

ASSISTANCE AND MANAGEMENT IN THE CONTEXT OF THE FAMILY HEALTH STRATEGY FROM THE PERSPECTIVE OF THE NURSING ASSISTANTS

ASSISTÊNCIA E GERÊNCIA NO CONTEXTO DA ESTRATÉGIA SAÚDE DA FAMÍLIA SOB A ÓTICA DOS ENFERMEIROS ASSISTENCIAIS

ASISTENCIA Y GESTIÓN EN EL CONTEXTO DE LA ESTRATEGIA DE SALUD FAMILIAR DESDE LA PERSPECTIVA DE ENFERMERAS DE ASISTENCIA EN ENFERMERÍA

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ABSTRACT

Objective: Understand how assistance and management occurs in the context of the Family Health Strategy from the perspective of the nursing assistants. **Method:** Exploratory-descriptive study with a qualitative approach, based on Historical Dialectical Materialism. The collection was carried out through interviews that originated the empirical categories, later analyzed by the Discourse Analysis Technique. **Results:** Nursing care is considered in its entirety as a way of complying with the programs established by the Ministry of Health, making it, at times, inflexible. Bureaucratic content is seen as an obstacle for limiting direct customer assistance, in addition to overloading them. **Conclusion:** There is an understanding that assistance and management are interconnected and not dichotomized activities. However, there is a conflict in the reconciliation between these two dimensions. The conciliation difficulties reflect the fragility in the preparation and updating of the professional regarding coping with activities in the work environment.

Descriptors: Primary Nursing; Delivery of Health Care; Health Management.

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RESUMO

Objetivo: Entender como ocorre a assistência e a gerência no contexto da Estratégia Saúde da Família sob a ótica dos enfermeiros assistenciais. **Método:** Estudo exploratório-descritivo de abordagem qualitativa, fundamentado no Materialismo Histórico Dialético. A coleta realizou-se através de entrevista que originaram as categorias empíricas, posteriormente analisadas pela Técnica da Análise de Discurso. **Resultados:** A assistência de enfermagem é considerada em sua totalidade uma forma de cumprimento dos programas estabelecidos pelo Ministério da Saúde, tornando-a, por vezes, inflexível. Os conteúdos burocráticos são vistos como empecilho por limitar a assistência direta ao cliente, além de sobrecarregá-los. **Conclusão:** Existe a compreensão que assistência e gerência sejam atividades interligadas e não dicotomizadas. No entanto, possui um conflito na conciliação entre essas duas dimensões. As dificuldades de conciliação refletem a fragilidade no preparo e atualização do profissional quanto ao enfrentamento das atividades no ambiente de trabalho.

Descritores: Enfermagem Primária; Assistência à Saúde; Gestão em Saúde.

RESUMEN

Objetivo: entender cómo se da la atención y la gestión en el contexto de la Estrategia Salud de la Familia desde la perspectiva de los auxiliares de enfermería. **Método:** estudio exploratorio descriptivo con un enfoque cualitativo, basado en el materialismo histórico dialéctico. La colección se realizó a través de entrevistas que originaron las categorías empíricas, luego analizadas por la Técnica de Análisis del Discurso. **Resultados:** La atención de enfermería se considera en su totalidad como una forma de cumplir con los programas establecidos por el Ministerio de Salud, haciéndola, en ocasiones, inflexible. El contenido burocrático es visto como un obstáculo para limitar la asistencia directa al cliente, además de sobrecargarlos. **Conclusión:** se entiende que la asistencia y la gestión están interconectadas y no son actividades dicotomizadas. Sin embargo, existe un conflicto en la reconciliación entre estas dos dimensiones. Las dificultades de conciliación reflejan la fragilidad en la preparación y actualización del profesional en relación con el manejo de actividades en el entorno laboral.

Descriptor: Enfermería Primaria; Prestación de Atención de Salud; Gestión en Salud.

INTRODUCTION

The expansion of the Care Network, driven by the decentralization process in the Unified Health System (SUS), has brought about changes in the management and provision of services in the sector, transforming the labor market. From this perspective, nursing has participated significantly in this process, by expanding the Family Health Strategy (FHS).¹

Constituted by the National Primary Care Policy, the FHS stands out

among the various health care establishments in which nursing works. However, nursing management at this level of care is still an underdeveloped and discussed practice in the national scenario. In addition, there are factors that distance care from management, especially as a result of the precariousness of the work process and the traditional care model.²

Nursing is considered one of the health categories most mobilized for the management of Basic Health Units (UBS), being responsible, together with other

professionals, to encourage the participation of the team in the organization of health services to meet the real needs of users, workers and institution, through administrative decentralization, informal communication, flexibility in production, encouragement of initiative, creativity of individuals and groups.³

The nurse, when developing management in the context of primary health care, must act in the organization of the unit's materials and infrastructure, assume nursing care in all its nuances, that is, individual, family and community, exercising comprehensiveness and strengthening of its actions, in addition to leading the team to constant collective improvement, mainly through permanent education.⁴

The practices that these professionals develop on a daily basis are characterized by direct care and management activities. On the other hand, these activities are influenced by the historical process that permeates the consolidation of this professional category, being marked by the provision of care, continuing education and administration and management.²

The influence of the model proposed by Florence Nightingale in the nineteenth century and the precepts of administrative theories is highlighted as

one of the possible causes for the accumulation of work activities of nursing professionals and the difficulty of nurses' conciliation regarding actions that mainly involve direct care and management.⁴

Some primary care nurses present, both in their speeches and in their practice, a behavior that shows difficulties in reconciling the administration of the unit and the provision of direct care, as if they were incompatible and incommunicable activities. Thus, this is a conceptual and relational difficulty in the face of management actions in nursing care.⁵

It is necessary for nurses to understand that management actions are inherent to care activities, thus, it is possible to establish a dialectical relationship between the know-how to manage and the know-how to care, reflecting the same interface that expresses two inseparable aspects of practice professional.²

Given the arsenal of productions involving managerial and care aspects of nursing, it was found in a study that nurses, teachers and students understand the nursing work process in a fragmented way and do not recognize the inseparable nature between care and management.⁶

Another study highlights the importance of care and management aspects of nursing professionals for the

success of preventive health actions, in the context of the FHS, aimed at meeting the health needs of the individual, family and community.⁷

A research, which adopted the methodology of integrative literature review, states that in Australia, Brazil, United Kingdom, United States, Mexico, South Africa, Canada, Thailand and Chile, the nursing work process is exclusively associated with the care component of work performance and omits the managerial component of care practice, for this reason, it is necessary to carry out more research involving care and management in the nursing work process.⁸

Based on the above, the following guiding question was used: Do clinical nurses recognize the inseparable nature of managerial and care activities in the context of the FHS? In this sense, this study aims to understand how care and management occur in the context of the FHS from the perspective of clinical nurses.

METHOD

Exploratory, descriptive study with a qualitative approach that aims to interpret the phenomenon of observation, aiming to elucidate the word (spoken, written, symbolic) that expresses human behavior and allows the analysis of meanings.⁹

Epistemologically supported by the philosophical theoretical framework of Historical and Dialectical Materialism (MHD) applied by Marx and Engels that allows understanding social phenomena, as it works the contradiction and argues that, in order to know reality, it is necessary to elucidate the extremes in order to approach the essential, that is, starting from the empirical, the apparent real, one must move towards reflections, theories and abstractions that lead to the essence of that reality.⁹

The research took place in a municipality in the state of Paraíba, whose primary care is made up of nine units of the FHS, divided into five units that predominantly serve in urban areas and four in rural areas.

Nurses with academic training for more than a year were included; with short or long-term courses related to primary care, such as specialization in collective health and training in permanent education, and who had been working for at least one year in the FHS in the urban area of the municipality of Cuité. Nurses who for personal reasons, discomfort with the interview or any other nature, and at any stage of the research, withdrew to contribute, even having signed the Informed Consent Term, were excluded.

The collection of empirical material was carried out in January/2018 after approval of the project by the Research Ethics Committee of the Federal University of Campina Grande, under research protocol No. 2.380.069 and CAAE No. 79511917.3.0000.5182, in accordance with ethical principles of Resolution 466/2012.

We opted for conducting interviews recorded on an MP3 player and guided by a semi-structured script organized in two stages. First stage: sociodemographic data of nurses and the second stage the following questions: 1. “How long have you worked as a nurse in primary health care?”; 2. “Discuss your understanding of the managerial role of nurses in primary health care”; 3. “Discuss your understanding of the role of nurses in primary health care”.

As it is a semi-structured script, other questions were asked in order to achieve the study objectives. The interviews were previously scheduled and carried out in the scope of the nursing office, with an average duration of 30 minutes, during working hours according to the service's routine, and started after the nurse's consent through the signature of the IC. To ensure the confidentiality of information, deponents were identified by the initial “E” for interviewee and listed

from 1 to 3, according to the sequence of interviews.

From the transcription of the speech fragments (concrete elements) of the interviewees, reading and rereading was performed repeatedly to elucidate the themes presented in each line of the text (abstract element). The main themes presented by the interviewees were grouped according to convergence and led to the construction of empirical categories, as they reflect the raw data extracted from the empirical environment.

The empirical categories were analyzed using Fiorin's discourse analysis technique, whose basic principle is, when receiving a text where everything seems more or less dispersed, to process the most abstract (thematic) level that gives it coherence. In this sense, it was possible to know the opinion of nurses about care and management in the context of the FHS.¹⁰

RESULTS AND DISCUSSION

The age of the interviewees ranged from 25 to 45 years old, there was a predominance of females, self-declared as white (33.3%) and brown (66.6%), 100% declared a stable marital relationship, with time of experience in the Primary Care from 1 to 5 years (33.3% had been working for 2 years and 66.6% for 4 years).

Empirical Category I: Care work

Nursing considers care as one of the dimensions of its work process, considering patient care through direct contact, called care practice. During the care provided by the nursing team, professional activities of increasing complexity are prerogatives to adequately meet the health needs of each individual.¹¹

Discourse analysis allowed for the apprehension of the empirical care work category, which expressed the participants' empirical representations regarding the care aspects of daily work. The professionals related the care work to the nursing consultations and considered it important because they are tools that implement the programs predefined by the Ministry of Health (MS), as expressed in the speech fragments below:

The care activities are consultations, right, that we do: childcare, prenatal care, family planning, we have men's health [...]. E3

Then we follow a little schedule, there are the programs I've already talked about... childcare; hyperdia; pregnant women; one day for quick test; women's health, a whole day because the demand is great and very good; home visit [...]. E1

Clinical nurses use nursing consultations as assistance instruments, as they allow links between professionals and users. Through the consultation, it is possible to identify the health-disease problems so that it is possible to contribute

to the promotion, protection, recovery and rehabilitation of health.¹²

The care activities of nurses, in the context of primary care, are more often related to compliance with programmatic action policies established by the MS, such as: child, adolescent, woman, man, adult, elderly, mental health, tuberculosis, among other programs.¹

The concept of care related to nursing consultations, linked to these programs, reflects the national expectations previously agreed upon by specific legislation such as Law 8080/90, which support the evaluations of the Ministry of Health in the fulfillment of programmatic activities imposed by it, which often makes it difficult to performance of flexible work in the nurse's work environment.

Even so, nursing professionals promote community empowerment, approach topics in an accessible way, favor reflection and contribute to health promotion, as they understand that the population's needs go beyond the specific areas pre-defined by the MS.¹³

Despite the difficulties in implementing and executing the programs proposed by the MS, nurses also need spaces to exchange knowledge and contribute to health promotion beyond the space of the nursing office, as it is one of the ways to carry out their work assistance.

Develop groups, conversation circles, spaces that promote the exchange of knowledge, converge to the autonomy of users. It was possible to see in the testimonies that there is the presence of these spaces that promote health education actions:

We have a LGBT group once a month at night, we have a group of pregnant women once a month, and we have many, many pregnant women. E3.

The greatest facility that I see here in carrying out is men's health [...], and we started once a month, but the demand was so great that we are doing it every fortnight, men look for a lot and, thus, we saw their difficulty to come during the day, sometimes it was the women who came, they said what the man was feeling, why they work and there was no way to come [...] but now with the men's health, they come, ask when the next meeting is going to be[...]. E3

The creation of these spaces for collective reflection enables praxis, which concerns an action combined with reflection in the search for solutions to health problems and better living conditions.¹⁴

Faced with a universe in which there is a predilection in the maternal-infant area, it was observed that actions are developed aimed at different areas such as groups: men's health, LGBT population, in addition to assistance with home visits.

Thus, it was plausible to verify the attitude of professionals in providing spaces for health education to meet the

demands of the community, through nursing consultation that strengthens the bond and empowers the community, even in the face of numerous goals that must be met according to MS.

Empirical category II: Centralization of nurses in managerial activities

Nursing management is considered a rational and scientific method, capable of guiding work processes and planning, executing and evaluating actions within the scope of health services. Thus, the development of managerial activities emerges as productive and modifying behavior of services and institutions that aim to provide the organization of work.¹⁵

Managerial activities increasingly demand skills and competences in the nurses' work process, mainly related to the constant needs of coping, responsibility and resoluteness when assisting individuals and collectives in a comprehensive way.¹⁶

From the perspective of local management in primary care, a change in management is currently proposed, starting from a position directed only by a professional in the team, towards the collective participation of transforming agents in organizations. In this approach, the management process is perceived through co-participation, co-responsibility and, mainly, mutual commitments.¹⁷

This management model represents a strategy to improve working conditions and quality of service to users, given the concept of the capacity of professionals at the Basic Health Unit (UBS) to transform the work environment when working collectively within a common goal.¹⁸

However, from the speech produced during the interviews, the interviewees demonstrate that management represents a resource for conducting the practice at the UBS, exclusively directed at the nursing professional, as expressed in the highlighted lines:

So the nurse will coordinate the entire team, the entire unit, the nurse is responsible for the progress of the unit. E3

So, the nurse, he is responsible for everything [...] Everything inside the UBS, he is the headliner. E2

And so, the management part is also very demanding, because here everything is controlled by the nurse, from the water in the gelágua to the files, everything is given by the nurse. E3

Everything, from inspecting the work of the community agent, looking at the registration situation, more specific cases in the area, which we have to go, it is... request NASF, CREAS, CRAS, these things. E1

There are also reports that exemplify some administrative activities as a responsibility directed solely to the nurse, such as: provision and forecast of materials and printed matter; control of the immunization room and implementation of

the unit's schedules, as expressed in the lines:

So, from situations of printed material, to cleaning materials [...] the realization of a schedule, the issue of production, everything is up to the nurse. E1

From the printouts to the care part, the nurse has to be inside, always looking to replace materials, printouts... E2

We also do this part, supplying the UBS with printed matter, material for dressings, material for the vaccine room, because we supply all these rooms. E2

Administrative activities related to the management of resources and supplies, such as: control of medicines, vaccines and planning regarding the acquisition and stocking of materials, among others, represent the most recurrent bureaucratic actions in the primary care service.¹⁵

Even in view of the role that nurses play in the administration of the UBS, it is a planning that can involve all the team's professionals in the management process is necessary. This need exists, since the care and management functions are interconnected and often generate an overload for the nurse, and this dynamic that enables the partnership and commitment of the other members of the multidisciplinary team could facilitate nursing care as a whole.¹⁹⁻²⁰

Inappropriate work situations, such as overload of activities, can trigger several consequences, such as: suffering, lack of

motivation, frustration, anxiety, because it hinders the proper development of their work activities. In addition to generating feelings of dissatisfaction on the part of the user and stress on the team, reflecting on the decrease in service performance.¹⁸⁻²⁰

These inappropriate conditions are strengthened in view of the lack of permanent health education actions, the lack of incentives and the devaluation of the nursing professional. Such eventualities allow the persistence of inadequate working conditions and difficulties in transforming their work sphere.¹⁸

Thus, the development of strategies that provide the involvement of team members in participatory management is one of the ways to provide democratic and healthy habits in the work context, with a view to achieving a humanized and quality performance.¹⁷

CONCLUSION

From the nurses' point of view on nursing care, it is essential to apply the programs that are established by the MS in the FHS through nursing consultations. However, testimonies reveal the importance of understanding the problems inherent in each reality and that, in certain situations, they are not included in the ministerial programs.

Although they understand that the administrative issues of the FHS are exclusively directed to nurses, they corroborate that it is an obstacle in the work process of this professional, as it limits direct assistance to the user.

Although the professionals understand that care and management are interconnected and not dichotomous activities, there is a dialectic in the conciliation between these two work dimensions, related to the work overload attributed to the nurse. According to the reports, the difficulties in these conciliation processes reflect the fragility of investments to update professionals to face the activities of the work environment.

Despite the sample size limitation, this study allowed us to obtain a corpus of interviews that allowed important reflections on the dialectic between management and care in primary care based on the considerations of clinical nurses in the FHS.

The excess of work activities attributed to the nursing professional, such as the management of materials and infrastructure of the health care establishment, which triggers vulnerabilities regarding the equitable distribution of activities among the team. It is understood that nursing professionals assume a centralizing role, even at the

expense of ministerial prerogatives that guide and suggest interdisciplinarity and transdisciplinarity in the activities of the FHS.

It is suggested to expand studies on the subject involving the interdisciplinary team of the FHS and management to understand the other professionals involved and outline collective strategies that help and enhance the performance of nursing professionals in the FHS.

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