

**NURSING MANAGEMENT ASSOCIATED WITH QUALITY OF CARE IN
PRIMARY HEALTH CARE: INTEGRATIVE REVIEW****GESTÃO EM ENFERMAGEM ASSOCIADA À QUALIDADE DA
ASSISTÊNCIA NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO INTEGRATIVA****GESTIÓN DE ENFERMERÍA ASOCIADA A LA CALIDAD DE LOS
CUIDADOS EN ATENCIÓN PRIMARIA: REVISIÓN INTEGRADORA**

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ABSTRACT

Objective: To analyze the scientific evidence on the role of nursing management for the quality of care in Primary Health Care. **Method:** Integrative review carried out through the databases: Latin American and Caribbean in Health Science; Nursing Database; National Library of Medicine and National Institutes of Health and Scientific Electronic Library Online. Original studies were included, with full texts, in Portuguese, English and Spanish, published between 2016 and 2021. **Results:** The sample consisted of eight studies, which were grouped into two categories: Potentialities of the professional nurse's performance as manager of Primary Health Care units; and Weaknesses of the professional nurse's performance as manager of Primary Health Care units. **Conclusion:** In order to offer qualified care, nurse managers need motivation, commitment and support from the multiprofessional team.

Descriptors: Nursing; Nurse's Role; Nurse Practitioners; Health Management; Primary Health Care.

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RESUMO

Objetivo: Analisar as evidências científicas sobre o papel da gestão em enfermagem para a qualidade da assistência na Atenção Primária à Saúde. **Método:** Revisão integrativa realizada por meio das bases de dados: Latino-Americana e do Caribe em Ciência da Saúde; Base de Dados em Enfermagem; *National Library of Medicine and National Institutes of Health* e Scientific Electronic Library Online. Incluiu-se estudos originais, com textos completos, nos idiomas português, inglês e espanhol, publicados entre 2016 e 2021. **Resultados:** A amostra constituiu-se por oito estudos, os quais foram agrupados em duas categorias: Potencialidades da atuação do profissional enfermeiro enquanto gestor das unidades de Atenção Primária à Saúde; e Fragilidades da atuação do profissional enfermeiro enquanto gestor das unidades de Atenção Primária à Saúde. **Conclusão:** Para a oferta de uma assistência qualificada torna-se necessário, para os enfermeiros gestores, motivação, compromisso e apoio da equipe multiprofissional.

Descritores: Enfermagem; Papel do Profissional de Enfermagem; Profissionais de Enfermagem; Gestão em Saúde; Atenção Primária à Saúde.

RESUMEN

Objetivo: Analizar la evidencia científica sobre el papel de la gestión de enfermería para la calidad de los cuidados en la Atención Primaria de Salud. **Método:** Revisión integrativa realizada utilizando las siguientes bases de datos: Latin American and Caribbean Health Science; Nursing Database; National Library of Medicine and National Institutes of Health y Scientific Electronic Library Online. Se incluyeron estudios originales, con textos completos, en portugués, inglés y español, publicados entre 2016 y 2021. **Resultados:** La muestra se compuso de ocho estudios, que se agruparon en dos categorías: Potencialidades de la actuación de la enfermera profesional como gestora de unidades de Atención Primaria de Salud; y Debilidades de la actuación de la enfermera profesional como gestora de unidades de Atención Primaria de Salud. **Conclusión:** Para la oferta de una asistencia cualificada se necesita, para los enfermeros gestores, motivación, compromiso y apoyo del equipo multiprofesional.

Descriptor: Enfermería; Rol de la Enfermera; Enfermeras Practicantes; Gestión en Salud; Atención Primaria de Salud

INTRODUCTION

Primary Health Care (PHC) is characterized by a set of individual and collective health actions that encompass health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance. Such actions are developed within the scope of Primary Health Care Units (PHCs), through integrated care and qualified management,

with a multidisciplinary team, under the supervision of a nursing professional, designed to meet the demands of the population in a given territory.¹⁻³

In the historical context, nursing professionals have shown themselves to be capable of exercising leadership, with nurses' performance in management positions in health services being well-known. These professionals are qualified since their training, becoming able to have a

broad view of individuals, care and health and, thus, capable of offering dynamic and quality care, articulating essential knowledge and actions, even beyond what is visible.^{4,5} Thus, leadership is essential as a competency for the professional practice of nursing.⁶⁻⁸

The leadership in nursing management enables interrelationships between the multidisciplinary team, providing organization, improvements within the work environment and achievement of goals established by institutions. Thus, for the development of management skills, it is essential for professionals to use strategies such as leadership; communication; decision-making; use of instruments, among others that will assist them and qualify the work process of nursing and UAPS.⁸⁻⁹

It is important to note that, in view of the need to achieve the goals of the UAPS and to enable teamwork to offer qualified care, PHC requires nurses to improve their management skills, through the ideological and theoretical bases of administration, in addition to the practice of resource management, whether physical or human. In this sense, since the training of this professional, notions of health care are offered; administration, management and leadership; communication; decision-making; and continuing education processes, essential qualifications for the management

of UAPS and, consequently, improvements in the quality of care provided.^{4,7-8}

In view of the above, considering the crucial role of the nurse as a manager, developed in an articulated manner, which aims to improve the quality of health services, through planning and care practices in the territories assigned to the UAPS, and considering the current Brazilian scenario where nursing is a fundamental part in the execution of important public policies in the implementation of the Unified Health System (SUS), it becomes relevant to address the role that this professional develops as a manager in the UAPS. Therefore, this work aims to analyze the scientific evidence on the role of nursing management in the quality of care in Primary Health Care

METHOD

This is an integrative literature review, through which it is possible to gather, analyze and synthesize evidence on a given topic, providing a broad understanding of a given object of study and the incorporation of evidence into the contexts of health services.¹⁰⁻¹¹ The review was guided by the proposed steps¹¹: 1) elaboration of the research question; 2) selection of the sample of primary studies found in the scientific literature; 3) data extraction; 4) evaluation and synthesis of the included primary

studies; 5) analysis and discussion of the results found; and 6) presentation of the review.

To formulate the research question, the Population, Concept and Context (PCC)¹² strategy was used, defining as P (population): Nurse; C (concept): Nursing Management; and C (context): Quality of care in PHC. Therefore, the study question defined for this review was: What is the role of the nursing professional as a manager of UAPS and the strategies used in this process?

The search for evidence took place between January and April 2022, through the Integrated Portal of the Virtual Health Library (BVS), encompassing the Latin American and Caribbean Health Science Databases (LILACS); Nursing Database (BDENF); National Library of Medicine and National Institutes of Health (MEDLINE) and *Scientific Electronic Library Online* (SciELO). The search was carried out by crossing Health Sciences Descriptors and also uncontrolled descriptors (keywords) exchanged among themselves, using the Boolean operators AND and OR. The search strategy developed was: Nursing OR Nursing Professionals OR Primary Care Nursing AND Health Management OR Leadership OR Human Resource Administration OR Professional Competence OR Management Capacity OR Organizational Capacity OR Health

Management AND Primary Health Care OR Basic Care OR Basic Health Care.

Original studies were included, with full texts, in Portuguese, English and Spanish, published between 2016 and 2021, which were about the theme under study. Protocols, technical standards and literature reviews were excluded.

After searching the databases using a Microsoft Excel 2019 spreadsheet, the studies found underwent an initial analysis, identifying duplicates and reading the titles and abstracts, based on the inclusion and exclusion criteria. This analysis was carried out by two reviewers independently, and in the event of a disagreement about the inclusion or exclusion of an article, a third reviewer was consulted. The recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol¹³ were used for the identification, selection, eligibility and inclusion of studies (Figure 1).

After selection, the eligible studies were read in full and, simultaneously, the extraction and summarization of data relevant to the research, in a spreadsheet *Microsoft Excel* 2019, containing: title; authorship; year of publication; city and/or country where the study was conducted; objective; target audience; location; type of study; level of evidence; main results; and conclusions/recommendations.

To classify the levels of evidence of studies used the literature recommendation¹⁴: level I: Evidence from a systematic review or meta-analysis of all relevant randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials; level II: Evidence from at least one well-designed randomized controlled clinical trial; level III: Evidence from well-designed clinical trials without randomization; level VI: Evidence from well-designed cohort and case-control studies; level V: Evidence from a systematic review of descriptive and qualitative studies; level VI: Evidence from a single descriptive or qualitative study; and level VII: Evidence from the opinion of authorities and/or the report of expert committees.

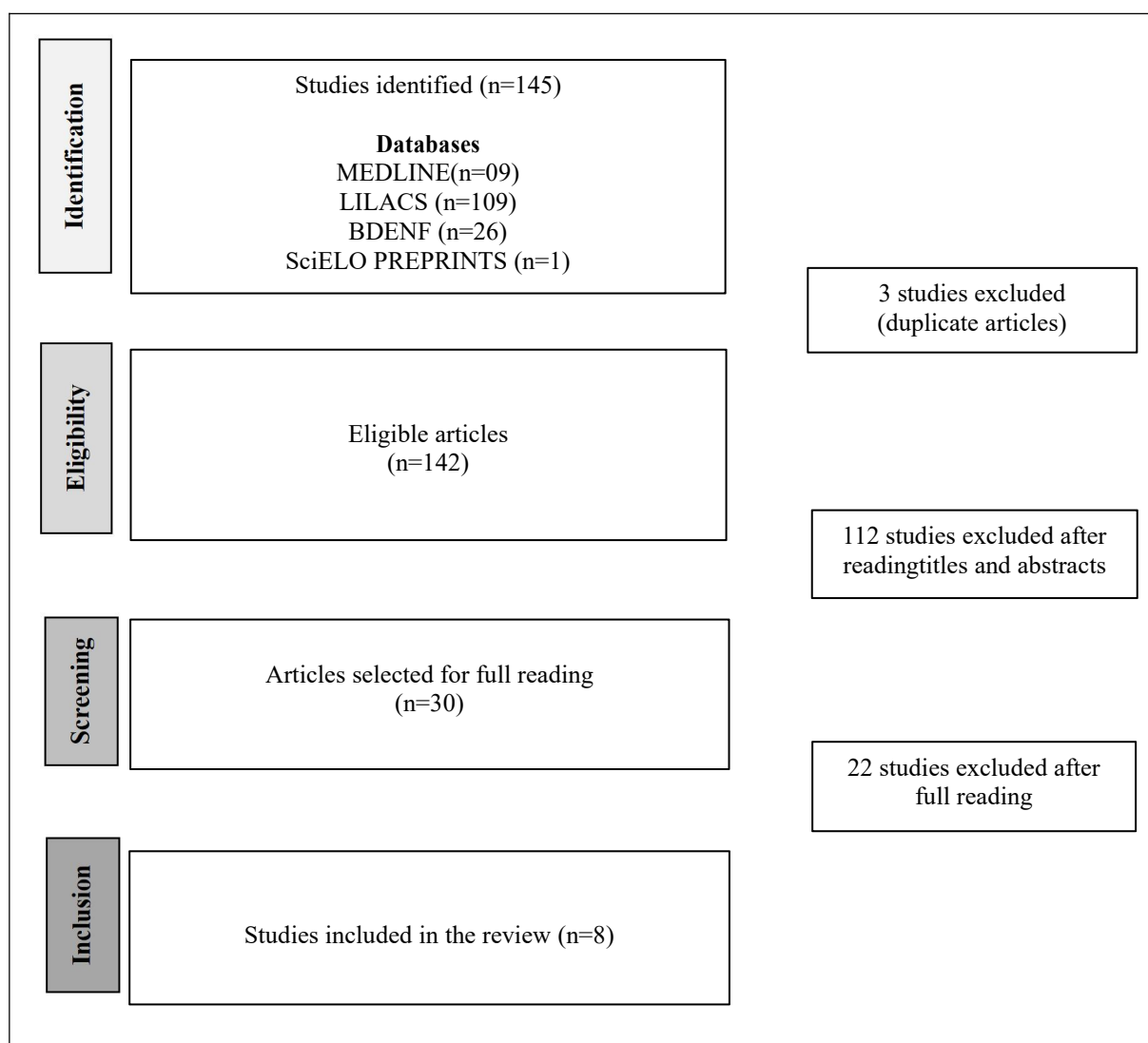
The synthesis of evidence was given by the description of the findings, through a

table, as well as by the description of data through and descriptive statistics, with calculations of absolute and relative frequency. There was no need for ethical assessment, given the methodological nature of the study.

RESULTS

The initial search in the databases generated a total of 145 studies, distributed as follows: MEDLINE (n=9); LILACS (n=109); BDENF (n=26) and SciELO PREPRINTS (n=1). Of these, 3 duplicate studies were excluded, leaving 142. After reading the title and abstract, in the first screening, 112 studies were excluded because they did not answer the research question. Thirty studies were selected for full reading, where 22 were excluded. Thus, the sample consisted of eight studies (Figure 1).

Figure 1. Flowchart of identification, selection, eligibility and inclusion of studies, based on PRISMA recommendations. 13 Divinópolis, Minas Gerais. Brazil, 2022.



MEDLINE: National Library of Medicine and National Institutes of Health; LILACS: Latin American and Caribbean Literature in Health Sciences; BDENF: Nursing Database; SciELO: *Scientific Electronic Library Online*.

Source: Prepared by the authors, 2022.

Regarding the years of publication of the eligible studies, some were published in 2019 and 2020 (n=4; 50%). Regarding the nationality of the studies, all were national

(n=8; 100%); and the majority had qualitative designs (n=7; 87.5%). Regarding the levels of evidence of the included studies, level VI stood out (n=8; 100%) (Table 1).

Table 1. Characterization of studies and synthesis of evidence. Divinópolis, Minas Gerais. Brazil, 2022.

Title - Authors Year – City/Country		Objective	Target audience Location	Type of study Level of evidence	Main results	Conclusions/recommendations
1	Tomada de decisão na gerência em Atenção Primária à Saúde: percepção de enfermeiros ¹⁵ Mossoró - Rio Grande do Norte (Brasil)	Analyze the decision-making process of nurse managers in Primary Health Care	8 Nurses 5 UAPS	Exploratory descriptive study, with a qualitative approach Level VI	Factors related to lack of communication, unit structure, work overload of professionals and interprofessional relationships are considered weak points for the execution of management in health services. The potential for decision-making includes theoretical and practical managerial knowledge, the cognitive skills of the leadership manager and understanding in resolving problems and conflicts in the management process of UAPS.	The decision-making process by managers demonstrates weaknesses that need to be considered and discussed, as the potential of the healthcare team stands out.
2	Gerenciamento do cuidado em estratégias saúde da família na percepção de enfermeiros ¹⁶ Rio Grande do Sul (Brasil)	To understand nurses' perceptions and practices regarding care management	7 nurses 7 UAPS	Descriptive qualitative study Level VI	It is important to know the team in order to promote quality care by directing the work according to the professional profile. Given the responsibility and complexity of the activity, management is seen as a challenge by the nurse. The lack of an administrative manager overloads the work of the nurse who ends up taking on this role.	The relevance of the nurse manager in the UAPS is evident, given their skills that are necessary in the development of this role.
3	A liderança na perspectiva de enfermeiros da Estratégia Saúde da Família ¹⁷ São Paulo (Brasil)	Understand the perception of leadership in the work process and promote its discussion within the scope of the Family Health Strategy	15 nurses 20 UAPS	Qualitative study (action research) Level VI	Nurses' perception of leadership points to the overlap of care and management and demands arising from management. In addition, the participants' conception of the general concept of leadership demonstrated behavioral aspects that are interconnected with persuasion and mutual integration of the team as a whole in decision-making processes.	The leadership of nurses in PHC can be influenced by the various functions linked to their position, combined with behavioral concepts and styles that directly impact the way in which the nurse leads the team.
4	Reuniões da Estratégia Saúde da Família: um dispositivo indispensável para o planejamento local ¹⁸	Highlight the structure, functioning and contributions of the Family Health Strategy work	10 professionals (nurses, doctors and dentists) 1 UAPS	Qualitative study (single case study) Level VI	Team meetings can be considered as moments that promote the planning and organization of health actions, providing the exchange of information between professionals and offering spaces to clarify team doubts, favoring health management	Team meetings at UAPS are essential tools for constructing local health planning, considering the particularities of the multidisciplinary team. Through them, it is possible to integrate professionals through the presentation of

	Florianópolis – Santa Catarina (Brasil)	meetings for local health planning			and providing the opportunity to promote and integrate the categories working at the site to make more assertive decisions for planning the unit and teams.	ideas and discussions, facilitating decision-making and the exchange of information for health management.
5	Percepção do enfermeiro da atenção primária à saúde frente a atribuição de gestor da unidade ¹⁾ Mato Grosso (Brasil)	Understand the perceptions of nursing professionals regarding the role of manager of health services and teams	8 nurse managers working in UAPS 8 UAPS	Descriptive and exploratory study with a qualitative approach Level VI	The difficulty in the process of adapting nurses' management activities became evident, as these professionals are not sufficiently prepared to deal with management and its particularities.	Nurse managers face difficulties in the full management of UAPS, processes resulting from the professional training model
6	Atuação do enfermeiro na equipe gestora de saúde em municípios de pequeno porte ²⁰⁾ Paraná (Brasil)	Analyze the performance of nurses as members of the management team health in small municipalities	744 professionals working in management teams (nurses, dentists, pharmacists and administrators) 82 small municipalities in the northern macro-region of Paraná	Cross-sectional, exploratory and descriptive study Level VI	There was evidence of an overload of nurses working in the UAPS. Most of the interviewees were male and over 30 years old. They performed 595 functions in the UAPS related to the management of Information Systems and accumulated between 2 and 14 functions.	Nurses need to recognize the importance of health management as a privileged space for instituting changes through the adoption of strategic actions based on the ethics and politics of their duties.
7	Gestão do trabalho em unidades básicas de saúde ²¹⁾ Tabuleiro do Norte, Ceará (Brasil)	Analyze the management of the work process of managers of Basic Health Units	8 nurses 8 UAPS	Descriptive exploratory study with a qualitative approach Level VI	Nurse managers assume care and management functions that are associated with the dynamics and functioning of the UAPS, being responsible for reports, control and feeding of Information Systems. These duties point to weaknesses related to scarce funding and limited resources in the health sector, in addition to the overload and lack of manpower and commitment on the part of some professionals.	Nurses perform several activities in the UAPS in addition to management, having an overload of work, which can generate both dissatisfaction on the part of professionals and harm the care service.

8	Gerenciamento em saúde: o olhar de trabalhadores da saúde da família rural ²⁾ São Paulo (Brasil)	Analyze the conceptions of Family Health Strategy professionals about health work management.	10 professionals (doctor, nurse, dentist, dental office assistant, nursing assistant and 5 CHA) 1 rural UAPS	Descriptive, analytical study with a qualitative approach Level VI	Important points related to the difficulties and advantages faced daily by nurse managers of UAPS are noted. The management described by the professionals is marked by rationality and a focus on the nursing professional. It is considered that there is a need to pay attention to the management of work in UAPS, with the need for subjects to be jointly responsible for agreements and decisions made as a team, ensuring that everyone speaks and is heard.	Nursing professionals need to pay attention to the management of work in the UAPS, with the need for a co-responsible view of the agreements and decision-making by the team. In addition, it is necessary to implement a procedural evaluation of the actions implemented and the agreements made by health professionals.
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UAPS: Primary Health Care Unit; ACS:Community Health Agent.

Source: Prepared by the authors, 2022.

The evidence found addresses the role of nursing related to the organization, administration, supervision and coordination of UAPS. To better summarize the findings about the role of the nurse as a manager of UAPS and the strategies used in this process, the discussion will be presented in categories, namely: a) Potentials of the performance of the nursing professional as a manager of UAPS, which includes studies that concern the actions that enhance management; and b) Weaknesses of the performance of the nursing professional as a manager of UAPS, grouping evidence about obstacles that impact the management process.

DISCUSSION

Potential for the role of nursing professionals as managers of UAPS

Health actions in the area covered by the UAPS are the managerial responsibility of nursing professionals, who are responsible for administration; planning; structuring; development and analysis of demands and actions of the services.^{8,17,20-21} This conformation is corroborated in a study carried out in Brazil²³, where QualiAB was applied, an instrument for evaluating UAPS services composed of 126 questions that provide indicators of care and management, showing that 80% of UAPS managers were nurses and developed numerous functions, among which were managerial and care

activities.²³ Thus, it is necessary to rethink the valuation of nursing professionals in the management of UAPS, considering that the work process and the tools used for management directly impact the quality of services provided, achievement of expected goals and improvement in the quality of life of the population.

It is worth noting that, in order to achieve the quality of the actions carried out in the UAPS, it is necessary for these professionals to know their work teams, in order to carry out a better dimensioning; the profile of the population (morbidity and mortality; social, economic and cultural indicators; health-disease process and demands) and the territory of action, in order to better direct the actions according to the scenario.^{8,16,24} A study carried out in Chile indicates that the performance of programmatic and technical activities with a holistic view of the human being, adopting the family health approach and efficiently managing the distribution of resources are strategic enhancers in the management of the quality of care in the UAPS.²⁵

It is important to highlight that, for effective management of services, communication in work processes is important.⁴ Corroborating this statement, a study carried out with nurses²⁵ states that communication, through open dialogue and qualified listening in the work environments of UAPS, is essential for carrying out

activities; preparing plans; establishing goals; strategies and directing the health team.

Planning and organization are other essential factors in the quality and performance of management activities.²⁷ The activities carried out by nurses in the context of UAPS aim at greater adherence by registered users, taking into account the flow and provision of services, based on the organization of the work processes of the professional team.¹⁶ Furthermore, team meetings are tools that facilitate the planning and organization of actions, bringing nurses closer to the multidisciplinary team through dialogue, exchange of information and experiences reported by other members during such moments, a fact that favors decision-making in services.^{16,18}

Another point highlighted for the management of UAPS is the capacity for leadership. To exercise leadership, it is necessary to have an ethical stance and the ability to resolve conflicts and/or everyday situations, taking into account teamwork.^{16,2} Thus, the nursing professional must seek to maintain the bond with the team, whether through meetings, minutes, continuing education or even in some moment of relaxation, given the importance of the existence of trust and interaction between professionals.²⁶ In addition, the exercise of leadership affects a team that is involved and ethically committed to the health demands of the population.¹⁶ Studies carried out in

Bolivia²⁸ and Chile²⁵ emphasize the necessary commitment and professional responsibility of the nurse with the management of care and the leadership capacity to work with the multidisciplinary team. Furthermore, leadership skills and ethical commitment need to be built during the training period, using mechanisms that promote the development of these skills.²⁸

During nursing service management activities, nurses spend most of their time analyzing situations and making decisions.²⁷⁻²⁹ It is worth noting that, in order to make decisions, professionals use management tools, such as data, information and protocols that support this process. Among these tools, the implementation of the electronic patient record is characterized as an advance in the quality of UAPS service management activities. This instrument maximizes the flow of PHC, as well as the development of service activities, as it allows quick access to information (administrative, individual and collective); scheduling and checking of consultations and interventions; patient triage; monitoring of goals, among others.¹⁶

Weaknesses in the performance of nursing professionals as managers of UAPS

In the national context, in addition to carrying out daily demands such as nursing consultations; home visits; health and

ongoing education; construction of protocols; request for complementary exams and prescription of medications in accordance with the standardization and validity of the law; among others, the responsibility related to the organization, administration, supervision and coordination of the UAPS falls on the nursing professional.

The accumulation of functions leads to work overload, which ends up hindering the performance of activities and even compromising the quality of care offered at UAPS.^{7,17,19-20} Corroborating this statement, a study developed in Rio Grande do Sul(16)shows that the absence of an exclusive nurse manager in the UAPS leads to an excess of duties and demands that can impact the exhaustion and overload of these professionals, given the great responsibility and complexity of the management process.

Given the various priorities in health services, material resources are essential, but often postponed. For quality care in UAPS, it is essential that nursing management has an adequate physical structure and the acquisition of materials and supplies, products essential for the provision of health care. However, abundant availability of supplies is not a reality in all UAPS. Thus, in order to avoid a lack of necessary supplies, it is up to the nursing professional to carry out stock strategies, aiming at efficient consumption, since the lack of these supplies results in losses in the care
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provided to the population¹⁶, and therefore, such action has repercussions on the entire nursing management process. A study from Chile highlights that the lack of adequate structure, the technological level, and the need for a new accreditation system, with new regulations, are still existing weaknesses that prevent the consolidation of care management performed by nurses in UAPS.²⁵

The organization and formulation of teamwork strategies are other weaknesses in management.^{19,27} Thus, it is worth highlighting that the exercise of leadership by the nursing professional enables the interrelationship of the team, facilitating the organization and improvements within the work environment, as well as the achievement of the goals established by the UAPS.²⁶ The importance of managerial dimensioning is emphasized in a more significant way in the process of higher education of nurses for the achievement of goals and construction of an autonomous practice and resolution of problems and conflicts related to management.³⁰ Furthermore, an Australian study shows that effective team dimensioning leads to good results for the enrolled population, in addition to positively impacting the costs of health services.³¹

Interpersonal communication is also considered a weakness, given the team's resistance to meeting the demands requested

by the nurse manager.^{4,16} It is also worth highlighting the necessary capacity for mediation between the team, management and general administration of the services.³² Thus, the relevance of communication, decision-making and leadership, with a view to motivating the team and fostering interpersonal relationships, becomes evident.¹⁶ Furthermore, effective communication promotes bonding with the team; favors the identification and formulation of solutions to problems; facilitates team engagement in the development of actions, in addition to guiding and conducting processes related to the quality of services provided.²⁶

As a limitation of the study, it is worth noting that, even with the selection of articles in three languages, only studies in Portuguese stood out. Therefore, it is recommended that studies be carried out in other databases, in an attempt to encompass other international contexts, given the possibility of a broad view of the topic. However, the evidence addressed brings significant contributions to the practice of nursing management, which enhance the planning, organization, implementation and evaluation of the role of nursing management for the quality of care in UAPS.

CONCLUSION

In order to offer qualified care that, consequently, affects the quality of the UAPS, it is necessary for nurse managers to have motivation, commitment and support from the multidisciplinary team. Furthermore, the dedication and skills associated with this professional, as well as their performance as a leader, influencer and motivator, affect the provision of care aimed at promoting and protecting health and preventing injuries.

Although weaknesses that influence the nursing management process in UAPS are evident, such as devaluation, work overload, problems of interaction with the team and/or population, mechanisms such as decision-making, effective communication and exercise of leadership become essential to the managerial performance of the nurse.

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