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ORIGINAL ARTICLE

The analysis of the relationship of nurses in the family health strategy with their profession

A análise da relação de enfermeiras(os) da estratégia saúde da família com a sua profissão

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ABSTRACT

Objective: To analyze the professional involvement of nurses in the Family Health Strategy (FHS). **Method:** Descriptive study with a qualitative approach carried out with 19 nurses in the FHS during the first quarter of 2020. Semi-structured interviews were carried out, proceeding with the analysis from the ideological, libidinal and organizational dimensions of professional involvement, according to the theoretical framework of Institutional Analysis. **Results:** It was identified in the ideological, libidinal and organizational dimensions of professional involvement: the breadth of the nurse's work in the FHS; work overload; nursing care and teamwork; the bond with the users; the lack of management support and the lack of articulation of the health care network. **Conclusion:** Teamwork corresponds to the essential vector for professional practice, the bond as the main motivator and the lack of support from management and networking as obstacles to the exercise of nursing in the FHS.

Descriptors: Primacy Care Nursing; Primary Health Care; Family Health Strategy.

RESUMO

Objetivo: Analisar a implicação profissional de enfermeiras(os) da Estratégia Saúde da Família (ESF). **Métodos:** Estudo descritivo, de abordagem qualitativa realizado com 19 enfermeiras(os) da ESF durante o primeiro trimestre de 2020. Foram realizadas entrevistas semiestruturadas, procedendo-se com a análise a partir das dimensões ideológica, libidinal e organizacional da implicação profissional, conforme referencial teórico da Análise Institucional. **Resultados:** Nas dimensões ideológica, libidinal e organizacional da implicação profissional foram identificados: a amplitude do trabalho da(o) enfermeira(o) na ESF; a sobrecarga de trabalho; a assistência de enfermagem e o trabalho em equipe; o vínculo com os(as) usuários(as); a falta de apoio da gestão e a ausência de articulação da rede de atenção à saúde. **Conclusão:** O trabalho em equipe corresponde ao vetor essencial para a prática profissional, o vínculo como principal motivador e a falta de apoio da gestão e da articulação em rede como dificultadores do exercício da enfermagem na ESF.

Descritores: Enfermagem de Atenção Primária; Atenção Primária à Saúde; Estratégia Saúde da Família.

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INTRODUCTION

The Unified Health System is composed of public health actions and services established to compose a regionalized and hierarchical network. Within this network, there is the Primary Health Care (PHC), the priority gateway to this system. Brazil has adopted the Family Health Strategy (FHS) as a PHC model, which must be composed of a multidisciplinary team, comprising a nurse, doctor, dentist, dental assistants and nursing technicians, community health agents and endemic control agents[1].

In relation to the role played by the nurse in this instance of health care, the Pan American Health Organization and the World Health Organization point to the need for a resumption of the nurse's role in the PHC, bringing her/him closer to direct care to users of health units, which consists of the genesis of the nursing assistance. This continuous distancing is mainly due to the gradual prioritization of daily administrative and bureaucratic activities in the health and nursing work process and the loss of space for direct assistance to users[2].

Studies have addressed how much the work process of nurses and the nursing team generates stress, wear and tear, carried out under bad conditions, among other factors that permeate professional practice[3-5]. However, there are few scientific productions addressing the professional involvement of nurses in the context of the PHC, aiming to understand the relationship they establish with their profession in this context.

The current international context of nursing has achieved its visibility through its work on the front line in the fight against the new coronavirus pandemic through the Nursing Now campaign, which proposes professional empowerment and appreciation in the face of contextual global health challenges[6]. In this way, it is relevant to look at the relationship that these professionals establish with their profession, understanding that macropolitical transformations occur through critical analyses of micropolitical contexts.

A potential contribution to the development of this aforementioned perspective is identified in Institutional Analysis, as it corresponds to a movement/current that is guided by a reflexive process that triggers self-analysis. It emerged in France, in the mid-1960s. In Brazil, it emerged with Collective Health and health reform, in the mid-70s and 80s[7], aiming to understand a social and organizational reality, having some principles that guide its development in practice[7,8].

Some of its principles were used in this study, such as: professional involvement, which consists of the relationship that individuals establish with their profession[8-10]. This is based on three dimensions: ideological (way of thinking, believing and representing the profession), libidinal (productions, disruptions and rearrangements of the profession through desire) and organizational (material basis that the professional has to establish his relationship with the profession); institution, which are socially elaborated and established rules and norms, comprising the profession as an institution; instituted, which corresponds to what is visible in the institution; instituting, which consists of what moves and displaces the instituted; institutionalization, which corresponds to the dialectical relationship established between the instituted and the instituting; e, analyzer, which corresponds to what makes the institution appear or a situation, fact or element that provokes revelations[8-11].

Thus, to contribute to scientific knowledge in the area of Primary Care Nursing, this study analyzes the professional involvement of nurses in the Family Health Strategy.

METHOD

This is a descriptive study, with a qualitative approach, which was based on the theoretical framework of Institutional Analysis.

The data described in this article were produced through a scientific initiation project developed with FHS nurses from a medium-sized city in the state of São Paulo.

This municipality has teams from the FHS and Basic Health Units of the traditional model, Emergency Care Units, Medical Specialty Center, Hospital Units, Psychosocial Care Center, among other services aimed at the health care of the population. In relation to the FHS, the city currently has 21 teams registered with the Ministry of Health.

The inclusion criteria of the participants in the research were: being a nurse in the FHS of the municipality; and the exclusion criteria: not meeting the interview schedule after the fifth attempt made by the researchers or being on vacation or sick leave.

The 21 nurses were invited to participate in the research, and 2 were excluded because they were on vacation. Therefore, 19 nurses participated in the research.

Data collection was carried out during the first quarter of 2020 through individual semi-structured interviews, previously scheduled through telephone contact and carried out in the health units where the nurses worked.

The interviews had a script with guiding questions, which were presented to the participants of the Study Group, aiming to qualify them before being used. They had an average duration of 30 minutes and were recorded in MP4 format to later be transcribed and analyzed.

The research script had the following questions: a) Tell me about the nurse's work in the FHS; b) What do you feel being a nurse in the FHS? c) What are the facilities and/or difficulties of being a nurse in the FHS?

The material from the transcripts was prepared for analysis according to three stages: the transcript

itself, with the contents of the interviews' speeches; the transposition work, which consisted in the moment when the nurses' words and gestures were reconsidered and; the reconstitution, which consists of the narrative around the main categories of analysis, which correspond to the dimensions of professional involvement (ideological, libidinal and organizational)[12].

Thus, the transcripts of the interviews underwent a re-reading process in line with listening to the recordings, to make possible corrections and remove fragments, terms and names that could identify the research participants, in addition to providing greater familiarity with the speeches. The moment of transposition was carried out later, in which the transcripts were reread several times, adding considerations related to the non-verbal readings and expressions identified during the interviews (pauses, moments of tension, relaxation, laughter, irony, etc.). And the moment of reconstitution, which sought to analyze the material transcribed and transposed in confrontation with the ideological, libidinal and organizational dimensions of the nurses' professional involvement[8-10].

The research presented in this work was approved by the Research Ethics Committee with CAAE 20126919.3.0000.5504 and Opinion No. 3.650.870/2019. The speech fragments were identified through the acronym Enf (nurse) followed by a cardinal numeral, aiming to guarantee anonymity, privacy and ethical precepts that involve the development of research with human beings.

RESULTS

In the ideological dimension of the nurses' professional involvement, it was possible to identify the breadth of their work in the FHS. Although this fact generates a range of possibilities for their performance and, consequently, a satisfaction for being able to work on several work fronts, it also causes an overload, precisely due to the large volume of activities to be developed:

> *So, the work of the nurse in the FHS is very broad, right? We provide individual consultations to carry out prevention and health promotion, but we also provide collective health care. In addition to having to do a great deal of teamwork management; we are also responsible for the work of community agents, we have technical responsibility for the nursing team. There is a lot of demand for us to record, document everything we do and this takes a lot of time* (Enf03).
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> *The work at the FHSF is very rich because it allows for a wide variety of options. You can work in care, in management, in groups, in school health. However, because of this, we are also charged. Sometimes I need to prioritize some fronts* (Enf12).

Still in relation to the ideological dimension, it was possible to identify nursing care and teamwork as relevant points for the professional practice in this instance of health care to occur effectively, as pointed out by them through the speeches:

> *We have nursing consultations for all life cycles: child, pregnant woman, young adult, woman, elderly. We have home visits: low-risk prenatal care, vaccine, active search, hypertensive, diabetic patients, and this makes our focus on caring for the family and the described population. This is the main meaning of the FHS* (Enf04).
>
> *Yes, I really value this integration work, because nobody does everything, no matter how well the person works, she/he also depends on the colleague to continue what was started and this is essential for us to develop a good work in the FHS* (Enf01).

Regarding the libidinal dimension of professional involvement, the bond with the population was the great motivator of professional practice by the nurses interviewed. Most of the interviewees pointed this factor as the driver for them to continue exercising the profession in this instance of health care:

> *The pleasure is so great that I think I can't stop. I think one of the greatest satisfactions for me as a professional is getting to know the patient from the inside out and from the outside in. You know the whole life story. I feel flattered that I can't even name it* (Enf07).
>
> *This issue of bonding is very good for us because we can understand the context in which that family lives, not only the individual, but the social, family context in which she/he lives. So, for me, it is gratifying* (Enf08). *Being close, the person trusting you, opening up to you. There is nothing that motivates me more and makes me keep working in this place* (Enf11).

In the organizational dimension of professional involvement, some factors were identified that facilitate and hinder the professional practice of nurses in the FHS. Teamwork was also pointed out in this dimension, being pointed out as a facility, as the interviewees described where it positively influences the professional practice of nursing:

> *The team collaborates with the work I develop. Sometimes we have difficulty in conducting a case and the colleague has greater familiarity, greater ease. Then she leads and we support. This makes my work easier here* (Enf12).
>
> *I don't know what I would do without the team. There are cases where one does and the other supports. If one fails to do, it interferes with the work of the other. That's what I see.*

The team helping each other daily at work. Without this, it is very difficult to work in the FHS (Enf03).

However, the difficulties were more prominent in this dimension of professional involvement. In this sense, the lack of support from municipal management for the development of daily professional activities and the absence of an articulated health care network were the main points made by them:

There are several difficulties. Even more than the facilities, I would point out the lack of support, lack of management (Enf05).

The difficulties, I believe, are beyond the governance of the team itself. There is a lack of communication, management support. Management as a whole. It lacks a bit of determination (Enf15).

So, this issue is very complicated. You try to take the team, give a direction, but if there are people to be able, they will be able to, because we have previous management that supports this person (*Enf19*). *There is no management support to legitimize what we do here. Then, it complicates a lot* (Enf02).

DISCUSSION

The breadth of the work developed by the nurse in the FHS is in line with the autonomy achieved by nursing in the professional practice in this instance of health care. This fact reflects the recognition that nurses acquire over time, especially when faced with the historical and social process of the profession, which has been linked as an occupation of an "auxiliary" function of the medical professional. Thus, there has been a focus on advanced practice nursing. Which differs from current nursing in the degree of autonomy, decision-making and in the diagnosis and treatment of diseases, which gives it a greater degree of resoluteness in the health care of users in the PHC[1,13].

This professional autonomy needs to be articulated with a balance between what is developed individually and what must be shared and worked on as a team. This is a paradigm shift of what is currently in place, and one of the great challenges lies in establishing effective interpersonal communication, capable of favoring a horizontal construction of the care process, granting freedom and participation of social actors in everyday decision-making processes[14]. This is relevant for interprofessional work to occur in practice in health care, which allows the development of strategies and ways of sharing care, without deposition of roles and responsibilities on the nurse. In this way, avoiding an overload of work on this professional in the various contexts of professional activity, especially in the FHS.

From the perspective of Institutional Analysis, overload can be understood as an analyzer of the nurse's work process, as it brings to light the working conditions, the functioning of the team and the technical and social division of work within the health care instance. This highlights the activities that are prioritized and neglected by the nurse, which can make the institution rethink and find other ways to develop its actions.

In this sense, some studies have pointed to the overload of administrative and care functions performed by nurses in the FHS, resulting in the lack of time for other dimensions of their work, such as direct assistance to users, which generates some suffering due to the loss of meaning in everyday activities[15-17]. However, it is questionable how much this professional has been able to delegate functions or exercise them to provide a sharing of decision-making, that is, the exercise of shared management at work.

The National Humanization Policy points to co-management or shared management as a guiding principle of health work. This requires coexistence, the construction of a relationship of interprofessional trust and the development of practices that complement each other[18]. However, considering that this management perspective is associated with issues concerning interprofessionality, for it to occur, there must be effective institutional and political conditions that encourage this model of work organization. That is, although relational aspects and light technologies are relevant to promote changes, contextual aspects must also be considered, preventing the State from exempting itself from the minimum conditions capable of promoting effective changes[19].

This gap triggers a certain crisis in the relationship that FHS nurses establish with their profession, as the bond with users is seen as the greatest motivator for the professional practice of nurses in the PHC. This consists of the connections established between professionals-users and vice-versa and is directly related to the development of the extended clinic, which requires specific demands and skills to be put into practice[20]. It provides a comprehensive and interdisciplinary approach to the patients, expanding the focus of the intervention beyond the procedures, symptoms, disease presented by them, expanding to their family and social context[21].

Thus, finding a balance in relation to the performance of PHC nurses is a great challenge to be achieved. In this sense, one of the outputs identified in the analytical process, which coincide with part of the ideological and organizational dimensions presented by the nurses in this study, is the development of teamwork.

This depends on a number of factors for it to occur effectively. Good interpersonal relationships, collaboration and respect among peers, understanding of objectives and institutional mission correspond to some of them[22]. In addition, when considering the measurement of the workload of professionals in the FHS, it is known that

teamwork associated with good working conditions and a good relationship with management are protective factors against exhaustion and illness, reducing the workload[23].

A recurring agenda in several instances has been the precariousness of health work in the public sector, which ranges from ensuring minimum conditions for the development of quality work to good remuneration[24]. Analytically, it consists of something institutionalized and not very susceptible to instituting forces capable of modifying it, such as the proposition of job and career plans to effective professionals. These propositions end up disregarding that professional satisfaction is intimately related to the organization of the work process in the FHS and the good conditions for its development, such as the development of management support[20].

The notes made by the nurses in this study regarding the lack of support from management and the absence of networking, point to them as some of the difficulties present in the organizational dimension of professional involvement. These articulate directly with the ideological and libidinal dimensions with regard, respectively, to the exercise of nursing care and the possibility of establishing a bond with users[25].

Such a connection can be obtained through the implementation of quality, effective, person-centered health care, structured from scientific knowledge, appropriate, aimed at reducing inequalities and achieving equity through a humanized offer[25]. Therefore, it is believed that, through this articulation, it is possible to advance in the development of a clinic with quality, generating direct resonances in the professional practice of those who propose to provide quality care, characterized by ideology, values of the Unified Health System and desire, as the nurses of the FHS in this study.

CONCLUSION

The professional involvement of FHS nurses permeates the ideological, libidinal and organizational dimensions in an articulated way, being inseparable dimensions. Although in this study they were separated to favor their identification from the speeches of the research participants; thus, enabling a better understanding by the readers.

The breadth of the work developed by the nurse in this instance of health care was evident, with teamwork being the essential vector for professional practice; the bond with the users the main motivator for the development of the work; and the lack of management support and articulation of the health care network are pointed out as obstacles to the exercise of nursing in the FHS, leading to the need to strengthen the articulation between management, care and education.

The limitation of this research is the fact that it was developed just before the beginning of the Covid-19 pandemic, which certainly generated changes in the institutionalization of nursing and PHC. However, it is understood that the findings of this study point to the possibility of developing intervention research, from the findings already captured through this first analytical process, contributing to the theoretical-scientific deepening in the area of PHC Nursing.

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