

ORIGINAL ARTICLE

Nursing management within the context of the family health strategy: nurses' perceptions

Gerenciamento de enfermagem no âmbito da Estratégia Saúde da Família: percepções de enfermeiros

Gestión de enfermería en el ámbito de la Estrategia de Salud Familiar: percepciones de los enfermeros

Camila Amthauer¹, Kamille Cristina Ramme Lermen²

How to cite this article: Nursing management within the contexto of the Family health strategy: nurses' perceptions. Rev Enferm Atenção Saúde [Internet]. 2025 [access:_____]; 15(1):e20257299. DOI: <https://doi.org/10.18554/reas.v15i1.7299>

ABSTRACT

Objective: to describe nurses' perceptions about Nursing management within the scope of the Family Health Strategy. **Method:** qualitative, exploratory-descriptive research, developed with eleven nurses working in Family Health Strategies, located in a municipality in the extreme west of Santa Catarina. Data collection took place through semi-structured interviews, recorded and transcribed in full. For data analysis, Thematic Content Analysis was used. **Results:** from the analysis, two thematic categories emerged: nurses' perceptions about Nursing management within the scope of the Family Health Strategy; and, challenges and difficulties faced by nurses in managing the Family Health Strategy. **Final considerations:** the importance of skills such as leadership, decision-making and autonomy in Nursing management is evident. Furthermore, with the challenges faced, it is clear that management takes place in an unstructured manner and without prior planning of actions, which may have a negative impact on the quality of health care.

Descriptors: Organization and Administration; Primary Care Nursing; Primary Health Care; Health Services Administration; Crew Resource Management, Healthcare.

¹Master's and Doctorate in Nursing, both from the Federal University of Rio Grande do Sul - PPGENFUFGRS. Specialization in Public Health from the Postgraduate Program in Public Health of the Federal University of Rio Grande do Sul/UFRGS. Bachelor's degree in Nursing from the Federal University of Santa Maria/UFSM. Professor of the Nursing Course at the University of Western Santa Catarina/UNOESC, São Miguel do Oeste Campus (SC). Member of the Structuring Teaching Nucleus - NDE of the Nursing Course, São Miguel do Oeste Campus (SC). Leader of the Study and Research Group on the Nursing and Health Care Process GEP-PCES. University of Western Santa Catarina/UNOESC, São Miguel do Oeste Campus/SC. <https://orcid.org/0000-0002-7530-9809>

² Student of the Nursing Undergraduate Course at the University of Western Santa Catarina, São Miguel do Oeste campus, SC. University of Western Santa Catarina, São Miguel do Oeste/SC campus. <https://orcid.org/0009-0006-3225-2458>



RESUMO

Objetivo: descrever as percepções de enfermeiros sobre o gerenciamento de Enfermagem no âmbito da Estratégia Saúde da Família. **Método:** pesquisa qualitativa, exploratória-descritiva, desenvolvida com onze enfermeiros atuantes em Estratégias Saúde da Família, localizadas em um município do extremo oeste de Santa Catarina. A coleta de dados transcorreu por entrevista semiestruturada, gravada e transcrita na íntegra. Para análise dos dados utilizou-se a Análise de Conteúdo do Tipo Temática. **Resultados:** da análise, emergiram duas categorias temáticas: percepções de enfermeiros sobre o gerenciamento de Enfermagem no âmbito da Estratégia Saúde da Família; e, desafios e dificuldades enfrentados pelo enfermeiro no gerenciamento da Estratégia Saúde da Família. **Considerações finais:** evidencia-se a importância de competências como liderança, tomada de decisão e autonomia no gerenciamento de Enfermagem. Ainda, com os desafios enfrentados, percebe-se que o gerenciamento acontece de maneira desestruturada e sem um planejamento prévio das ações, podendo implicar negativamente na qualidade da assistência à saúde.

Descritores: Organização e Administração; Enfermagem de Atenção Primária; Atenção Primária à Saúde; Administração de Serviços de Saúde; Gestão de Recursos da Equipe de Assistência à Saúde.

RESUMÉN

Objetivo: describir las percepciones de los enfermeros sobre la gestión de Enfermería en el ámbito de la Estrategia Salud de la Familia. **Método:** investigación cualitativa, exploratoria-descriptiva, desarrollada con once enfermeros que actúan en Estrategias de Salud de la Familia, ubicados en un municipio del extremo oeste de Santa Catarina. La recolección de datos se realizó mediante entrevistas semiestructuradas, grabadas y transcritas en su totalidad. Para el análisis de los datos se utilizó el Análisis de Contenido Temático. **Resultados:** del análisis surgieron dos categorías temáticas: las percepciones de los enfermeros sobre la gestión de Enfermería en el ámbito de la Estrategia Salud de la Familia; y, desafíos y dificultades que enfrentan los enfermeros en la gestión de la Estrategia de Salud de la Familia. **Consideraciones finales:** se evidencia la importancia de habilidades como liderazgo, toma de decisiones y autonomía en la gestión de Enfermería. Además, con los desafíos enfrentados, se evidencia que la gestión se realiza de manera desestructurada y sin planificación previa de acciones, lo que puede tener un impacto negativo en la calidad de la atención en salud.

Descriptores: Organización y Administración; Enfermería de Atención Primaria; Atención Primaria de Salud; Administración de los Servicios de Salud; Gestión de Recursos de Personal en Salud.

INTRODUCTION

Primary Health Care (PHC), considered the gateway to the services of the Unified Health System (SUS), is a strategic point of care to meet the needs of users at all stages of life, in a regionalized, continuous and systematic manner. The

National Primary Care Policy (PNAB) points to the Family Health Strategy (ESF) as a priority strategy for the expansion and consolidation of PHC, with responsibility for the coordination and reorganization of the Health Care Network (RAS).¹

For this to be possible, the organizational management model at the



primary health care level must be an essential tool that reproduces public health policies, translating them into concrete actions carried out jointly with the local team and the community. Thus, health management encompasses the implementation of management models that enable planning, deciding, organizing and controlling the provision of care, through practices that lead to greater effectiveness and efficiency in the use of human, material and financial resources.²⁻³

Of the professionals who are part of the multidisciplinary team of an ESF, it is the nurse who will act in leadership, administration of care, management of the team and the unit.⁴ Care is considered the core of the nursing work process and, therefore, when the nurse works in the management dimension, he/she develops actions aimed at organizing work and human resources, through a systematized process of actions aimed at promoting and recovering the patient's health.^{3,5}

From this perspective, the work of the nurse at the first level of care involves a complexity of knowledge and actions, in addition to assuming roles in the management of teams and services and providing direct care to users. It thus contemplates the articulation between the care and management dimensions in the promotion of safe and quality care

practices, which advance the implementation and consolidation of the SUS.⁶⁻⁸

According to the Professional Practice Law No. 7,498/86, regulated by Decree No. 94,406/87, it is the nurse's exclusive responsibility to plan, execute, coordinate, supervise and evaluate nursing care at different levels of care and, in addition to technical-scientific knowledge, the resolutions published by the Federal Nursing Council (COFEN) grant autonomy to these professionals.⁸⁻⁹

In the meantime, the FHS has a multitude of characteristics capable of instigating the development of the managerial dimension of nurses, which is inherent to their work process. Thus, the study acquires relevance due to the need to (re)cognize and qualifies the managerial practices developed by nurses, in order to reinforce their protagonism in decision-making spaces with the potential to direct and consolidate public health policies, as is the case of the FHS. Furthermore, the study is justified by the scarcity of studies that address the managerial dimension of nurses in the context of PHC, considering that most studies on this topic are focused on the hospital universe. Therefore, the objective is to describe the perceptions of nurses about nursing management within the scope of the Family Health Strategy.



METHOD

This is a descriptive-exploratory research, based on the qualitative approach, part of a Nursing Undergraduate Course Conclusion Work (TCC). The research setting was the Family Health Strategies and/or Health Coordination of a municipality in the far west of Santa Catarina, Brazil. Eleven nurses working in the ESF/Health Coordination participated in the study.

The inclusion criteria were: having a degree in Nursing and working in the ESF and/or Health Coordination of the municipality where the study was conducted. Professionals who were on some type of leave due to vacation, special leave, health treatment or maternity were excluded.

The participating professionals were contacted personally to extend the invitation and, upon acceptance, data collection was carried out. This was carried out through semi-structured interviews, with open-ended questions, developed and applied by the researchers involved in the study. The interviews were recorded using a digital recorder. The interviews were held at the FHS or Health Coordination Office itself, in a private room designated for this purpose, on a pre-established day and time, according to the availability of

the participants. The thematic saturation criterion was used to interrupt data collection. Once the interviews were completed, the researchers transcribed and analyzed the data using the Thematic Content Analysis proposed by Minayo.¹⁰

For analysis, the three stages proposed by Minayo were carried out: 1) Pre-analysis, in which contact was made with the material produced in the transcription of the interviews, through exhaustive reading, with a view to impregnating the information contained; 2) Exploration of the material, when the data were categorized, based on the organization of the registration units through their thematic affinities; and, 3) Treatment of the results obtained and interpretation, which sought to understand and interpret the data in light of the reference, in which the “raw” results were treated in such a way as to become significant and valid.

The study report was prepared in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide. The research complied with all ethical precepts established by Resolution No. 466 of December 2012 and was approved by the Research Ethics Committee of the Universidade do Oeste de Santa Catarina, under the Certificate of Presentation of Ethical Appreciation



(CAAE) No. 69707117.5.0000.5367 and Opinion No. 2,148,788. Participants had access to the Free and Informed Consent Form (FICF) and the Data Confidentiality Term. To preserve the identity of the study participants, the statements were coded with the letter “N” (Nurse), followed by an ordinal number.

RESULTS

When analyzing the meanings and experiences of nurses in the management of the ESF, two thematic categories emerged: I) Nurses' perceptions of Nursing management within the Family Health Strategy; and, II) Challenges and difficulties faced by nurses in managing the Family Health Strategy.

THEMATIC CATEGORY I – Nurses' perceptions of Nursing management within the Family Health Strategy

Nursing management is understood by nurses as a process that allows them to conduct the planning of actions and services, with a view to meeting the health needs of the population and the health team with whom they work. From the following statements, it is clear that the nurse is the reference professional in the context of the ESF, since he or she knows the work

processes of the health unit and of all team members, not being limited only to the activities developed by Nursing.

[...] Nursing management and administration, it covers not only Nursing and administration, but also multidisciplinary work [...] many procedures, even in dentistry or by health agents, require the Nursing process [...]. (E2)

Nursing management and administration is the nurse who plays a fundamental role in these processes; it is the nurse who will manage a unit. All responsibility falls to her, from managing the unit, managing the employees who are here meeting the demands, taking care of the material part, the cleaning part [...]. (E6)

The following statements demonstrate the importance that nurses place on leadership to play the role of manager in the FHS. Nursing leadership helps to reconcile organizational objectives with the objectives of the work team, so that professional practice can be improved and, consequently, adequate care can be provided to users, the team and the institution.

So, nursing management is the act of coordinating the team [...] it's not just about demanding, you also need to set an example for them. In fact, being more of a leader than a boss. (E7)

[...] be, first and foremost, a leader. Show how it should be done. There's no point in me demanding and not doing it [...] before being a boss, you have to be a leader and, from that, 'you' win over your team and manage, making decisions [...]. (E9)



Decision-making is cited by one of the nurses as an essential skill for the management of the ESF. Decision-making is a responsibility and a formal skill of the manager who intelligently mobilizes the necessary resources with a view to resolving issues and ensuring the quality of care provided.

[...] the issue of management demands a lot from the nurse, it demands a lot from you to coordinate, to make decisions [...]. (E9)

THEMATIC CATEGORY II – Challenges and difficulties faced by nurses in managing the Family Health Strategy

Among the difficulties faced by nurses in managing the ESF, one of the interviewees emphasizes that, due to the large number of bureaucratic and administrative processes, they find it difficult to reconcile administrative management and nursing care management. This limits the development of health actions beyond the ESF structures, especially those aimed at preventing diseases, promoting health and improving the population's quality of life.

[...] we are very out of focus on nursing care. It is becoming more administrative than care [...] you have to give the medication, you have to give the test to the patient, you have to explain it to the

patient [...] The nursing care part is still a little forgotten. (E10)

According to the interviewees, the lack of planning and organization of health actions poses obstacles because nurses are often busy solving immediate and urgent problems due to the accumulation of functions and the excessive demand that reaches the FHS. Therefore, it is not possible to adequately plan the performance of their duties in the medium and long term that allows for the continuity of care, resulting in a gap in the management work of Nursing.

[...] We manage, but we put out the daily fires. There is no way for us to do management planning while we are inside the unit, without having a specific time for this [...]. (E1)

We talk about planning, but because we're in such a rush, we put out more fires than we plan. (E8)

Another difficulty highlighted refers to the lack of autonomy for the decision-making process and for resolving cases that arise in the ESF, as observed in the following statements.

[...] the lack of autonomy, because we want to do things here, but the manager above us, the health secretary, the coordination, doesn't agree, or it doesn't depend solely on them either. So, this makes our work difficult. (E5)

Some of the nurses interviewed reported that they encounter difficulties in

teamwork, as, in some cases, there is little collaboration from other team members, including conflicts between them, which can make the work unproductive and, at times, inefficient.

[...] it is very difficult to have a good team, which collaborates with you, that exchanges opinions [...] the main difficulty of working is teamwork. (E6)

[...] the doctor, sometimes, lowering his "crest" and listening to the nurse is a difficult thing [...] The health agents also, sometimes, we have difficulty. (E11)

Another challenge faced refers to the scarcity of material resources in health units, which affects the quality of health care for the population in need of care.

[...] it is the lack of resources, lack of resources in supplies, products, medicines, often in materials in the unit [...] it turns out that, at the end of the day, the one who suffers the reaction is the professional who does not have the equipment available and it reflects on the population who is the one who needs it. (E3)

The lack of professionals in the ESF, combined with the excess demand met in the unit, also appear as obstacles to nurse management.

[...] the demand is very high for few professionals, from the moment there are more professionals, it will ease a bit [...]. (E1)

[...] one of the main challenges I have is the shortage of nursing professionals [...] which means we don't have enough time to develop the necessary actions. (E3)

The change in the municipality's political administration also appears as a difficulty in managing the ESF. For the interviewee, when it is possible to organize the work process and it begins to take an appropriate direction within the health service, there is a change in political management, referring to municipal management, making it necessary to readapt all the work again according to the demands of the new administration.

The main challenge is in the case of political administration, because every time the administration changes we encounter this difficulty in managing things in the right way and in the way it should be. Sometimes the political administration changes and they do it the way they think, they don't know that there is a federal law that we have to comply with [...]. (E2)

DISCUSSION

Nurses appear as important articulators in the management process of an ESF, given their capacity and ability to holistically understand health care and the services provided in this location.⁶ This fact is evident in the statements of the participants in this study, when nurses are recognized as indispensable members of multidisciplinary work, adding responsibilities beyond their professional core. The nurse's role also involves the construction of co-management spaces that facilitate teamwork, as they enable

coordination between its members and the population in the implementation of health actions.⁷

To this end, nurses must use their leadership, considered by interviewees as an essential skill for managing the ESF. The job market has increasingly demanded that nurses behave like leaders, which has a positive impact on healthcare outcomes. The leader's role is to stimulate and maintain a harmonious and motivating environment in the work environment, by providing the means for team members to feel encouraged and engaged in performing their daily duties and, consequently, in achieving satisfactory results for the service in which they work.^{4,11}

In addition to leadership, decision-making is another skill that nurse managers must develop. In health management processes, decision-making is a human action that is essential for the development and consolidation of teamwork. This involves analyzing situations and solving problems, highlighting the need to understand the factors that interfere and influence this decision-making process regarding the development of planning, communication, conflict management, negotiation and leadership activities and how they can compromise the care provided.¹²

However, when the nurse does not have his/her position and management duties defined, he/she sometimes faces with the constant dilemma between the balance of management and care activities, since the vast majority perform both functions in the FHS.^{4,7-8} This can be observed, including in the reality studied, being attributed as a difficulty experienced by the participants. This accumulation of functions becomes a limitation of the nurse's practices, as he/she simultaneously assumes functions related to the team, the service, the planning of actions and the care of users⁷⁻⁸ and which, at times, do not include the sharing of tasks with the other team members.⁸

It is thus understood that Nursing needs to free itself from a conception of being responsible for the whole, claiming and assuming its space with the delimitation and demonstration of its attributions.¹³ Practice shows that the aforementioned lack of organizational culture in the monitoring and evaluation process may be due to the excessive workload of teams and the lack of planning itself, the daily routine of “putting out fires”.¹⁴

The issue of local health professionals not valuing the practice of planning in their work process, in addition to the devaluation suffered by

professionals working in management, is worrying for the field of public management of the health system.¹⁴ Um professional exercise that prioritizes demands and institutional weaknesses in the face of their professional skills end up damaging the identity and appreciation of the profession, in addition to generating psychological and work overload, compromising the quality of care.¹³

As evidenced in the study, managing a health service gives any professional skills, specific knowledge and the ability to deal with a number of factors that involve the management of the FHS. Thus, with regard to the difficulties pointed out by the nurses, the results obtained are in line with what is found in the national literature. It is clear that several factors influence the performance of the nurse manager, such as the difficulty in reconciling the management and care spheres^{4,7-8} and, consequently, in planning actions¹³⁻¹⁴, lack of autonomy^{12,15}, difficulty in teamwork^{12,16}, work overload¹², shortage of human^{12,17} and material resources^{12,17-18}, in addition to the constant change of municipal political administration, which interferes with the continuity of planned actions.¹⁹

A study conducted in Rio Grande do Norte, Brazil, found that implementing management has been a struggle between

the guidelines of the Ministry of Health and what is actually implemented, since managing, in addition to the various requirements related to interpersonal skills, flexibility, innovative spirit and creativity, also involves resources – material and human – to execute the team's plans and goals. The lack of investment in PHC mainly affects team management and the plans and goals established for health promotion and prevention for the population.¹²

Another study corroborates this by finding that work overload in the daily routine of health services, precarious working conditions, shortage of human and material resources and excess demand negatively interfere in the outcome, satisfaction and health of users and professionals working within the scope of the ESF.²⁰

Regarding the discontinuity of political-administrative management, this basically refers to the government management apparatus, and is a consequence of filling positions of trust with each change of government or change of leaders. This lack of continuity in municipal public management, in addition to low investments in the health area, may mean that the health fund is used in a discontinuous manner, that is, without a long-term strategy. Being prepared to face



this challenge and having people capable of dealing with this situation is an important requirement in the useful life of today's organizations, including health services.¹⁹

From these conversations, Nurses should work independently and interdependently within their team, since, given that the assigned population is limited and known within the territory, they should have control over the work process and the freedom to exercise it.¹⁶ It is essential that professionals have an active and respectful voice, being recognized as protagonists of their health practices and as active and indispensable professionals in the construction of more competent and effective health services. To this end, it is essential that they enjoy autonomy to determine the best strategies for serving individuals, families and communities.¹⁵

FINAL CONSIDERATIONS

Through the development of this study, it was possible to diligently analyze the perception of nurses based on their experiences regarding the management of an ESF. The importance that nurses delegate to nursing management is evident, using their skills such as leadership, decision-making and autonomy,

established by the National Curricular Guidelines for the undergraduate nursing course, to assist them in the planning and organization of health actions, whether administrative and/or care-related.

However, it was found that nurse managers face some challenges in their daily work, such as the difficulty in reconciling their management and care activities, teamwork, lack of autonomy, work overload, lack of human and material resources and constant changes in the municipal administration. With these obstacles, it is clear that nursing management occurs in an unstructured manner and without prior planning of actions, which can negatively affect the quality of health care provided to the population.

To legitimize nursing management practices in the ESF, it is important for health managers to invest more in training nurses, through Permanent Education in Health, in order to qualify them to provide more effective care focused on the individual, family and community, as recommended by the Unified Health System.

REFERENCES

1. Ministério da Saúde (Brasil). Portaria N° 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a



organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS)

[Internet]. Brasília, DF: Ministério da Saúde; 2017 [citado em 14 out 2023].

Disponível em:

https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html

2. Chaves FS, Lima GA, Freitas RS, Silva ARA, Quixabeira AP, Batista MH, et al. Trabalho em equipe na Estratégia de Saúde da Família e seus desafios. *Facit Business and Technology Journal* [Internet]. 2021 [citado em 14 out 2023]; 1(31):64-77.

Disponível em:

<http://revistas.faculdefacit.edu.br/index.php/JNT/article/view/1264/831>

3. Mendes WP, Gomes TB, Nunes JS, Rodrigues TF, Gomes GV, Ferreira SS, et al. Competências gerenciais do enfermeiro no âmbito hospitalar: uma revisão narrativa. *Res Soc Dev.* [Internet]. 2022 [citado em 14 out 2023]; 11(4):e13811426742. DOI:

<http://dx.doi.org/10.33448/rsd-v11i4.26742>

4. Cardoso HM, Lucietto GC, Silva RA, Oliveira JM, Maciel MM. Percepção do enfermeiro da Atenção Primária à Saúde frente a atribuição de gestor da unidade. *Rev Enferm Atenção Saúde* [Internet]. 2019 [citado em 14 out 2023]; 8(2):3-17. DOI:

<https://doi.org/10.18554/reas.v8i2.3601>

5. Bica MC, Cremonese L, Barreto CN, Rodrigues ALM, Alves FQ. Care management in family health strategies in nurses' perception. *Rev Enferm UFSM* [Internet]. 2020 [citado em 16 out 2023]; 10(e74):1-17. Disponível em: https://periodicos.ufsm.br/reufsm/article/download/42518/pdf_2/249234

6. Ferreira SR, Périco LA, Dias VR. The complexity of the work of nurses in Primary Health Care. *Rev Bras Enferm.* [Internet]. 2018 [citado em 16 out 2023];

71(Suppl 1):784-9. DOI:

<http://dx.doi.org/10.1590/0034-7167-2017-0471>

7. Metelski FK, Alves TF, Rosa R, Santos JL, Andrade SR. Dimensões da gestão do cuidado na prática do enfermeiro na atenção primária: revisão integrativa. *Rev Enferm UERJ* [Internet]. 2020 [citado em 16 out 2023]; 28:e51457. DOI:

<https://doi.org/10.12957/reuerj.2020.51457>

8. Metelski FK, Silva CB, Vendruscolo C, Trindade LL, Geremia DS. Enfermeiro gerente de unidade na atenção primária: o desafio de ser polivalente. *Enferm Foco* [Internet]. 2022 [citado em 21 out 2023]; 13:e-202235. DOI:

<https://doi.org/10.21675/2357-707X.2022.v13.e-202235>

9. Andrade SR, Schmitt MD, Schittler ML, Ferreira A, Ruoff AB, Piccoli T. Configuração da gestão do cuidado de enfermagem no Brasil: uma análise documental. *Enferm Foco* [Internet]. 2019 [citado em 21 out 2023]; 10(1):127-33. DOI: <https://dx.doi.org/10.21675/2357-707X.2019.v10.n1.1926>

10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec Editora; 2014.

11. Santos LC, Silva FM, Domingos TS, Andrade J, Spiri WC. Liderança e comportamento empoderador: compreensões de enfermeiros-gerentes na Atenção Primária à Saúde. *Acta Paul Enferm.* [Internet]. 2023 [citado em 9 jan 2024]; 36:eAPE00051. DOI:

<http://dx.doi.org/10.37689/acta-ape/2023AO000511>

12. Saraiva IRA, Viana APG, Monteiro VCM, Belarmino AC, Morais JMO, Ferreira Júnior AR. Tomada de decisão na gerência em Atenção Primária à Saúde: percepção de enfermeiros. *Rev APS*



- [Internet]. 2020 [citado em 9 jan 2024]; 23(3):640-55. DOI: <https://doi.org/10.34019/1809-8363.2020.v23.31058>
13. Pivoto FL, Lunardi Filho WD, Lunardi VL, Silva PA. Organization of work and the production of subjectivity of the nurse related to the nursing process. Esc Anna Nery [Internet]. 2017 [citado em 9 nov 2023]; 21(1):e20170014. DOI: <https://doi.org/10.5935/1414-8145.20170014>
14. Reuter CLO, Santos VCF, Bottega CG, Roesse A. Monitoring practices in municipal healthcare management and their interface with nursing. Rev Gaúcha Enferm. [Internet]. 2016 [citado em 9 nov 2023]; 36(N Esp):e2016-0019. DOI: <http://dx.doi.org/10.1590/1983-1447.2016.esp.2016-0019>
15. Heidemann ITSB, Durand MK, Souza JB, Arakawa-Belaunde AM, Macedo LC, Correa SM, et al. Potentialities and challenges for care in the primary health care context. Texto Contexto Enferm. [Internet]. 2023 [citado em 9 jan 2024]; 32:e20220333. DOI: <https://doi.org/10.1590/1980-265X-TCE-2022-0333en>
16. Rocha GSA, Andrade MS, Silva DMR, Terra MG, Medeiros SEG, Aquino JM. Feelings of pleasure of nurses working in primary care. Rev Bras Enferm. [Internet]. 2019 [citado em 9 nov 2023]; 72(4):1093-100. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0518>
17. Soder R, Oliveira IC, Silva LAA, Santos JLG, Peiter CC, Erdmann AL. Desafios da gestão do cuidado na atenção básica: perspectiva da equipe de enfermagem. Enferm Foco [Internet]. 2018 [citado em 9 jan 2024]; 9(3):76-80. DOI: <https://dx.doi.org/10.21675/2357-707X.2018.v9.n3.1496>
18. Gil RB, Chaves LDP, Laus AM. Gerenciamento de recursos materiais com enfoque na queixa técnica. Revista Eletrônica de Enfermagem [Internet] 2015 [citado em 9 jan 2024]; 17(1):100-7. DOI: <https://doi.org/10.5216/ree.v17i1.27544>
19. Machado JC, Cotta RMM, Soares JB. Reflexões sobre o processo de municipalização das políticas de saúde: a questão da descontinuidade político-administrativa. Interface (Botucatu) [Internet]. 2015 [citado em 12 jan 2024]; 19(52):159-70. DOI: <https://doi.org/10.1590/1807-57622013.1002>
20. Pires DEP, Machado RR, Soratto J, Scherer MA, Gonçalves ASR, Trindade LL. Cargas de trabalho da enfermagem na saúde da família: implicações no acesso universal. Rev Latinoam Enferm. [Internet]. 2016 [citado em 12 jan 2024]; 24:e2682. DOI: <http://dx.doi.org/10.1590/1518-8345.0992.2682>

RECEIVED: 17/01/2024

APPROVED: 06/16/25

PUBLISHED: 06/2025

