

**NURSE MANAGER AND THE RELATIONSHIP WITH CARE MANAGEMENT IN  
THE BASIC HEALTH UNIT****ENFERMEIRO GERENTE E SUA RELAÇÃO COM A GESTÃO DO CUIDADO NA  
UNIDADE BÁSICA DE SAÚDE****ENFERMERA GERENCIAL Y SU RELACIÓN CON LA GESTIÓN ASISTENCIAL  
EN LA UNIDAD BÁSICA DE SALUD**

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**ABSTRACT**

**Objective:** This study aims to relate positive and negative aspects of the nurse manager of a basic health unit that influence the management of care. **Methods:** This is a cross-sectional study, with a qualitative approach and descriptive character, carried out from November 2019 to January 2020. **Results:** The interviewed nurse managers were mostly female, married, with specialization, characterized by professional training, performance and management of a basic health unit for over 4 years. The double role played influences challenges, possibilities, motivation, benefits and the relationship between the comparison of care provided by nurse managers and non-managers. **Conclusion:** It is important to highlight variables in the work process of the nurse manager and care, through multiple assignments, but understanding that in addition to the challenges faced, they point to positive and motivational aspects in response to a participatory and quality management seeking for the best assistance to the population.

**Descriptors:** Nursing; Health Management; Family Health.

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## RESUMO

**Objetivo:** O presente estudo objetiva relacionar aspectos positivos e negativos do enfermeiro gerente de unidade básica de saúde e que influenciam na gestão do cuidado. **Métodos:** Trata-se de uma pesquisa transversal, de abordagem qualitativa e caráter descritivo, realizada no período entre novembro de 2019 a janeiro de 2020. **Resultados:** Os enfermeiros gestores entrevistados compreenderam maioria do sexo feminino, casada, com especialização, caracterizados por formação profissional, atuação e gestão de unidade básica de saúde há mais de 4 anos. O duplo papel desempenhado influencia em desafios, possibilidades, motivação, benefícios e relação entre a comparação de atendimentos de enfermeiros gerentes e não gerentes. **Conclusão:** É importante destacar variáveis do processo de trabalho do enfermeiro gestor e do cuidado, através das múltiplas atribuições, mas compreendendo que para além dos desafios enfrentados, os mesmos apontam aspectos positivos e motivacionais com resposta a uma gestão participativa e de qualidade buscando pela melhor assistência à população.

**Descritores:** Enfermagem; Gestão em Saúde; Saúde da Família.

## RESUMEN

**Objetivo:** Este estudio tiene como objetivo relacionar aspectos positivos y negativos del enfermero gerente de una unidad básica de salud que influyen en la gestión del cuidado. **Métodos:** Se trata de un estudio transversal, con enfoque cualitativo y carácter descriptivo, realizado de noviembre de 2019 a enero de 2020. **Resultados:** Las enfermeras gerentes entrevistadas fueron en su mayoría mujeres, casadas, con especialización, caracterizadas por formación profesional, desempeño y gestión. de una unidad básica de salud desde hace más de 4 años. El doble papel que juega influye en los desafíos, las posibilidades, la motivación, los beneficios y la relación entre la comparación de la atención brindada por enfermeras gestoras y no gestoras. **Conclusión:** Es importante resaltar variables en el proceso de trabajo del enfermero gerente y cuidado, a través de múltiples asignaciones, pero entendiendo que además de los desafíos enfrentados, señalan aspectos positivos y motivacionales en respuesta a una gestión participativa y de calidad, buscando la mejor asistencia a la población.

**Descritores:** Enfermería; Gestión en Salud; Salud de la Familia.

## INTRODUCTION

The managerial activity carried out by nurses is regulated by the Federal Nursing Council (COFEN) and by Decree No. 94,406/87 which establishes in Article 8 that this one has as attributions the direction and leadership, planning, organization, coordination and evaluation of the nursing services. In Resolution COFEN - 194/1997, the participation of the nurse in the general direction was made official, being able to occupy in any sphere, in public and private institutions, management positions;

however, not failing to answer for the nursing services.

In view of this, the nursing professional, in this managerial context, stands out more and more in the health area, whether in the national or international context. This is due to the fact that nurses are increasingly assuming a decisive role in solving the population's health problems.<sup>2</sup>

In this way, studies state that the situation of managing the sanitary territory and exercising the function of an assistant nurse presents a great challenge for

professionals as the amount of service increases, which may have consequences on the quality of the service provided/offered.<sup>3</sup>

It is considered that, for the provision of health services to be of quality, assistance and management are interconnected in the execution of nursing work, since the divergence between the assistance and management dimension compromises the quality of care and generates conflicts in the nurse's work.<sup>2</sup>

However, it is necessary to direct the focus to the reality experienced, daily, by the actors involved and to understand the artifices and tactics adopted by them (assistance and bureaucracy), to move forward with the daily work process, can generate relevant reflections and conflicts for the daily management of Family Health Strategy (ESF) services.<sup>4-5</sup>

Faced with such conditions, it is relevant to identify the characteristics of UBS nurse managers, to know the positive and negative aspects and relate them to their dual role as manager of the service and care, making it a relevant and important study, and justifiable, in particular for the management of primary health care in the Unified Health System (SUS), since it will serve as a subsidy for the adoption of training strategies for them, in view of the difficulties shown.

## **METHODS**

This is a cross-sectional study with a qualitative approach, descriptive character and data presentation with an exploratory approach. The same was carried out in the city of Juazeiro-BA. Data collection took place between November 2019 and January 2020.

The municipality's primary care network is made up of 60 Family Health Teams (eSF) and 04 Primary Care Teams (eAB) characterized by the non-compulsory Community Health Agent (ACS) as a member of the team, distributed among 56 UBS (28 in the urban area and 28 in the rural area, 9 of which are satellite units). Each UBS has a manager, 96% of whom are nurses and only 4% have a dentist as a manager.

Nurses who belonged to the staff of the Municipal Secretary of Health (SMS) participated in this investigation, either as an effective nurse or hired from the UBS addressed, who composed the function of manager of the service for at least 1 year and whose unit had more than 1 eSF and who were not on vacation or on leave. Therefore, at the end of the selection, 8 professionals were selected, of which 7 were approached by the research and 1 was excluded due to pre-established criteria.

Data collection followed three stages, the first included filling out a semi-

structured questionnaire with the purpose of characterizing the study sample about the sociodemographic profile and professional training, the second stage was conducting individual semi-structured interviews, which took place in the offices of nursing of the respective interviewees and the third stage consisted of the documental analysis of the number of eSF nursing consultations through the report extracted from the e-SUS Primary Care (AB) program transmitted by the Electronic Citizen Record (PEC) system.

All interviews were recorded on an audio device, with subsequent transcription, upon consent and signing of the Free and Informed Consent Form (TCLE). This study was approved by the Research Ethics Committee following the precepts of Resolution 466/12, of the National Health Council (CAAE 06794919.5.0000.5196 and Opinion number 3,302,795). The interviewees are identified by the abbreviation “ENF” for nurse followed by an alphabetical letter, at random according to the sequence of interviews, in order to guarantee anonymity.

For this research the content analysis method proposed by Bardin (1994) was used, as well as the help of the qualitative analysis software IRaMuTeQ 0.7 alpha 2. The information was grouped and formed a corpus, which underwent statistical treatment. The use of software has been helping the apprehension of the research

object in the qualitative approach, which is a highlight among them.<sup>6</sup>

This method was made possible through the execution of three stages, the first being the pre-analysis of the content, the second was the analytical description of the content and the third, the inference and interpretation, that is, the treatment of the results. The data were categorized analytically and in a non-prioristic way, where 3 categories emerged.

In relation to document analysis, it is known that the use of documents for research brings a wealth of information, as it can complement the research, subsidizing data found in other sources, in the sense of corroborating the reliability of the data. The reports extracted from e-SUS/PEC were analyzed, transcribed into quantitative tables and related to the content exposed by the respondents.

## RESULTS

Regarding the sociodemographic profile of the nurse managers participating in the research, the variables age, gender, marital status and education can be observed, and as a highlight, it could be inferred that the largest portion of them is between 21 - 40 years old, contemplating 86% of the total, 86% are female, 71% are married, and 86% have a specialization.

When asked about their professional activity time, it could be highlighted that

100% of the interviewed nurses had graduated for more than 4 years, 44% worked in UBS for more than 4 years and

44% had been manager of UBS for more than 4 years. 4 years.

**Table 1. Sociodemographic profile of nurse managers. Juazeiro (BA), Brazil, 2019.**

Category	Alternatives	Amount	Percentage
<b>Gender</b>	Female	06	86%
	Male	01	14%
<b>Age group</b>	21 – 40 years old	06	86%
	> 40 years	01	14%
<b>Marital status</b>	Married	05	71%
	Single	02	29%
<b>Specialization</b>	Yes	06	86%
	No	01	14%
<b>Training time</b>	< 04 years	00	0%
	≥ 04 years	07	100%
<b>Time working professionally at UBS</b>	< 04 years	04	56%
	≥ 04 years	03	44%
<b>Management time at UBS</b>	< 04 years	04	56%
	≥ 04 years	03	44%

Source: Author, 2020.

Based on data analysis, according to the interviews, among the conditions that are related to the dual role of the UBS nurse manager and care manager, the following categories emerged: Challenges and possibilities; Positive and negative aspects; Benefits and motivation.

## DISCUSSION

### Challenges and possibilities

Exercising a dual role in a service that requires situations and actions of different roles, such as management and assistance, is a challenge for many professionals, as is the case of the managers interviewed. condition, cited in the

statements below as a tool to help the population and even as an opportunity.

*I think it will cause a little demand, it will overload nurses a little because in addition to the management part, you have to do the care part. [...] It was very clear in the meeting with the management that it is not to take demands to the secretariat, it is to be resolved within the basic health unit, with the manager. (NURSE)*

*I see it as an opportunity for us to be able to work better, learn better and be able to offer something better to the population. It is logical that working with the union of professionals and feedback directly with the health department. (NURSE)*

*I see a great opportunity, what we will really need is for the secretariat to give us the conditions to work and for colleagues to internalize that we are here not to harm anyone. (ENF B)*

The municipal health department appears to be an indispensable support for the performance of the manager's work,

while it is seen as providing better working conditions, as well as exercising its role of feedback for managerial actions. And, nevertheless, the team emerges as a collective that understands that the role of the manager does not harm, but improve the management of the UBS.<sup>7</sup>

### Positive and negative aspects

While nurse managers go through challenges and see possibilities, it is important that internally, in the development of their work, aspects emerge that are configured as positive, as can be seen in the statements below.

*I think it's a positive point because we who are managers here know our colleagues better, we know the situation they are going through, the problem that each one has, so it is easier to solve, unlike the health department that is farther away. (ENF G)*

*I think it's good to be a nurse manager and assistant [...] So let's say that tomorrow I'm no longer a UBS manager, but I acquired some experience, and everything you acquire from experience is good." (ENF B)*

*The main influence when the nurse assumes this managerial role is that he ends up becoming much more empowered in this care management, and he starts to see the assistance that must be given to a certain patient with a broader perspective. (ENF C)*

*I'm always making an effort to try to do both things without leaving something to be desired, I can't solve everything unfortunately, because it doesn't depend on me, but everything that comes to me on demand, I see the best way to manage it. (ENF D)*

*The population has a gain, because there is someone there who is somehow leading and fighting for you, and the professionals themselves too, within the unit. You manage to have some strength to avoid some disturbances within the unit: a fight, persecution, abuse of power, or even some kind of enmity and you manage to have the strength to*

*handle that situation, to solve it, to appease... it's a manager in a positive way. (ENF F)*

The formation of a bond is shown to be a positive aspect, while being close allows managers to be more sensitive to demands and needs faced by the team. In addition, the experience acquired in the UBS management is seen with good eyes, it proves to be empowering for some and a tool for solving problems generated in the scope of interpersonal work, with emphasis on the final quality of the service offered to the SUS user.<sup>8</sup>

It is true that not only the positive aspects stand out, since there are many problems involved in the manager's task, which ends up becoming a negative aspect for him, as it is possible to verify in the excerpts below.

*Sometimes we live and learn, there is that question that says "give power to a person, you will know who he is", but sometimes it also happens that you receive power, try to develop a job and your own colleagues they don't want to accept it, so we face this kind of problem. (ENF B)*

*The negative thing is that we end up overloading ourselves, because we don't have specific days, for example, to assume only the assistance function, and only the managerial function, because sometimes I'm providing assistance and I have to stop, because there is a managerial function that calls me at that moment, so I think the work overload is the main negative point. (ENF C)*

*My service in some shifts will be reduced, so I will have to limit my number of vacancies to be able to leave for the bureaucratic part, which is the entire administrative part of management. (NURSE)*

Regarding the negative aspects, it is possible to highlight the issue of the conflict

that exists between non-manager nurses in relation to managers, contemplated by the interviewee's speech as a position of non-acceptance of the work carried out by the manager, such a situation can be configured as a dispute or conflict in the BHU and even bring inconvenience to the team and, consequently, to the population.<sup>9-10</sup>

Service overload has been highlighted in several studies on this subject, however, in this one it appears as a way of venting, not because of the service of being a manager in itself, but because of the difficulty in establishing a workflow that contemplates sometimes management, sometimes assistance, which is not possible to happen since the demands are dynamic and recurrent.<sup>11</sup>

Another important aspect is the issue of the number of consultations performed by nurse managers, which can be reduced, most of the time due to administrative issues performed by management, indirectly becoming a loss for the population. assisted, with the reduction of vacancies for consultations and care.<sup>https://doi.org/10.17267/2317-</sup>

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### **Motivation and benefits**

Still on the activities of the manager, characteristics emerged that were configured as motivation to continue to exercise the

position of UBS manager, listing, including some benefits.

*It's always a challenge, the nurse alone is already a manager, he already manages, he already takes charge of everything, he already takes the health unit on his back, but what motivates me is to see if the indicators will improve. (NURSE)*

*I receive financial return, very little but I do. Management adds to my profession, so I think it will improve me, I hope there are more courses, more guidance, more training, so that we can develop this work even better. (ENF F)*

*Leadership motivates me to continue in management. I receive financial incentive as a manager, minimal, but I do. And management adds a lot to my profession. [...] You add a lot of knowledge, we know that, both in terms of curriculum, as in competitions and other situations, when you take on management positions, you score much more, it is worth much more for your curriculum. (ENF C)*

*They are new knowledge, new experiences, any management adds to the profession. I was manager of the outpatient clinic of a hospital that was completely different from being manager of a UBS, so it definitely adds to the profession. They are new experiences, every positive or negative experience adds up. (ENF G)*

The management of a UBS, in the search for solutions, goes beyond the dimension of individual knowledge and attributes, and it is also necessary for the municipality to assume a commitment to train its managers, supporting them with the necessary knowledge to respond to the demands of the current health policy.<sup>13</sup>

### **Number of consultations between the nurse manager and the non-manager**

In view of what was exposed by the interviewees, it was observed that among the attributions exercised and that involve the main challenges, possibilities, positive and

negative aspects, the need arose to compare, at the level of discussion, the number of assistances performed by the nurse managers in relation to the non-managers,

with a view to identifying, through this indicator, some situations observed in the statements of some interviewees.

**Table 2. Number of consultations between the manager nurse and the assistant nurse only. Juazeiro (BA), Brazil, 2019.**

<b>MANAGER X NON-MANAGER</b>	<b>APR</b>	<b>May</b>	<b>June</b>	<b>JUL</b>	<b>AUG</b>	<b>SET</b>	<b>TOTAL</b>
<b>NURSE</b>	113	117	131	158	05	69	593
NOT MANAGER	99	60	55	67	102	76	459
<b>NURSE B</b>	14	139	125	83	130	122	613
NOT MANAGER	108	131	136	169	161	122	827
NOT MANAGER	61	104	64	115	143	72	559
<b>NURSE C</b>	121	165	119	169	163	171	908
NOT MANAGER	124	137	98	144	224	181	908
<b>NURSE D</b>	108	144	97	104	100	135	688
NOT MANAGER	106	83	114	89	121	147	660
<b>NURSE</b>	103	67	73	55	178	147	623
NOT MANAGER	171	170	104	0	148	130	723
<b>NURSE F</b>	100	126	68	123	81	102	600
NOT MANAGER	91	138	66	60	122	111	588
<b>ENF G</b>	71	12	28	14	66	0	191
NOT MANAGER	15	77	40	56	57	0	245

**Source:** Author, 2020. \* This analysis considers only the absolute numbers of nursing care provided in the period considered. \*The variables of population number registered in each eSF, days off, vacations or certificate were not considered.

At table 2, the number of nursing consultations performed between the months of April and September of 2019 were considered. Considering the total sum of the 6 months, it is noted that there is an equivalence between the recorded consultations, and in some units the nurse manager attends more people than the non-manager nurse, and in other units the opposite happens. As a percentage, it is

observed that in 50% of the UBSs, the manager is the one who assists most, and in 50% of the UBS, the non-manager assists the most.

This comparison has the purpose of enabling the understanding that many times, in fact, the manager will find himself busy and overloaded with demands, but that even with such attributions, he does not leave anything to be desired in the assistance part,



quite the contrary, sometimes performing, many more attendances as can be seen in the number of attendances for the semester.<sup>14-13</sup>

What was observed in the table, only with absolute numbers and without correlation with the number of people registered for each eSF, vacations or days off, is a possibility to identify both the weaknesses experienced by the UBS manager in the day-to-day of his work, but also shows potential that the work developed in a coherent way and with due efforts refers to benefits, especially for the community.<sup>15-16</sup>

## CONCLUSION

Knowing not only the profile of health professionals who assume the role of UBS manager and health assistant, but also raising positive and negative aspects, motivation and benefits and correlating with the number of visits performed by them showed that, however busy they are, overloaded, tired and faced with interprofessional conflicts, the professional who dedicates himself to the dual role shows himself, in several ways, effective in his role.

This study, even with its limitations, related to the small number of nurse managers interviewed, non-interview of non-manager nurses, evaluation of only one municipal district, proves to be important as it brings to light the variables involved in the

work of the nurse who provides care and management in the same environment. It denotes that holding two positions can be onerous, challenging, overloaded and conflicting, however it has motivational and positive facets that expose the acquired experience, the leadership exercised, the financial return and especially the return of better indicators and better assistance for the population.

It is true that it is necessary to expand the possibilities for professionals to be able to associate previous knowledge and professional experiences with innovative and creative work methodologies in the leadership of the interdisciplinary team, with the purpose of solving the health demands of the population.

## REFERENCES

1. Silva FHC. A atuação dos enfermeiros como gestores em unidades básicas de saúde. *Rev Gest Sist Saúde* [internet]. jan/jun 2012 [citado em 13 jan 2020]; 1(1):67-82. doi:<https://doi.org/10.5585/rgss.v1i1.5>.
2. Oliveira SA, Almeida ML, Santos MF, Zilly A, Peres AM, Rocha FLR. Ferramentas gerenciais na prática de enfermeiros da atenção básica em saúde. *Rev Adm Saúde* [Internet]. out/dez 2017 [citado em 7 jan 2020]; 17(69). doi:<http://dx.doi.org/10.23973/ras.69.64>
3. Nunes LO, Castanheira ERL, Dias A, Zarili TFT, Sanine RR, Mendonça CS, et al. Importância do gerenciamento local para uma atenção primária à saúde nos moldes de Alma-Ata. *Rev Panam Salud Publica*

- [Internet]. 2018 [citado em 13 jan 2020]; 42:e175.  
doi:<https://doi.org/10.26633/RPSP.2018.175>
4. Borges FA, Ogata MN, Feliciano AB, Fortuna CM. Gerenciamento em saúde: o olhar de trabalhadores da saúde da família rural. *Ciênc Cuid Saúde* [internet]. jul 2016 [citado em 20 dez 2019]; 15(3):466-73.  
doi:<https://doi.org/10.4025/ciencucuidsaude.v15i3.31531>.
5. 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]. jun 2018 [citado em 13 jan 2020]; 9(3):76-80. Disponível em:  
doi:<https://doi.org/10.21675/2357-707X.2018.v9.n3.1496>
6. Santos V, Salvador P, Gomes A, Rodrigues C, Tavares F, Alves K, et al. IRAMUTEQ nas pesquisas qualitativas brasileiras da área da saúde: scoping review. *Atas CIAIQ 2017* [Internet]. 2017 [citado em 13 jan 2020]; 2:392-401. Disponível em:  
<https://proceedings.ciaiq.org/index.php/ciaiq2017/article/view/1230/1191>
7. Oliveira TS, Lopes AOS. O enfermeiro e sua atuação na gerência das Unidades Básicas de Saúde no interior da Bahia. *Id on Line Revista Multidisciplinar e de Psicologia* [Internet]. jan 2017 [citado em 10 jan 2020]; 10(33):83-99.  
doi:<https://doi.org/10.14295/online.v10i33.604>
8. Fernandes JC, Cordeiro BC. O gerenciamento de Unidades Básicas de Saúde no olhar dos enfermeiros gerentes. *Rev Enferm UFPE on line* [Internet]. jan 2018 [citado em 08 jan 2020]; 12(1):194-202. doi:<https://doi.org/10.5205/1981-8963-v12i1a23311p194-202-2018>
9. Marta C, Lacerda A, Carvalho A, Stipp M, Leite J. Gestão de conflitos: competência gerencial do enfermeiro. *Rev Pesqui. (Univ. Fed. Estado Rio J., Online)*. [Internet]. dez 2010 [citado em 7 fev 2020]. Número Suplementar dos 120 anos da EEAP/UNIRIO. Disponível em:  
[http://www.seer.unirio.br/index.php/cuidado\\_fundamental/article/view/1062](http://www.seer.unirio.br/index.php/cuidado_fundamental/article/view/1062).
10. Silva MM, Teixeira NL, Draganov PB. Desafios do Enfermeiro no gerenciamento de conflitos entre a equipe de enfermagem. *Rev Adm Saúde* [Internet]. dez 2018 [citado em 8 fev 2020]; (18)73.  
doi:<http://dx.doi.org/10.23973/ras.73.138>
11. Fischer LA, Borges NS, Benito GAV. Percepções do Enfermeiro sobre a gerência da atenção primária no município de Pedro Canário. *Rev Enferm Contemp.* [Internet]. jan/jun. 2016 [citado em 18 fev 2020]; 5(1):25-33.  
doi:<https://doi.org/10.17267/2317-3378rec.v5i1.785>
12. Biff D, Pires DEP, Forte ECN, Trindade LL, Machado RR, Amadigi FR, et al. Cargas de trabalho de enfermeiros: luzes e sombras na Estratégia Saúde da Família. *Ciênc Saúde Colet.* [Internet]. out 2019 [citado em 20 jan 2020]; 25(1):147-58.  
doi:<https://doi.org/10.1590/1413-81232020251.28622019>
13. Almeida MC, Lopes MBL. Atuação do enfermeiro na Atenção Básica de Saúde. *Revista de Saúde Dom Alberto* [Internet]. jun 2019 [citado em 16 fev 2020]; 4(1):169-86. Disponível em:  
<https://revista.domalberto.edu.br/revistadesaude/udedomalberto/article/view/145/144>
14. Treviso P, Peres SC, Silva AD, Santos AA. Competências do enfermeiro na gestão do cuidado. *Rev Adm Saúde* [Internet]. dez 2017 [citado em 28 dez 2019]; 17(69):1-15.  
doi: <http://dx.doi.org/10.23973/ras.69.59>
15. Barbiani R, Dalla Nora CR, Schaefer R. Nursing practices in the primary health care context: a scoping review. *Rev Latinoam Enferm.* [Internet]. ago 2016 [citado em 21 jan 2020]; 24:e2721.  
doi:<http://dx.doi.org/10.1590/1518-8345.0880.2721>
16. Fermino V, Amestoy SC, Santos BP, Casarin ST. Estratégia Saúde da Família: gerenciamento do cuidado de enfermagem. *Rev Eletrônica Enferm.* [Internet]. nov 2017 [citado em 9 jan 2020]; 19:a05.  
doi:<https://doi.org/10.5216/ree.v19.42691>

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