

**NURSE'S PERFORMANCE IN THEIR WORK ACTIVITIES IN PRIMARY
HEALTH CARE****DESEMPENHO DO ENFERMEIRO EM SUAS ATIVIDADES LABORAIS NA
ATENÇÃO PRIMÁRIA À SAÚDE****ACTUACIÓN DE ENFERMERÍA EMS US ACTIVIDADES LABORALES EN
ATENCIÓN PRIMARIA DE LA SALUD**

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ABSTRACT:

Study of five nurses and ten members of the Family Health Strategy in Cuité-PB to meet the nurses' performance in their work activities in the primary health care. The research was descriptive, exploratory and with a qualitative approach. From the testimonials, and based on discourse analysis technique, the empirical category emerged: "Difficulties faced by nurses in assisting the patient of the Family Health Strategy" from the text produced by the nurses. The empirical category was: "Obtaining the assistance of nursing care by the patients in the Family Health Strategy," from the interviewed patients. It was possible to clarify that the limitations faced by nurses directly interfere with their work performance. However, this performance is satisfactory for the patients. It is concluded that the work involving municipal administration, health professionals and patients enable everyday coping alternatives aiming at a qualified service facility.

KEYWORDS: Primary health care. Nursing. Evaluation of work performance.

RESUMO

Estudo realizado com cinco enfermeiras e dez usuários da Estratégia Saúde da Família do município de Cuité-PB com o objetivo de conhecer o desempenho do enfermeiro em suas atividades laborais na Atenção Primária à Saúde. A pesquisa foi do tipo descritiva, exploratória com abordagem qualitativa. A partir dos depoimentos, e baseado na técnica de análise de discurso, foi possível emergir a categoria empírica: "Dificuldades enfrentadas pelas enfermeiras na assistência ao usuário da Estratégia Saúde da Família" oriunda do texto produzido pelas enfermeiras. E categoria empírica: "Obtenção do atendimento dos usuários da assistência de enfermagem na Estratégia Saúde da Família", proveniente dos usuários entrevistados. Foi possível elucidar que as limitações enfrentadas pelos enfermeiros interferem diretamente no seu desempenho laboral, embora para os usuários, este desempenho esteja acontecendo a contento. Conclui-se que o trabalho envolvendo gestão municipal,

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profissionais de saúde e usuários viabilizam alternativas de enfrentamento cotidiano visando uma assistência qualificada.

PALAVRAS-CHAVE: Atenção primária à saúde. Enfermagem. Avaliação de desempenho profissional.

RESUMEN:

Estudio de cinco enfermeras y diez miembros de la Estrategia Salud de la Familia en Cuité-PB con el fin de cumplir con el desempeño de las enfermeras en sus actividades de trabajo en la atención primaria de salud. La investigación fue descriptiva y exploratoria con un enfoque cualitativo. A partir de los testimonios, y con base en la técnica de análisis del discurso, fue posible surgir la categoría empírica: “Las dificultades que enfrentan las enfermeras en la asistencia al usuario de la Estrategia Salud de la Familia” del texto producido por las enfermeras. Y la categoría empírica fue: “La obtención de servicio de los usuarios de los cuidados de enfermería en la Estrategia Salud de la Familia,” de los usuarios entrevistados. Fue posible aclarar que las restricciones que enfrentan las enfermeras interfieren directamente en el rendimiento de su trabajo, pero para los usuarios, esta actuación es satisfactoria. Se concluye que el trabajo envolviendo gestión municipal, profesionales de salud y usuarios viabilizan alternativas de enfrentamiento cotidiano visando una asistencia calificada.

PALABRAS CLAVE: Atención Primaria de Salud. Enfermería. Evaluación del rendimiento profesional.

INTRODUCTION

The term Primary Health Care (PHC) and Primary Care (PC) have the same meaning to the guidelines of the Unified Health System (SUS) because it is focused on actions to care better for the individual at the primary level of health care.¹

In this care, there are several duties for Nurses from hosting to more complex activities based on specific legislation, such as prenatal monitoring, tracking, and control of cervical and breast cancer, monitoring child growth and development.

Among the specific activities of these professionals, there are the nursing consultation and nursing prescription. The nursing consultation is regulated by Law N° 7,498/86 and Decree N° 94,406/87 on the Professional Practice of Nursing, by the

COFEN Resolution 159/93 which provides for the nursing consultation and also by Resolution 358/2009 COFEN on the systematization of nursing care, as well as Law 8,080/90 and Law 8.142/90 establishing the doctrinal and organizational principles of the SUS.²

The professionals of the active multi-professional team in the Family Health Strategy (FHS) there is the nurse, being essential in the care to the individual, since his assistance tries to meet a set of needs and demands and overcome daily challenges to ensure the continuity of care, being fundamental the development of an evidence-based practice, focused on collaborative and interdisciplinary health care, in which the subjects of this care are empowered to participate actively in the

promotion, recovery and maintaining of their health.³

In the FHS, nurses have full autonomy to conduct educational, preventive and health promotion activities to be offered to patients. As an integrator and educator, the nurse observes the changing needs of the strategies on educational practice applied in his unit. Thus, the role of the nurse educator is to enhance the knowledge of the other, looking for the active participation of the patients, fully engaged in building their autonomy and emancipation to their health.⁴

However, the assistance provided by the nursing professional has limitations such as the complementarity of interdisciplinary work activities involving many professionals from the FHS⁵, vulnerabilities in interpersonal relationships that inevitably interfere with a quality care generating disagreements with the doctrinal and organizational principles of the SUS.⁶

The lack of material, work overload, ineffective administration of the municipal management and other reasons, also hinder the nursing care in the FHS. It is noticed that these limitations were contributing to a bad nurse's performance in primary health care and, because of this fact, the assistance for the population was incomplete and unsatisfactory, that is, the

community did not have the adequate care from the nurse and the FHS team. Thus, this research has been performed.⁵

In this context, this study is justified due to the finding of vulnerable aspects of care provided by nurses in the Basic Health Units (BHU), since, knowing such limitations, actions to improve nurses' working activities in the PHC can be planned, and user's dissatisfaction can be reduced, watching him in all his needs, in full.

The importance of this type of study benefitted the scientific community with the exposure of nursing care limitations in the PHC attending the possibilities of change and strategies to overcome vulnerabilities. Moreover, it enables to check if the care practices of nursing meets what is established by the profession's Code of Ethics, as well as the principles of SUS.

According to this fact, the aim of this study is to know the nurses' performance in their work activities in primary health care starting with the question: Is the performance of nursing professionals working in the FHS by the current legislation?

METHOD

It is a descriptive, and exploratory study with a qualitative approach carried out in five the Family Health Strategy units

located in the municipality of Cuité, Paraíba, Brazil.

The city of Cuité is located in the state of Paraíba, and it has nine Family Health Units, four in a rural area and five in an urban area, assisting about three thousand people per month. Five nurses have been interviewed. One nurse (N) from the urban area and two patients in each unit were excluded from the data collection by not agreeing with the methodology. There was a total of ten patients (P) respondents. The order of interviews identified the respondents.

Nurses needed to meet the following inclusion criteria to participate in the research: acceptance and availability to participate in the research signing the Consent Form (TCLE), as well as being the nurses who work in any of the FHS and full exercise of their professional activities. The patients of the FHS should be part of the study by signing the Consent Form, aged 18 years old and be a user of one of the units for more than a year.

The empirical data collection instrument was a semi-structured script built to guide the interviews, recorded in MP3 player and later transcribed for better use of testimonials. The interviews of nurses were in the FHS and lasted on average about 30 minutes. Interviews of patients were also held in the FHS and lasted an average of 15 minutes.

Data collection took place only after the study was approved by the Ethics Committee on Human Research of the Federal University of Paraíba (UFPB) by CAAE 35628514.1.0000.5183 on 07 November 2014. In this sense, the participants signed the Consent Form; they were informed about the anonymity, quit at any time of the survey, without any prejudice, and authorization of publication of the results for scientific purposes. The interviews began on November 20 and ended on December 30, 2014.

The data analysis was performed by speech analysis technique, a suitable technique for qualitative research.⁷ The basic principle of the discourse analysis is to receive a text where everything seems more or less dispersed, processing the most abstract level (theme) that gives it coherence.⁷ The texts obtained from the interviews with nurses and patients were studied separately. Initially, there were exhaustive readings of the interviews separating the testimony and contradictions regarding the evaluation of nursing professional performance in their work activities in the context of the PHC.

The determination of the qualitative approach of the identified and separated discursive passages was possible by checking the consistency of the concepts presented by nurses and patients about the performance of nursing professionals in

their work activities in the PHC. Recurrences of these concepts allowed observing two empirical categories: one from the analysis of the transcripts of speeches of nurses and another empirical category of testimonials from patients.

RESULTS AND DISCUSSION

The research was conducted with five nurses, three nurses from the PHC urban area and two nurses of the rural area, although one of the statements has been filed by a decision of the interviewee, at no cost. Two patients from the FHS of each nurse were interviewed totaling on ten interviewed patients.

From the testimonials, and based on the discourse analysis technique⁷, it was possible to emerge the empirical category: “Difficulties faced by nurses in assisting the patient of the Family Health Strategy” from the text produced by the nurses and the empirical category: “Obtaining the assistance of nursing care by the patients in the Family Health Strategy,” from the material constructed from patients interviews.

Difficulties faced by nurses in assisting the patient of the Family Health Strategy

When addressing the nurses about the difficulties faced in the FHS for the

patients' assistance, it was possible to see that the lack of materials in primary health care is an issue that affect the service of patients and, because of this fact, there was a dissatisfaction of both the patient and the health professionals: [...] *the difficulty I have is the lack of materials to develop my activities [...] more educational activities [...] but these activities take place independently [...] it is more enrichment of municipal management [...] bid material for cytological, these things [...] then, it quite difficult our work [...] (N - 01). There are many [...] first in the cytological [...] of material, we already spent four months without coming cytological material for the unit [...] and then how do you as for a goal? [...] How do we have a goal and we do not have the stuff to do it? [...] Then the speculum, glove, sometimes is missing [...] I am with two dressings [...] and there was not saline solution [...] without bandage [...] when you develop some activity in the unit that requires for example [...] October pink, blue November [...] they ask us to make a list of materials, we disclose to the community and at the time [...] the day before [...] when we see the list that we have asked, there is no more than five percent of what we asked [...] we end up paying every time to do the event [...] then, these are difficulties that I find [...] so I always keep asking a lot of material for the office, trying to make a large stock when it comes [...] not to miss, right? [...] (N - 04)*

It is noticed that most nurses reported missing materials for the activities carried out in the unit. The statements above showed the basic input materials such as a speculum, bandage, saline and examination gloves are absent in BHU, and therefore, it harms the nurse's care. Also, most of the

materials for educational activities that are required for the management do not come to the unit, which hinders the operation of the action to the community.

It is important that the infrastructure is appropriate for the operation, and availability of adequate equipment, qualified human resources and sufficient materials for the assistance to ensure the practice in PHC.⁸

With the lack of materials, there is damage in the progress care of health professionals, triggering the breakdown of the patient-professional relationship. It is necessary to have the storage materials in the FHS to avoid lack of material, because in this way the interruption of assistance from the staff and disqualification of service are avoided.⁹

The Primary Care National Policy⁸ has proposed the availability of sufficient materials in the FHS so that the nurse can achieve the proposed actions for the community. The lack of material in the PHC compromises the nurse's performance, but also impedes the working range of goals, leading to interrupt actions and the forwarding of the patient to other services.⁹

Another difficulty pointed out by nurses is the overload of work in primary health care. The professionals highlighted that this overload affects their performance during the care provided to patients: *It is the*

burden even from work, sometimes we stay too much [...] developing some work to achieve goals and ends up leaving even some actions [...] it left much to be desired. (N - 01). Somehow there is not work overload [...] so there are treatments, the schedules only when there is service [...] very well when it's last minute, notices, meetings, finally [...] when it is last minute, it hinders a little the progress of the schedules of the service [...] but otherwise it is fine for you [...] to schedule and plan all right. (N - 03).

In the nurse's interview 01, it can be seen that there is the work overload because the FHS has monthly goals to be achieved, and some activities that should be developed with the community are not performed. In the subsequent deposition, the nurse 03 displayed that the work overload in their service is coming from consultations without prior appointment, meeting or warnings that are not notified in advance.

When they refer to the difficulties encountered in the FHS, actually nurses' workload hinders the incorporation of activities in the service, interfering with the service provided to the patient.¹⁰ The health sector in Brazil goes through obstacles in the care provided, and one of these obstacles is the work overload in health services.¹¹

Excessive demand and quantitative production activities lead to work overload and lack of time for professionals to plan together the actions to be performed since

they are involved with the care of spontaneous demand and care in clinics.¹¹

About educational activities, the nurses' testimonies revealed that there is a degree of difficulty at this point, by the fact that the BHU does not have the expected support of the municipal administration for the performance of such educational activities. This issue is linked to the coordination of municipal management of the FHS: *The difficulties [...] good at the moment, it is only the financial issue that is affecting [...] the management [...] that is difficult [...] because the job is not so good, so [...] we do not get so excited to do the job [...] (N - 02). Well, I think [...] a large part of the management [...] thus having a [...] more attention to professional, a better appreciation [...] both [...] financially and [...] motivation finally [...] have better management about it [...] (N - 03). Regarding the difficulties that I face [...] it does not depend on me, it depends on the management, do you understand? [...] Sometimes I end up taking the money from my pocket needed to carry out the activities. (N - 04).*

According to the reports, it can be observed that one of the greatest difficulties of nurses is the lack of support of municipal management in the FHS. Municipal management is not supporting the activities undertaken by them in the PHC. In the speaking of a nurse, it was possible to see that the management does not provide financial resources for the implementation of actions in the BHU. It is at this point that the team is united to buy the materials to carry out the proposed

activities. Another point discussed is the lack of attention and motivation of municipal management to health professionals.

According to Ordinance N° 423 of 24 June 2002, the municipal manager has the function to control, regulate and evaluate the quality, efficiency, and effectiveness of public and private services that are present in their territory, thus ensuring quality care to the population.¹²

Municipal management is responsible for the organization and implementation of PHC actions, comprising health activities, whether individual or collective, covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health.⁸

The quality of municipal management can be understood as the manager's ability to take measures to reduce the risk of diseases and other health problems, and that makes universal and equal access to each municipality to actions and services necessary for the promotion, prevention, and recovery of their health.¹³

According to the Primary Care National Policy, to perform the actions for Primary Care in the municipalities, it is necessary:

To ensure access to diagnosis and laboratory support necessary for resolving care of the population by

the municipal management; and ensuring the municipal management of the flows defined in the Health Care Network between the various points of attention from different technological configurations, integrated by logistics services, technical and management support to ensure comprehensive care. To facilitate the principles of access, connection, continuity of care and health responsibility and recognizing that there are different social, epidemiological, different health needs and ways of organizing the FHS.^{8:37}

It can be inferred that the municipal health departments are presented as simple service providers, although most of the time they are supported by planning tools. Regarding planning instruments, they are considered insufficient by the fact that when there are, they highlighted the objectives and goals, focused on regulatory requirements and do not reflect the local reality, as emphasized in the speech of respondents.¹⁴

Obtaining the service of patients of nursing care in the Family Health Strategy

By questioning the patients about getting nursing care in the FHS, it was possible to see that the work of nurses satisfies the patients. According to the testimony presented, patients can have the nursing care when they need it, conducting examinations, consultations, and/or guidelines: *Yes [...] I have done the procedure with the nurse [...] everything right. (P - 02). I*

think so [...] all my exams I do them here. Everything is here! (P - 03). And the nurse I have nothing to complain [...] I find assistance when I need [...] (P - 04). Yes. The nurse guides me. (P - 05). Yes, [...] and with all the nurse, not only medication, because she now has no condition to give. (P - 06). I find, yes, nurse's care. (P - 07). Yes, I am satisfied with the work of the nurse. (P - 08). I find, yes. I find service with the nurse (P - 09). Yes. I have the nurse's care (P - 10).

The implementation of SUS constituted assignments for nurses in the PHC. However, these functions would be not only in administrative and organizational health and nursing services but also in the conduct of clinical actions of direct attention to the patient. The nurses of the FHS is the possibility of reorienting their actions towards the health needs of the patient.¹⁵

The nurse can provide care to the human being as a whole, in a holistic manner, enhancing him with his uniqueness, need to be aware of the reality experienced by this being so, the human care and worthy of the needs of the care will be possible.¹⁶

It is important that there is a trust relationship between nurse and patient during the nursing consultation, in the conviviality with the patient of the FHS, allowing that there is a bond of trust with the professionals, causing users to confidences, so it is so important that takes

place communication between professional-patient.¹⁷

The nursing consultation is considered a not only a clinical space and pre-established for the rules and routines of the service but also as a time of closeness and host the participant seeking the service influencing the therapeutic treatment.¹⁸

Patients were asked about the communication of nurses in the care provided, and the results showed that there are a good communication and nurse interaction with the patient in the FHS: *The nurse has good communication. (P - 01). Yes, more or less [...] so the person does not understand everything right? [...] But then I try to know [...] the nurse explains all the procedures she does [...] and explain the cytological [...] says what I have [...] after tells me to look for proper treatment. (P - 02). He answers all doubts, the nurse [...] guides me [...] only just talking once, I understand what he says [...] most of the time I come with my mother. (P - 03). At least with me [...] I understand. (P - 04). Yes, I understand. (P - 05). Yes, she talks [...] she explains and says it all [...] it is, it is something that we understand and something that we do not [...] when I do not understand, I try to know. (P - 06). They have good communication, yes, I understand. (P - 07). Yes, I understand [...] so [...] I do not quite understand the medical [...] I ask, when I do not understand, I ask the nurse. (P - 08). Everything she says I understand and [...] I try to know when I do not understand. (P - 09). Yes, I understand. (P - 10).*

According to the testimonials of patients about the nurse communication during the service, they showed that most

patients understand what the nurse said, and if the patient does not understand, he seeks to know the nurse on what they do not understand. In this perspective, the communication of the nursing professional is satisfactory contributing for a good nurse performance in the FHS.

Through this communication with the patient, the health professional provides to understands their life story, their way of being, thinking, acting, being accepted in the environment where they live, so they can identify weaknesses and potentially experienced by them, assisting them in resolving differences and conflicts.¹⁶

The care with the health service patient depends on most of the time from the type of communication that occurs between the patient and the health professional, because through communication established, the relationship between people, is where information, codes are, and signs exchanged, being able to deal with verbal and nonverbal communication.¹⁹

In care practice, the relationship between nurse-patient will be present by the communication and expression, cultural aspects, experiences, beliefs and values of each.¹⁹ Nursing professionals should be ready to establish a communication that suits as a tool in health

promotion intervention process and also in care.²⁰

Although it is exposed that communication involving nurses and patients was satisfactory in the opinion of the patients, it cannot be stated at what extent he converges to the politically correct discourse, since the nurses elucidated weaknesses that limit their work performance, particularly about assistance. In the municipality of Cuité-PB of Primary Care and Family Health Strategy management is the responsibility of nursing professionals by nurses in primary care, not claiming difficulties in stress resistance, the effective leadership, dealing with conflicts, spontaneity, sensitivity involving interpersonal relationships with the other team members, since the focus involves financial aspects.⁶

CONCLUSION

Given the results found in this research, educational and professional activities undertaken by PHC nurses elucidated everyday constraints faced in their development. This fact is happening due to the administration of municipal management that is not offering material and financial resources necessary for BHU.

It was possible that the lack of support of the municipal administration towards health professionals makes the performance of activities, especially

nursing activities, not occurring in a planned way in the FHS from the nurses.

Also, the municipal management makes the FHS go through periods of lack of basic input materials, providing an unqualified and ineffective care by the nurses, negatively interfering with the integrity, quality, and humanization of care.

In the point of view of the nurses interviewed, the performance provided to the patient is going on. However, this service presents complications that prevent the quality of work performance due to these obstacles the nurses in PHC are not exercising their work activities as recommended by the SUS.

On the other hand, in the point of view of patients, the performance of nurses in their work activities in PHC is satisfactory. Through the reports, the work performance of the nurse of each FHS is pleasing patients using the BHU.

Finally, it can be concluded that it is of extreme magnitude that nurses of FHS has a good performance in the PHC, providing comfort and confidence to the patient during the service in the FHS. It is important that health managers be sensitive about the FHS, which has the necessary resources to carry out the planned actions so that the monthly goals are achieved.

It is important to point out that the municipal administration has the task of

developing actions for the improvement of health services, offering correctly assistance to patients as recommended by SUS. It is important that patients know that they have the right to have access to services that are available in health networks for promotion, prevention, and recovery of their health.

Although it is a limited study to the PHC context of a small city in the interior of Paraíba, the discussion may stimulate further research to analyze and discuss the consequences of the nursing professional performance in the assistance to the population of major cities or large cities and under health to secondary and tertiary care to understand the daily challenge performing work activities as the doctrinal and organizational assumptions of SUS.

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