Original Article

Family Health Strategy: nursing care management

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ABSTRACT

This study aimed to understand the knowledge of nurses working in Family Health Strategy about the concept, difficulties and strategies used to develop care management. This is a qualitative, descriptive and exploratory research, carried out in Pelotas/RS/Brazil, involving 20 nurses. Data collection occurred with semi-structured interviews, analyzed based on the Thematic Analysis. Nurses understand care management as the articulation between management and care. As for the difficulties, there is a lack of physical structure and material, resistance to dealing with co-workers, lack of autonomy and the position of district manager assigned to the person with no knowledge in the health area. The suggested strategies were approaching the municipal management with the health service, permanent education investments and increase in the number of human resources. Nurses understand that care and management are interconnected to ensure care for the population in their territories.

Descriptors: Nursing; Family Health Strategy; Nursing Care; Health Services Administration.

INTRODUCTION

Care management consists of nurse attribution directly related to the search for quality care and better working conditions for professionals[(1)], in a perspective that articulates management and care, focusing on the health service user and care in an approach that goes beyond technicality towards the integrality of attention[(2)].

It encompasses a dialectical relationship between knowing how to manage and knowing how to take care of, in its theoretical origin. Therefore, nursing care management expertise bases in scientific, ethical,

aesthetic and personal knowledge, in the face of the complexity of the human being in terms of their singularity, multiplicity and individuality as well as their relation and insertion in the various everyday life scenarios[3].

The nurse primarily does care management, while the nurse is responsible for the collective work organization of nursing so that care can be developed. The proactivity of this professional can bring important repercussions in their work[4]. In view of the practical scenario, care management is important as a professional actions focus, since administrative processes should be used, such as technologies for their effectiveness, through direct actions with users or through delegation and articulation with the other health team professionals[5].

Health care within the Unified Health System (UHS), despite the progress made towards consolidating the Family Health Strategy (FHS), as a model for reorienting primary care, has gaps influenced by the traditional model, characterized by fragmented, hierarchical, individualistic activities with a positivist vision of the health-disease process[6].

Since UHS creation, there have been advances in its implementation. The aforementioned system has considerably increased access to health care for a large part of the population, reaching universal coverage for vaccination and prenatal care; it broadened the population's awareness of the right to health linked to citizenship; it promoted the development of human resources and technology in health. However, the UHS consists of a health system that continuously strives, through its political, economic, scientific and technological sustainability, to ensure universal and equitable coverage[7].

For this reason, it lacks professionals engaged in the pursuit of the health actions development. Among the nurses' management actions in the FHS context, stand out participation in the elaboration, coordination and articulation of the Basic Health Unit (BHU) planning; promotion of integration and good relationship of the health teams under their responsibility; investment in interpersonal relationships (valuing professionals performance); identification of physical resources and demographic and epidemiological profile of the population ascribed[6-8].

The study is relevant, considering that the literature indicates that most investigations related to nursing care management are related to hospital care[6]. Moreover, in the FHS there are limitations of activities carried out by nurses, among them, the lack of autonomy in many municipalities, because there is no implementation of protocols that support their activities, which consequently implies the performance of functions, interfering directly in the care management[9].

Based on the above, the objective was to understand the knowledge of nurses working in the Family Health Strategy about the concept, difficulties and strategies used to develop care management

METHODS

This is a qualitative, descriptive and exploratory research carried out in the basic health services of Pelotas/RS/Brazil. The municipality has 50 BHUs; 37 have FHS teams, corresponding in total, 66 FHS teams.

Within these values, 26 BHUs with FHS teams are in the urban area.

Twenty nurses participated in the study. The inclusion criteria we adopted were nurses who worked in BHU with FHS in the urban area and were on the same team for at least six months. The exclusion criteria of the study were nurses not found in the place in more than two scheduled visits or not working due to sick/maternity leave.

Saturation criterion delimited the number of participants, that is, when the information, explanations and meanings attributed by the participants started appearing regularly. We previously scheduled the interviews via telephone contact, and a nurse from every BHU was selected drawn by lot when there was more than one family health team.

Data collection took place in September 2015 through a semi-structured interview with a script to identify the participants profile and open questions, in order to investigate nurses' knowledge, application and opinion about the subject. To preserve anonymity, we identified the statements with the letter E and the ordinal number corresponding to the sequence of interviews (E1, E2 ..., E20). Participants were asked about the understanding and how to perform the management in practice as well as the difficulties, facilities and strategies to implement it in the FHS.

We used thematic analysis, structuring and organizing the content in two moments. The first refers to the exploratory research phase, constituting the fundamental theoretical framework for the analysis. The second is the interpretative, in which the informants' reports were used to give meaning, logic and projection, seeking comprehension and aggregation of responses[10]. Firstly, we put the data in order, which involved the transcription of the material obtained through the interviews and re-reading of the material. Afterwards, we proceed to data classification, by means of the horizontal and exhaustive reading, apprehending the structures of relevance and the central ideas. In the cross-sectional reading, we separated the data by direction units. In the rating process, we identified the categories, joined the similar parts, trying to perceive the connections between them, and keeping them in codes. In the final analysis, the data were compared with the literature.

From the analysis, three categories emerged, the FHS nurses understanding on nursing care management; Difficulties faced during the nursing care management implementation; and Strategies to improve care management.

In relation to ethical principles, we considered in all stages of the research the determinations of Resolution 466/12 of the National Health Council on Human Research. The Research Ethics Committee of the Nursing School of Federal University of Pelotas approved the research, protocol number 1,208,951.

RESULTS AND DISCUSSION

Regarding the profile of the 20 nurses participating in the study, the age ranged from 29 to 58 years and two were male. The training time was from seven to 28 years and only one was not from public university. None of them underwent an auxiliary or nursing technician course. Only one had no graduate studies; 18 had

specialization, and of these, 14 were from public health or family health; two completed master's degree. The working time in the FHS team comprised between eight months and 15 years, nine of which were the coordinators of the multidisciplinary team. Regarding employment contract, all were civil servants, with a workload of 40 hours per week, but six also worked in another place, which can directly reflect on the assistance, considering the weekly work overload.

The understanding of FHS nurses on nursing care management

In order to understand the knowledge about the nursing care management in the view of the nurses working in FHS, there was a need to question them about the concept they had about this topic.

It is everything you do in the unit so that all goes fine in the assistance, from the service organization, how you are going to do daily, the way you plan the programs, when you create bounds with patients when they return, on home visits (E15).

It involves beginning, middle and end of the service to the user, from listening, perceiving, orienting, orientation planning to patient care (E5).

It is having programmatic actions that make it possible to take care of a community in general, which in the Strategy the whole family is taken care of. Stop looking only at the problem and start seeing the family problem (E10).

It is interesting that these professionals understand that assistance and management articulate with each other. They realize that the whole structure and organization of the unit directly interfere with the care provided to the population. As they manage to organize their working process, they feel the repercussion of good service.

Nurses have been rediscovering their role in Health Primary Care (HPC) throughout their life, creating and recreating what to do in nursing in public health, both in the care and in the promotion of health[11]. In performing their social function as a caregiver, they coexist with the tensions inherent in the production of health acts, that is, the production of procedures *versus* the production of care, which is in line with the results obtained in this study[12]. In addition, they seek to break the traditional assumptions of nursing management in health services and understand that the best way for them to stimulate their team is to consider each member as fundamental in the process, investing in individual and collective potential, to achieve the established goals[13].

Through these results, we understood that managing FHS care is to articulate care and management activities of the nurse in order to have a care planning for each user of the services, guided by the policies advocated by the Ministry of Health.

Difficulties faced during the nursing care management

Among the difficulties the participants reported in the nursing care management, they highlighted the lack of physical structure and materials.

The greatest difficulties are the lack of resources, lack of physical structure (E6).

It is attending the urgencies, not having medicine for urgency, no materials, no ambu [mask of oxygen]*, oxygen, oxygen network*. *I need to refer to the referral hospital, I call SAMU (Emergency Mobile Care Service)* (E4).

Most participants, with the exception of a unit that had recently received financial incentive from a private organization, little involving municipal management resources, reported the dissatisfaction with the physical structure.

Therefore, the expansion of coverage and public financing is essential to offer similar attention to all UHS patients, and to promote the effective insertion of the private sector in a regionalized and rationalized network of health services. The complex dimensions of the public-private partnership in health are yet to be adequately addressed(14). Thus, nurses' work involves care management as well as other issues that often go out of their way but that need their critical and participatory approach.

In this study, the units that had the physical structure recently reformed were considered bad due to many pending. It was also visible how much this question interferes in the motivation of the professionals, since several lack of a room to realize the nursing consultation and great part of the structures suffers with the proliferation of mold, due to the climatic characteristic of the city, which predisposes to humidity at high levels. Structural and organizational conditions have a direct impact on the provision of nursing consultation, a nurse's private activity, which may not be offered due to lack of physical space or because the working process organization in the FHS may also be performed in biomedical logic.

In this perspective, a study carried out in the city of Ribeirão Preto/SP/Brazil reinforces that some structural and organizational conditions of health units are identified as difficulties in the routine of clinical practice of nurses in primary care. The architectural and organizational conditions of some health units do not facilitate the provision of this service, since, historically, health care occurred centered on the biomedical model(12).

Although in small number, the resistance that one has in working in a multi-professional team was cited as difficulty, especially in relation to the physicians. This impasse was observed in the teams with professionals who already worked in the unit when FHS was traditional, with a different work proposal.

It is the difficulty of working with professionals, this resistance they have (E8).

Another study carried out in a city in the State of Paraná/Brazil also corroborates this testimony, since its interviewees cited resistance as a difficulty among the multi-professional team, mainly related to the changes, as well as the lack of tolerance and communication deficit between the team(15). Resistance can relate to the existence of a power relationship between those involved in the work team; according to Michel Foucault(16), when there is power, there is resistance.

Some nurses considered autonomy as a facility but other, as a difficulty. This divergence of opinions can relate to the way the teams organize their working process, so that they do not build a hierarchy among the professionals, making the team realize the importance of everyone and the right of each one to have adequate physical space to work.

I feel that we lack autonomy, physical space so we have a greater freedom with our patients (E9).

Along with the above, the hope is that each professional of the team would have and seek autonomy to solve or seek resources for the problems of their territory of action. However, they often lack to seek autonomy, and when they do, it runs into bureaucratic processes as queues, low problem solving by other professionals, network disarticulation when there is a need for referral to other sectors, among others[17].

In a study with family health teams of the traditional care model, in the South of Brazil, professionals found important fragilities. Such dimensions that they reach in primary care are structural, political and cultural, highlighting how much these make it difficult to implement UHS principles, negatively influencing the work routine of healthcare professionals[18].

Adding to this, political influence is also considered one of the weaknesses of the primary care dimensions. A complex situation to be solved, but if it were possible to review some situations, it would bring significant changes to the BHUs reality, since there is currently a great impasse on this issue, the inclusion of district managers, a new position instituted by the municipal administration.

The district manager decides, not me. They have not been approved in public contest, those are political positions, I have nothing against them. Politicking in health doesn't make things work. They must be approved in public contest and have practice in the health area (E14).

Involvement in party politics directly interferes with health care planning. The country has a political tradition, and the dissociation of public social policies from party politics action is still complex, as there are influences that lead to losses in the conduct of these social actions, as they are characterized in the FHS[19].

It is evident how much these difficulties interfere in the care management of these professionals. Even knowing that commitment to work and the will to do the best are fundamental tools in this process; there are certain essential resources, especially management support and the work with the FHS.

Strategies to improve care management

Among the strategies to improve care management, we observed the need to bring municipal management closer to the units, in order to be closer to the reality, for better planning and supporting their needs.

Approaching coordination team with the team working at the Unit (E1).
Planning first. We have to understand the reality of the community we assist (E9).
Management support. Opportunity for you to discuss things and organize better and be able to work better on what you believe and that is right. Not on politicking (E15).
In fact, I believe that if district managers concern about the needs of each unit, in terms of respecting the inputs, materials, everything that is feasible to improve; they have goodwill to some things (E17).

According to the depositions, when assuming a certain position in the management, it is essential to know the attributions and the reality of their work. When comparing with this statement, there is a study

with nurses from the 10th Regional Health of the State of Paraná/Brazil that believes that managers can change the way they think if they begin to understand the purposes and reality of the FHS, in each place, there will be a change in the allocation of resources, improving the working conditions of the entire team[20].

Another strategy to facilitate the FHS care management, cited by the participants, was the standardization of care offered at the units, through the creation of protocols, along with the maintenance of continuing education as a way of sustaining their practices.

On the part of the management, if we had more skills on this topic, if we did had standardization. I think creating protocols (E2).
Continuing education and systematization by protocols (E7).
I believe that more meetings between Strategy teams to discuss on the issue [care management], *because that way, each one will see the other's difficulty and what the other has managed to do positively, and it is something that does not exist in the city. [To seek for] more personal things, from the professional, research* (E13).

When analyzing these statements, we identified a lack of activities for continuing education, because according to the new health policies, changes are necessary for training healthcare professionals, starting from graduation and remaining after entering in the labor market[21]. Thus, the respondents talked about what demands of their routines need updating. However, it became clear that besides the management contribution, the professional must also do his/her part and look for knowledge in the attempt to supply part of his/her needs. Their demands at work are also highlighted, but at the same time, the management has difficulties in understanding the labor reality of the units.

The lack of nursing protocols in the Municipality of Pelotas/RS/Brazil means that many activities do not happen due to lack of legal support. Although some manuals have already been established by the Ministry of Health for the nurse professional to perform activities[9]. Thus, the welcoming used in the FHS would be relevant for helping it to organize its services and for being a good instrument for the implementation of protocols and the nursing process in the care of users who need more attention due to their vulnerability[22].

The improvement in the human resources available in the FHS teams was also one of the strategies suggested by the participants, as a way of guaranteeing care through the complete team, as recommended by the Ministry of Health.

If we had the teams completed, we could have organized, even without physical structure (E3).
Increasing human resources in a qualitative way and also having this management done by health professionals with proof of competence and not by political office (E14).
When someone is on vacation, they [management] *do not send another one to replace* (E19).

Faced with this situation, the unavailability of professionals working in a health team together with the lack of qualification tends to negatively influence the provision of care to families[20]. In this context, the lack of one of the multidisciplinary team member negatively affects the organization of the daily activities of the unit, burden the professionals who are working and, consequently, affecting the quality of the assistance

provided to the population.

FINAL REMARKS

Care management is as an activity primarily developed by the nurse, with a view to qualifying the quality of care and improving the working conditions of health professionals.

As for the difficulties faced by nurses to manage the care in the units, we highlight the dissatisfaction and discontent regarding the municipal management. The identification of such barriers makes it possible to rethink the nurses' managerial working process as well as to point to the need for new ways of doing health, transposing the traditional vision that still exists in health services.

The study showed the need for standardization of activities and protocols, closer approximation of municipal management with its services and training on the programs that are developed in the unit. Such strategies may contribute to care management strengthening; however, they demonstrate that many decisions exceed the decision-making power of nurses, which reflects the need for public managers sensitive to the implementation of proposals that support and potentiate the actions of nurses in the FHS.

Among the limitations of the study, a single data collection technique was used in the interview. The association of other techniques such as observation could have helped to reinforce the data obtained and facilitated the understanding of the reports by observing the work context in which they are inserted.

From the development of this study, we tried to contribute to the reflection on the care management of nurses working in FHS, in order to improve their practices and, consequently, the quality of care provided to the population in many territories.

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