciences of Paraíba, under the opinion n. 038/2013 and CAAE n. 20227113.0.0000.5178.

The discourses identified in the interviews allowed the creation of two sub-categories: 1- Matrix support while managerial role in the FHS and 2- The nurse in supporting the management of the municipality. In the process of analysis and discussion, we attempted to dock the empirical material produced from the relevant literature.

RESULTS AND DISCUSSION

- The matrix support while managerial role in the FHS

The Ministry of Health (MOH) has proposed the strategy of Matrix Support to promote the direction of flows in the FHS, creating a link between the Management and the Family Health Units (FHU). Thinking along these lines, matrix support health emerges as a conductor for providing specialized teams and the professionals responsible for the care of health problems rear. In a complementary manner assists in mechanisms of referral and counter-referral, protocols and regulation centers. In this sense, it emphasizes the premise of offering backup care as both technical and pedagogical support teams to reference.1

It is worth noting that this support can be developed by different professionals in health, with skill and competence to build healthcare system and adjusted concepts of completeness, humanization and (co)management. The support offered is both managerial level and in clinical support SF teams, with the goal of producing reflection of health practices, using the continuing health education (EPS, in Portuguese) as a guiding this work.11

In the interviews we see a feature of the management of the city of João Pessoa facing the supporter as manager of units:

[...] Have a responsible person within the team up to be a kind of manager within that unit and so do the strategies according to the duration of the surveillance, then today the design support within management is that right, in actually you be references that drive both reference user, as manager of the unit, as the professionals manage the unit, as you are the reference of the sanitary district and the secretary, then indeed you are a reference. (E5)

[...] The same view of the support is to actually support it? And today we’re managing’re changing the nomenclature is very complicated with all that history, plus there you will see in everyday life. (E2)
The matrix supporter must develop their work in the Family Health Units (FHU) along with health professionals through existing diversities in each location. This active subject influences the working process of the FH team, fostering discussions to broaden discussions about the care that is produced by the team.4

By analyzing the daily work of some supporters, it appears that they exert more managerial and administrative most part as speech below:

[…] Is good, we always have this over administrative matters, this demand is looking frequencies are always being supported by justification, certificates and everything, we’re always right median conflicts so well. (E2)

The role of matrix support is to build a work with the FHS practices that leverage caretakers and management with the use of devices such as Continuing Education in Health (EPS) with workers and users, lines of care, Therapeutic Project Singular (PTS) and tools management, as Situational Strategic Planning (ESP), monitoring of indicators of primary care, decision making, health care,12 but what is observed in the interviews is strongly Professional paper exercise management and supervision services:

[…] I’m going to do a desk review of attendance and punctuality of employees, control absences declarations, then’m making some resolutions to problems that arise, is with the user, requesting tests that are pending or then some urgency that needs to be resolved, and problems of the unit. (E1)

[…] So now I’m in managerial part. In this matrix support, I think it is good because it opens the eyes of people. (E6)

The matrix making can be understood as the construction of relational moments that happens in the exchange of knowledge/affections among professionals from different areas or sectors, with the aim of increasing the chance of teams establish cooperative relations and to account for the actions set in motion in a production process of integrated care across the health system.13In this sense, nurses emit understanding of the matrix making:

[…] The matrix making is nothing more you share the knowledge we have to take root, to capitalize the tip, ie, you will going to the pros, if so, in terms of the secretariat passes for directions districts, the directions will making matrix to supporters that supporters make matrix for professionals and they will al reproducing knowledge to reach the users to that agent can improve the quality of care. (E3)

Good matrix making I see more as an upgrade as a knowledge exchange huh, okay agent must always be a nurse, physician, staff NASF, nutritionist, then agent needs to be always exchanging ideas and adding to the work of another. (E2)

Planning strategies with the multidisciplinary team to help the team of primary care, understand the user and primary care, help them with a permanent continuing education a multiprofessionality to help primary care, also a link between user and staff, and district and secretariat. (E6)

Matrix making to me is a moment of exchange of knowledge right here in the case with regard to the management agent to see that it is an exchange of knowledge regarding the knowledge networks that agent has. (E4)

From the social positions that the interviewees pointed out, it is imperative to emphasize that the matrix has been playing a supportive administrative and managerial role in family health units, organizing and supervising workers in FHU, leaving to discuss the true matrix proposal: production comprehensive care and reframing of the work processes of family health teams.

♦ The nurse while supporting the management of the municipality

The nurse exercises often managerial functions in the field of Public Health as well as hospital services. Administrative activities performed by these professionals are usually focused direction and leadership, planning, organization, coordination and evaluation of nursing services.8

The matrix work is a process of construction and sharing of knowledge, including the policy of the NHS as a right of citizenship. In this sense, the nurse sets up an active subject for this role by articulating profile, and provide care support, as evidenced up in the speeches:

I gave support, both technical as care teams, I made visits, sometimes, if the nurse had any doubt in some kind of technical procedure and he could not do and I know I helped in that part, I discussed with them some cases we also helped in terms of coordination between the districts between the secretariats any health fair. (E3)

Always taking the side of the promotion, we always try to work the side of prevention and health promotion that we see a much broader area, the promotion is not preventing disease, promoting health and housing and school, daycare is an agent tries to be a performer of this network. (E5)

The predominantly fragmented view of health work, in turn, anchored in expertise...
also fosters strong logical routing. The prospect of an effective service to the demands and the basic units is envisioned as necessary, however, an articulated between this institution and specialized service work is not realized yet. This is because, traditionally, the hierarchical model for health care delivery produced a fragmentation and bureaucratization in the forms of relationship between services, instituting ways to conceive and to intervene, leading to (un)accountability at the expense of (co)responsibility between professionals and health services. It is precisely this tendency that the strategy aims to overcome the Matrix Support.11

It can be observed that in view welfare discourses of nurses with practical work aimed at the hegemonic model and not for the production of care:

I will making some resolutions of problems that arise with the user, requesting tests that are pending, or some urgency that needs to be resolved are issues of the unit, which unit needs. (E1).

We go from a backup, get a handbook, is to make a referral, and make a qualified hearing we also falls, so we’re always trying to support this direction. (E2)

The matrix making is a device for changing relationships within the management, particularly between the central level and teams of health districts. It is a strategy for building shared in supporting family health teams responsibilities.13-14 Thus, the matrix support emerges as a tool that requires autonomy to perform its role as (co)managed it with an articulator but the city of João Pessoa these professionals are highly dependent on the district and the secretariat in the decision-making process as speeches following:

Most often mainly administrative matters, is set in the same, I wonder how the steering works and what I do. She says and I do. Step situations. Sometimes they ask what you think. Then we say. But most of the time especially in relation to administrative matters comes even more of them, because it will depend greatly moves the issue of allotments, if stirs question is, are administrative demands even then we do not have much autonomy, sometimes not even the district has it, here comes the secretariat. (E2)

The autonomy I have in there is to make the control of regular attendance and punctuality, and tries to make the organization of the work process, provide guidance to get there than I think it should be done, what is wrong, what we can improve. This is freedom I have. But other things we have to go to management. (E1)

Every week we do internal coordination meetings with the direction, these meetings we always make the transfer of the activities that were made during the week as well as the issues to be resolved, then just all part of the dialogue with direction, both general technical and administrative. (E4)

The decision making process needs to be shared with the matrix support workers and the Family Health Strategy. The supports are presented as management and promoters of care and in the statements above you can see that did not see themselves in that role, as they have no autonomy, just comply with the provisions referred to by the district and health department. Thus, decisions cannot be concentrated in a vertical fashion in the hands of the central manager, because who operationalized in practice and produces care is the primary health care.

CONCLUSION

The results showed the occupation of nursing roles in the management and co-management, however, these professionals are played administrative and managerial roles in family health units, organizing and supervising workers in FHU, failing to discuss the true matrix is proposed that the production full and careful redefinition of the work processes of family health teams. Given the supportive functions that management exercise became notorious as the importance of professional support for the family health strategy, as well as the central management level.

The supporter nurse management comes up with the proposal to meet a need of primary articulator having a professional who could provide technical, administrative and educational assistance, operating as a critical piece to strengthen the network of health care professionals with of USF and thus improving the quality of care to users. You need to broaden the debate on issues concerning the theme, with the aim of discussing management practices in health and managers assist in the processes of decision making in health.

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