

People management in home care: reflections on the work of the nurse manager*Gestão de pessoas na atenção domiciliar: reflexões sobre o trabalho do enfermeiro gestor**La gestión de personas en la atención domiciliar: reflexiones sobre el trabajo del enfermero gestor*

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Abstract:

Objective: to describe a nurse's experience in managing people in health teams within the context of home care. **Methods:** experience report, based on ten years of experience (2014 to 2024) of a nurse in people management in home care. The management was carried out for a small private home care company, headquartered in the interior of the state of São Paulo., Brazil The field diary technique was used to describe the management activities performed. **Results:** highlights of the practice: *Duties (Recruitment and Recruitment, Engagement and Retention)*; and *Challenges in people management in HC and Strategies to improve professionals' working conditions*. The challenges were related to organizational culture, emotional management, work overload and low wages. Emerging strategies included: regulation, legislation, training and focus on professional development to promote engagement and satisfaction. **Conclusion:** the experience was significant, indicating that, although there is responsibility and control from higher levels of the company, the nurse's management role proved to be important, contributing to the support and assistance of the team, which also has an impact on the quality of care provided to patients in the context of home care.

Keywords: Personnel Management; Health Management; Practice Management; Home Care Services; Health Personnel.

Resumo:

Objetivo: descrever a vivência de uma enfermeira na gestão de pessoas de equipes de saúde no âmbito da atenção domiciliar. **Método:** relato de experiência, redigido a partir da vivência de uma enfermeira atuante há dez anos, de 2014 a 2024, em gestão de pessoas no atendimento domiciliar. A gerência foi realizada para uma empresa privada de atenção domiciliar de pequeno porte, com sede no interior paulista. Utilizou-se a técnica de diário de campo descrevendo as atividades gerenciais realizadas. **Resultados:** como destaques da prática: *Atribuições (Captação e Recrutamento, Engajamento e Retenção)*; e *Desafios na gestão de pessoas na AD e Estratégias de melhoria das condições de trabalho dos profissionais*. Os desafios foram relacionados à cultura organizacional, manejo emocional, sobrecarga de trabalho e baixos salários. Nas estratégias emergentes, incluíram-se: regulamentação, legislação, capacitação e foco no desenvolvimento profissional para promover engajamento e satisfação. **Conclusão:** a experiência foi significativa, sinalizando que, embora haja responsabilidade e controle de instâncias superiores da empresa, a função gerencial da enfermeira se mostrou importante, contribuindo para o amparo e suporte da equipe, o que também reverbera na qualidade do atendimento prestado aos pacientes no contexto da atenção domiciliar.

Palavras-Chave: Gestão de Recursos Humanos; Gestão em Saúde; Gerenciamento da Prática Profissional; Serviços de Assistência Domiciliar; Pessoal de Saúde.

Resúmen:

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Palabras Clave: Administración de Personal; Gestión en Salud; Gestión de la Práctica Profesional; Servicios de Atención de Salud a Domicilio; Personal de Salud.

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INTRODUCTION

Home Care (HC) is a model of health care committed to the implementation of new forms of care delivery and interdisciplinary action, which is expanding in Brazil and worldwide. HC should be understood as health care provided in the patient's home, characterized by a set of actions for the prevention and treatment of diseases and rehabilitation, with guaranteed continuity of care. The elderly, people with disabilities and/or chronic diseases can all benefit from home care¹⁻².

HC has been recognized as a platform for offering innovative and unique health care. This care has the potential to address user demands comprehensively¹⁻². In Brazil, the Home Care Service (*Serviço de Atendimento Domiciliar - SAD*) is legally supported as a public service, complementary to primary health care and the emergency network, materialized through Multidisciplinary Home Care Teams (*Equipes Multiprofissionais de Atenção Domiciliar - EMAD*) and Multidisciplinary Support Teams (*Equipes Multiprofissionais de Apoio - EMAP*)³. It is important to consider how HC has expanded to private settings, including small and medium-sized companies that offer services that can be outsourced to states and municipalities, or directly to health insurance companies, often supported by legal means.

With this in mind, researchers indicated that the judicialization of health is a growing phenomenon in Brazil, which often contrasts with HC proposals. The interaction between HC and the judicialization of health reveals a wide range of complexities. On one hand, HC can be seen as an effective response to demands for personalized and continuous care, often sought through legal means. However, the successful implementation of this care type relies on robust infrastructure and well-designed public policies in order to meet the needs of a diverse and constantly growing population⁴.

HC involves a multidisciplinary team, including nurses, physical therapists, speech therapists, doctors, nutritionists, nursing technicians, and occupational therapists, recruited based on each patient's clinical condition and needs¹⁻².

Providing HC involves challenges and requires a tailored approach to ensure the quality and continuity of services. Therefore, it is essential to recognize that health professionals play crucial roles in care and support for patients in their homes, often handling complex and varied situations.

For health institutions, including HC, to remain organized, effective management is necessary, especially in the professional contingent. Therefore, HC must be guided by people management models that value all stages involving its professionals⁵.

In this line of thought, it is essential to rethink people management recruitment strategies in HC and improve personnel selection policies and methods. Such conduct should aim at retaining qualified professionals and contribute to the development of strategies and/or instruments built specifically for the institutional reality⁵. Recruitment is understood as a procedure that favors filling vacant positions, such as transfer, promotion, dismissal or hiring⁶.

Also in this direction, professional retention involves recruiting and motivating individuals to stay in the organization. In other words, it is an organizational skill to keep employees who are essential for organizational performance⁷.

The nurse manager, especially in HC, plays a crucial role in people management, focusing on recruitment, engagement and retention of health professionals. Furthermore, the nurse manager serves as an inspiring leader, fosters a positive environment, and identifies professional development needs. They also facilitate effective communication, recognizes and values the team, manages conflicts, provides emotional support, and collaborates in retention initiatives.

However, this process also presents challenges, given the company's organizational policies, which must be mitigated by strategies to improve working conditions, especially financial appreciation and professional belonging. By performing these functions, the nurse manager contributes to team stability and the development of a healthy organizational culture. This model of work in health care tends to benefit both health care professionals and the patients they serve⁸.

In this way, these pillars, recruitment, engagement, and retention in the home context are critical aspects that require deep reflection by nurses and managers, as home care requires not only technical and scientific knowledge, but also skills in welcoming, listening, management, and leadership. Thus, this experience report aims to describe the experience of a nurse in managing people from health teams in the context of home care.

METHODS

This experience report is based on the experience of a nurse who spend ten years, from 2014 to 2024, managing personnel at a private HC company. It has a qualitative approach, addressing the issue through a field diary.

An experience report describes and analyzes the experiences of an individual or group in a specific context. It is a type of knowledge production that deals with an academic and/or professional experience within pillars of university education (teaching, research, and extension). Its main characteristic is the description of the intervention⁹.

Thus, the nurse's management was conducted at a small private HC company, whose headquarters are located in the interior of the state of São Paulo, Brazil. The company is classified as a small enterprise, as it has an annual revenue between R\$ 360 thousand and R\$ 1.8 million and employs 15 professionals. Despite its location, the company provided health services to patients across several cities in Brazil. Thus, in this report, the nurse's management role involved coordinating multidisciplinary teams in the Southeastern region of the country.

Currently, the company is overseen by four nurse managers, who handle all health professionals involved in the patients' therapeutic plan. This management is done remotely, using Facebook Work Groups for recruitment and WhatsApp for ongoing communication, including audio and text messages, and group interactions.

The health professionals involved in HC services provided by this company include: nurses, physical therapists, speech therapists, doctors, nutritionists, psychologists, occupational therapists, and nursing technicians. Some patients required only nursing technician care, while others, depending on their clinical need, required a full multidisciplinary team.

Regarding ethical considerations, this experience report does not include any information that would allow the identification of individuals or institutions, thereby negating the need for submission to the Ethics Committee for Research with Human Beings.

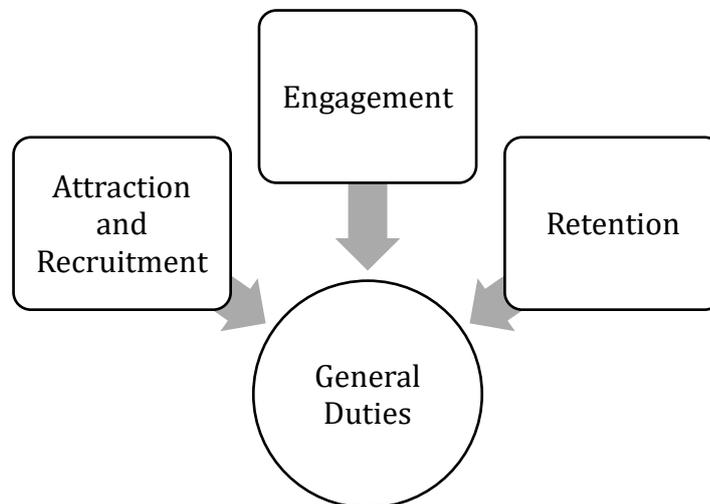
RESULTS

The nurse, who is the participant and main author, was responsible for managing the professionals working in the state of São Paulo, including: 92 nursing technicians, 10 physicians, 19 physical therapists, six nutritionists, five speech therapists, two occupational therapists and one psychologist. The presentation of the experience was divided into: Duties (*Attraction and Recruitment, Engagement and Retention*); and *Challenges in managing people in HC and Strategies to improve working conditions of professionals*.

- Duties

The managerial tasks performed by the nurse were: recruitment and acquisition of professionals, engagement, and retention; as outlined in Figure 1.

Figure 1. Duties of the Home Care Nurse Manager. Southeast Region, 2014-2024.



Attraction and Recruitment

As a patient was included by court order, the first stage of professional management involved recruiting health care professionals to form the team that would provide care.

The nurse recruited health care professionals through social media platforms, such as WhatsApp and Facebook groups. Vacancies were advertised on these platforms, and the nurse subsequently contacted selected candidates by phone or WhatsApp message. An interview was conducted via Google Meet to get to know the candidates and explain the job responsibilities, salary, schedules, and duties. After the interview, selected candidates were invited to provide service according to their specialty.

The nurse's management work was carried out remotely, due to the geographical distance from the professionals, most of whom lived in cities other than the company's headquarters. Communication via social media allowed for greater flexibility and broader reach in recruiting workers.

The professionals working at HC were service providers, who did not issue invoices to the company and were not registered. However, it was company policy that service providers had to be registered as Individual Microentrepreneurs (*Microempreendedor Individual* - MEI). Salaries were paid via instant money transfer (Pix), on a date determined by the company and paid by the organization's finance department.

Workers did not have benefits such as sick leave, 13th salary or vacations. Remuneration was fixed per shift or visit, meaning that workers were paid only for the days they worked. The entire process was managed by a company accountant, who handled payments according to the productivity sheet filled out by each service provider. Salary adjustments were not possible, as the amount paid to the company was fixed by the court injunction won by the company. This amount covered all services provided and was not adjustable.

When workers were granted days off, they were not paid for those days. In this case, the nurse manager was responsible for assigning someone to cover the work day, ensuring that the patient was not left unattended.

These conditions made it challenging to retain stay, leading to significant turnover, particularly among nursing technicians and assistants. Professionals who found more stable jobs and guaranteed labor rights often left the company, which meant that the nurse manager had to carry out the entire recruitment process again, with new workers.

Engagement

During the nurse's tenure, engagement was fostered through flexibility and autonomy, allowing health professionals to perform their tasks and make decisions based on their role and expertise. This approach contributed to a sense of accomplishment and satisfaction among both the nurse and the team. Furthermore, the nature of the work - providing care in the patient's home and focusing on a single patient - was more relaxed when compared to the environment in hospitals and other health organizations. This setting further enhanced engagement.

Thus, engagement was also increased through recognition, praise, and bonuses, both financial and in the form of gifts. These gestures were initiated by the managing nurse, and sometimes by the patient's family. Such recognition contributed to greater commitment from health professionals, making them feel validated, appreciated, and important in the care process.

Retention

Regarding retention, the nurse manager valued flexibility and negotiations with health care professionals. This included advances on salaries when necessary or payment on fixed preferential dates.

Other retention strategies, such as night shift pay for nursing technicians/assistants (a mandated by law) were implemented. For celebratory dates, such as Christmas and New Year, there was a bonus of an additional bonus of 50% of the payment for the service/shift. However, these were the only holidays with additional pay, which often discouraged professionals from continuing to provide this type of service and made retention difficult.

The nurse manager frequently encouraged the workers under her management, especially through praise when the work was well done or in through positive feedback from patients, family members, or guardians. Furthermore, the manager had flexible hours and was always available to assist professionals, maintaining 24/7 availability via instant messaging application WhatsApp.

It was evident that the management style of the nurse manager in HC and the retention of staff were closely related. The way in which health service professionals were managed and supported directly influenced their job satisfaction and, consequently, their their decision to stay or leave the health institution.

- Challenges in people management in HC and Strategies to improve professionals' working conditions

Based on the professional experience of the nurse manager, challenges in managing health professionals in home care were highlighted, along with strategies for improving working conditions in this care model, as outlined in Figure 2.

Figure 2. Challenges and Improvement Strategies. Southeastern Brazil, 2014-2024.



Challenges in people management in HC

The primary challenges were high turnover of health care service providers, particularly nursing technicians. Salaries varied significantly between different roles and were not adjusted in response to labor dispute or in comparison to other companies offering similar services.

Since patients' plans were tied to legal cases, the amounts were fixed and not subjected to adjustment. It was also observed that the most dissatisfied professional group was nursing technicians/assistants, with turnover largely attributed to the low salaries for HC professionals.

However, during recruitment, the nurse frequently encountered professionals with no prior experience in this type of care, especially nursing technicians and assistants. Additionally, inappropriate behavior was also common, including difficulty in communication between all categories, and instances of harshness and aggressiveness from some workers (particularly nursing technicians/assistants and doctors). These issues were constantly experienced by the organization's people manager, in this case, the nurse manager herself.

The personal challenges experienced by the nurse manager included a workload that often exceeded the contracted hours, due to the need to be available full-time, including weekends and holidays. Managing communication with professionals was also demanding, given the varying profiles and personalities, alongside worker's complaints about their working conditions in certain residences.

The nurse manager addressed these setbacks through leadership, conflict management, effective communication, and in a highly empathetic approach to prevent work abandonment, which would further strain the staff and impact care quality. Therefore, in addition to the necessary knowledge for the role, the manager was dedicated to assessing the professional development needs in line with the service demands.

Strategies to improve the professional's working conditions

The company sought solutions through negotiations with the State and health insurance companies, but these efforts were largely unsuccessful. As a result, it was necessary to establish regulations and legislation to support professional practice in HC.

In addition, implementing strategies to improve working conditions were essential, especially in compliance with legislation. As a nurse manager, ongoing education was provided to professionals through platform like WhatsApp or video when needed.

Therefore, emotional support was also offered free of charge to service providers by a specialized psychologist. The implementation of ongoing education programs, led by the nurse manager, along with the creation of an organizational culture of non-violent, empathetic, and humanized communication that valued professionals, were essential for successful retention and improvement in the quality of care.

DISCUSSION

Currently, the aging population has led to several repercussions on health care services. One of them is the need for services to adapt and offer professionals to work in home care with greater frequency and availability. Consequently, HC has risen in most Western countries and Brazil is no exception.

In this regard, a Norwegian study showed that the highly physical nature of this work poses challenges in attracting, recruiting, and retaining qualified HC professionals¹⁰. This situation also evident in Brazil, as shown in this report.

Despite the growing demand for HC workers, turnover rates are high, making engagement and retention difficult. For nursing technicians and assistants, turnover and lack of motivation are particularly evident, leading to significant job dissatisfaction¹¹. Turnover often comes from worker overload and a sense of undervaluation, especially in the face of low wages.

Regarding turnover and organizational culture, it is clear that a positive and healthy culture tends to attract and retain talent, promote employee engagement, and facilitate effective team management. On the other hand, a dysfunctional or negative culture contributes to high turnover rates, low employee engagement, and challenges in people management. Therefore, it is essential that organizations develop and promote an organizational a culture that values employee well-being, promotes equity and transparency, and encourages engagement and collaboration among all team members¹¹.

As for the recruitment of professionals, digital technologies and communication methods have become increasingly important, reaching nearly all private and work environments. Communication has shifted to virtual spaces, including remote recruitment. Furthermore, the digitalization of this environment offers cost-effectiveness and flexibility¹², as shown in this experience.

Strengthening the quality of care in HC involves defining objectives, identifying target populations, selecting appropriate services, and establishing efficient ways to provide them. These guidelines apply to both the creation of new companies and the evaluation of existing ones¹³.

Managers should prioritize increasing the satisfaction of health professionals to reduce the impact of occupational stress on their turnover intention¹⁴, including in HC. A qualitative study conducted in the Northwestern United States showed that job satisfaction and employee retention are influenced by a harmonious work environment, flexibility, autonomy, management support, and stability¹⁵. Therefore, improving the working conditions of health professionals is crucial to ensure the continuous provision of services in HC¹⁰.

The support offered by the manager, through empathetic communication, ongoing education, attention, and conflict management is essential for retaining professionals. However, it is also important for company managers to promote greater flexibility, appreciation, and monetary adjustments, as these factors significantly impact turnover intentions and can help mitigate labor lawsuits, which are common in this type of health care.

The managerial role and leadership of nurses in facing workplace adversities - such as developing proposals for training and conflict management, promoting horizontal communication, and exercising shared managerial competence - are essential. Effective intervention strategies can enhance the quality of life and work for nursing professionals and, consequently, improve the care provided in HC settings.

Thus, the essence of HC is to providing personalized, continuous, and humanized care in the comfort and safety of the home. However, insufficient infrastructure, resources, organizational culture, and trained professionals can undermine the effectiveness of this type of care, causing frustration and insecurity among patients and their families.

When the public system fails to adequately meet these needs, judicial intervention becomes a resource to ensure the constitutional right to health. To address this contemporary challenge, it is crucial that health policies evolve to include and strengthen HC. This requires significant investments in infrastructure, professional training (especially nurse managers), and the development of protocols that guarantee the quality and accessibility of home care. Furthermore, fostering constant dialogue between the health and judicial sectors is essential to promote mutual understanding of each sphere's limitations and possibilities⁴.

CONCLUSION

This study provided an opportunity to reflect on the role of the nurse manager in HC, focusing on the activities carried out by this professional and outlining the profile needed for this increasingly relevant role in our health care system.

In the management of health care professionals in the context of HC, the nurse manager faces significant challenges and responsibilities. Key managerial duties, such as recruitment, engagement, and retention of staff, are relevant to the success of the service. However, the obstacles encountered were multidimensional and encompassed the company's organizational culture, different employee profiles, emotional management in the face of conflicts, work overload, job insecurity, and low salaries. In response to this challenging scenario, effective strategies to address problems and reduce turnover are essential. The need for regulations and legislation that support working conditions in HC, along with the implementation of continuing education initiatives, emerges as a way to enhance the team's skills and knowledge.

By creating a scenario that prioritizes the professional, it becomes possible to foster engagement and job satisfaction. Although there is responsibility and authority from higher levels of the company, the nurse manager's role has proven to be pivotal, offering support to the team and positively impacting the quality of care provided to patients in the HC setting.

As limitations, this study highlights the focus on a single professional within a company. Nonetheless, the findings offer insights and possibilities for nursing practice that, given contemporary needs, can serve as a foundation and reference for HC practice.

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