



WORK PROCESS AND MANAGEMENT COMPETENCES OF THE NURSES IN THE FAMILY HEALTH STRATEGY

PROCESSO DE TRABALHO E COMPETÊNCIAS GERENCIAIS DO ENFERMEIRO DA ESTRATÉGIA SAÚDE DA FAMÍLIA

PROCESO DE TRABAJO Y COMPETENCIAS GERENCIALES DEL ENFERMERO DE LA ESTRATEGIA SALUD FAMILIAR

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The objective was to identify the dimension of the process of nursing work in a unit of the Family Health Strategy and correlate the necessary competences for the development of managerial activities. It is a descriptive study using the technique of non-participant observation during 160 hours of activities of four nurses from a unit of the Family Health Strategy, from March to May, 2011. The results showed that the care dimension holds 42% of the time spent by nurses in their activities, followed by management (33%), education (20%) and political participation (2.5%). In managerial dimension, managerial competences were classified as follows: communication (55%), leadership (33%), permanent education (8%) and decision making (4%). These competences are interrelated and developed together with administrative functions: planning, coordination, direction and control. For the development of their attributions in the Family Health Strategies the nurse professionals uses administrative tools demanding constant mobilization of different competences.

Descriptors: Nursing; Professional Competence; Practice Management; Family Health.

Objetivou-se identificar as dimensões do processo de trabalho do enfermeiro em uma unidade da Estratégia de Saúde da Família e, correlacionar as competências necessárias para o desenvolvimento de atividades gerenciais. Pesquisa descritiva que utilizou a técnica de observação não participante durante 160 horas de trabalho de quatro enfermeiros da referida unidade, de março a maio de 2011. Os resultados apontaram que a dimensão assistencial ocupa 42% do tempo dedicado pelos enfermeiros nas suas atividades, seguida da gerencial (33,0%), educativa (20,0%), participação política (2,5%). Na dimensão gerencial, as competências identificadas foram: comunicação (55,0%), liderança (33,0%), educação permanente (8,0%) e tomada de decisão (4,0%). Estas competências se inter-relacionam e se desenvolvem em conjunto com as funções administrativas: planejamento, coordenação, direção e controle. Para a consecução de suas atribuições na Estratégia de Saúde da Família o enfermeiro utiliza ferramentas administrativas, que exige deste profissional a mobilização constante de diferentes competências.

Descritores: Enfermagem; Competência Profissional; Gerenciamento da Prática Profissional; Saúde da Família.

El objetivo fue identificar las dimensiones del proceso de trabajo del enfermero en una unidad de la Estrategia Salud Familiar y correlacionar los conocimientos necesarios para desarrollar las actividades de gestión. Investigación descriptiva mediante la técnica de observación no participante durante 160 horas de actividades de cuatro enfermeras del centro de salud, entre marzo y mayo de 2011. Los resultados indicaron que la dimensión asistencial ocupa 42% de su tiempo a la atención, seguida de la gestión (33%), educación (20,0%) y participación política (2,5%). En la gestión, las competencias gerenciales clasificadas fueron: comunicación (55,0%), liderazgo (33,0%), educación continua (8,0%) y toma de decisiones (4,0%). Estas competencias se interrelacionan y se desarrollan con las funciones administrativas: planificación, coordinación, dirección y control. Para cumplir sus tareas en la Estrategia Salud Familiar, el enfermero utiliza herramientas administrativas que requieren movilización constante de diferentes habilidades.

Descritores: Enfermería; Competencia Profesional; Gestión de la Práctica Profesional; Salud Familiar.

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INTRODUCTION

The process of work has several components: the object, which is the focus of the activity to be followed; as a result the product is obtained; the instruments of work and the activity used to reach the object are obtained⁽¹⁾. Other elements constitute the process of work: the ones which do the work (agents), the reason why the work is done (purpose), and the product, or final result. The knowledge, abilities and attitude developed by the health professionals to reach results in their work are considered non tangible products. Consequently, in the process of work of the nurse five dimensions are noticed: the assistance, management, teaching, research and political participation⁽²⁾.

Within the assistential dimension of the work of the nurse, the objective is the direct individual and collective care, with the intention to promote, keep and recover health. In this dimension, the assistance of quality requires, from the nurse, the domain of his instruments and methods of work. In the administrative dimension, the nurse uses specific tools for the management of the care and/or of the service and has as target the agents of care and the resources used, in order to coordinate the assistance in nursing⁽²⁾.

Regarding the educational dimension, the agents apply theories, methods and resources of teaching/learning as tools, in order to form and improve nursing human resources, or attend the needs of the users regarding education in health⁽²⁻³⁾. The knowledge in nursing is the goal of the work of the nurse in the scope of the research. This resource allows identifying new and better ways to act in all the dimensions of the process of work⁽²⁾.

The last dimension, called political participation, is represented by the working force of the nurses and their social representation. Within this dimension there are elements beyond the simple affiliation to the organs of representation of the category; methods to transform the reality of work through political pressure, negotiation

and representation of the category in micro and macro political instances are used⁽²⁾.

In Brazil, the activities of the managerial dimension are outstanding in the process of work of the nurse and they aim at guaranteeing the quality of nursing assistance, as well as the good functioning of the unit⁽⁴⁾. According to that, the National Curricular Guidelines (NCG) emphasize the importance of managerial dimension when general competences for the education of the nurse are proposed, the ones of managerial character⁽⁵⁾: communication, leadership, permanent education and taking of decisions⁽⁶⁾.

In turn, competence is considered as the capacity to mobilize knowledge efficiently and to act in order to attend the current demands caused by changes in the scope of the work. So, the nurse has a double responsibility: to be competent and to guarantee competence from part of his team⁽⁷⁾.

The specific competences of the managerial dimension of the work of the nurse are determined during the education and are developed in their daily experiences⁽⁸⁾. Actually, the education and the professional practice of the nurses must go through the dimensions of the process of work to open ways in the development of competences, with a greater interaction between teaching and service, complying with the current NCG, as well as attending the demand of the population when contributing to the operationalization of SUS (Unified Health System)⁽⁹⁾.

In the managerial dimension of their process of work, the nurses performed administrative functions which, in this study, were listed from the adaptation to Fayol's proposal, which is presented as: planning, organization, order/direction, coordination and control. So, the administrative functions considered were: planning, coordination, direction and control⁽¹⁰⁾.

In the scenario of primary attention to health, the activities attributed to the nurses of the Family Health Strategies (FHS) by the Health Department, involve the complete assistance to the subjects, family members

and community. With the expansion of FHS, the nurses assumed the essential role as articulating agents of the actions developed by the Family Health Team⁽³⁾. So, the study is justified by the interest in the recognition of the wording process dynamics of the nurses who work in the FHS.

It is appropriate to state that this research is part of a project of a greater research elaborated during the Programa de Educação pelo Trabalho para a Saúde – PET (Program of Education through Work for Health) called Organização e Práticas na Atenção Básica à Saúde no Contexto da Estratégia de Saúde da Família (Organization and Practices in Basic Attention to Health in the Context of the Family Health Strategy) which aims at contributing to the discussion and reorganization of the practices of health in the basic net of services in order to respond to the needs of health of the population.

In short, this study has the objective to identify the dimensions of the process of work of the nurses at a unit of the Family Health Strategy and to correlate the necessary competences for the development of managerial activities.

METHOD

It is a descriptive research, which uses the non participant systematic observation as technique. The study was made in a unit of health, characterized by the Family Health Unit, locate in a county in the south of Brazil, from March to May, 2011. The population attended in the unit is approximately 12,800 people, and, from those, 7,373 are registered in programs of health. This FHS is composed by four teams and the general coordination, which could be done by any health professional with a university degree, is done by a nurse. The participants of the study were four nurses of

the FHS unit, who complied with the criteria of inclusion: to work in the Family Health Unit.

Each nurse was observed for one week, corresponding to 40 hours of work. The observations were registered in a semi-structured tool of data collection in which all the activities performed and the time spent in each one of them were registered for later analysis. Only the data related to the time used by the subjects in their professionals activities were included and analyzed. The choice for this period of time is justified once the weekly working load of 40 hours corresponded to a cycle of activities, considering the division of the tasks performed among the health professional of this unit.

The calculations regarding the distribution of time spent to each activity of the nurses were made with the help of an electronic sheet, using the Microsoft Excel 2007 program through simple descriptive statistic analysis.

The participants signed an Informed Consent Form. The project of research complied with the guidelines of the Resolution 196/96⁽¹¹⁾ and it was approved by a Committee of Ethics in Research of a university in the south of Brazil under protocol no. 0049.0.091.091-09.

RESULTS

The data collection through non participant systematic observation spent 160 hours, 113 hours corresponding to the professional activities of the nurses.

The process of work of the observed nurses was classified according to the following dimensions: assistance, management, education, research and political participation.

Table 1 - Dimensions of the process of nurses related to the activities performed in a unit of FHS in the south of Brazil, 2011

Dimension	Time of observation	%	Activity	n	Time (hours)	%
Assistance	49h06min	42.0	Nursing attendances	138	35.0	71.3
			Home visit	14	8.2	16.8
			Release of medication	3	1.9	3.9
			Orientations	7	1.9	3.8
			Dispensing of medications	6	1.0	2.1
			Welcoming	3	0.6	1.1
			Appointment scheduling	2	0.5	1.0
			Total	173	49.1	100.0
Management	38h05min	33.0	Managerial activities (detailed in Table 2)	72	38.0	100.0
Education	23h32min	20.0	Training for nurses	6	19.1	81.5
			Education in health	3	1.1	5.1
			Orientations for the team and users registered in specific programs	12	3.1	13.4
			Total	21	23.3	100.0
Policy	2h53min	2.5	Articulation with the segments of society for the making of the Local Health Conference	4	2.5	100.0
			Conference			
Research	0	0.0		0	0.0	0.0

Regarding the dimension of management in the work of the nurses, and to correlate it to the necessary competences for the development of the activities of the nurses, the activities performed within the managerial scope were focused.

The activities involved 38 hours and 5 minutes of analysis, which correspond to 33% of the time of the nurse. From these correlations, the following general competences were identified: communication (55%), leadership (33%), continuous education (8%) and the taking of decision (4%).

Despite the fact that this study emphasizes a Marxist perspective regarding to the concept of the process of work, it was considered that the categorization of part of the data from the administrative functions, even coming from the Classic School of Administration, would enhance the potential of analysis of the results under the logics of the perspective of the process of work of the nurse according to what is shown in Table 2.

Table 2 - Administrative function of the nurses, regarding the analyzed activities in the managerial dimension according to time percentage, in a unit of FHS in the south of Brazil, 2011

Administrative functions	Activity	Time (hours)	%
Control	Feeding of Information Systems	9.5	25.0
	Reports	1.5	3.9
	Active search for patients in a data processing system	1.3	3.4
	Control of materials	0.4	1.1
	Contact with the user by phone	0.1	0.3
	Coordination	Meeting for the supervision of the mental health program	3.0
Coordination	Making of nursing team schedule	2.0	5.3
	Discussion on cases/occurrences in the area	1.2	3.2
	Requiring hospitalization through the Center of Beds/UPA	1.2	3.2
	Directioning for appointment with other health professionals	1.2	3.2
	Requiring ambulances	1,2	3.2
	Checking the nurses' monitoring	1.0	2.6
	Checking/Receiving medication	1.0	2.6
	Re-scheduling of medical appointments	0.3	0.8
	Attending complaints	0.1	0.3
	Coordination/ Planning	Meeting to direct vaccination campaign	4.0
Direction	Organization of materials and equipments	1,2	3.2
	Team meeting	5.3	13.9
	Other occurrences	2.5	6.6

It was observed that in the managerial dimension, the general competences developed by the nurses were inter-related to the administrative functions presented in Table 2. It is considered that the main linking element was the competence of the communication, but other competences are jointly developed, according to the demands of the administrative functions are presented in the process of work of the nurse.

In order to have the details of the general managerial competences, it was chosen to subdivide them into specific managerial competences. So, it was possible that the more observed specific managerial competences in the performed activities of nurses were: management of information (29%), management of personnel (24%), negotiation (20%) and team work (14%). These are correlated to the general managerial competences.

DISCUSSION

The working process of the nurses in the managerial dimension here described focuses the management of care. This choice happened because, in the scenario of research, there is already a nurse who is in charge of the general coordination and was not included as participant due to his activities in the management of the service, allowing the nurses of FHS to work in their specific activities with the team of nursing and care of the user.

These nurses of FHS also developed specific general managerial competences in the process of work in the managerial dimension. In order to characterize the managerial work according to their administrative functions, all the recorded administrative activities were analyzed, according to Table 2. So, the data show a predominance of the administrative functions of work and coordination.

The actions of coordination taken by the nurses refer to the definitions of the relations of work and activities of each member of the team, including the

assistential ones, preventing the health professionals from losing the focus of their roles within the organization and aim at their own interests. In the process of managerial work, to reach and maintain the balance in the relation of work of the team is a challenge for the nurse as manager of coordination. So he must have an ethical attitude and posture characterized by the impartiality, flexibility and leadership as well as to manage conflicts and develop competences in the communicative and ethical/political dimensions⁽¹²⁾.

As activities of planning, the participation of the nurses in meetings to organize the actions related to the campaigns of vaccination, organization of materials and equipment is highlighted. The planning, among the administrative functions is a necessary factor so that the actions can be directed towards the results previously established, thus preventing the system from working in a disintegrated and disarticulated manner⁽¹³⁾. It also supplies support for the other administrative functions, once it is a managerial instrument which has phases and stages that involve the participation of several actors in its elaboration, execution and evaluation.

In the administrative function of management, there were team meetings led by the coordinator of the unit of health. The function management has been considered as 'a systematic way of integration between the human and material elements, in order to reach the pre-established goals'. This directive function requires the use of elements or abilities which are indispensable to have efficient management. Among them, the capacity of delegating tasks, motivating and leading is outstanding^(14:99).

When characterizing the managerial dimension of agreement with its general competences, the communication and the leadership were found as the most used in the professional practice. In this context, communication is a central element, linking all the managerial process. This finding confirms the literature researched, which directs communication as an

indispensable and articulating point to exercise management. So, communication is analyzed as a fundamental element for leadership in the performance of activities in groups and in the multidisciplinary relations⁽¹⁵⁾.

The leadership was identified in this study, by the nurses, as the second most developed competence and is linked to management of personnel, as well the management of time and negotiation. These two elements together are considered by some authors as complementary, facing the importance of the ability to communicate for the development of the leadership⁽¹⁵⁾.

In this context, the nurse, as a member of a multiprofessional team and responsible for the work of the Health Communitarian Agents (HCA) and the nursing assistants, is a fundamental element in the chain of communication within the unit of health, in order to guarantee adequate assistance. So, the necessary competence to provide changes in their daily practices is considered leadership for the manager nurses, in order to guarantee the quality of the assistance rendered to the clients, to the organizational objectives and to the needs of the nursing team⁽¹⁶⁾.

The taking of decision was evident in the activity where the nurses input data in the system of information. This moment is considered a phase of process of taking decisions. These are the phases of this process: the perception and definition of the problem, data collection and analysis, the redefinition of the problem, the pursuit of alternative solutions, choice or taking decisions⁽¹⁷⁾. The system of information is an important instrument in the planning of the activities and services rendered at the unit of the FHS. The organization and the correct use of this system allows the analysis of the social-sanitary reality of the community assisted, besides the evaluation and adequacy of the health services offered, therefore, these data help in the process of managerial taking decisions based on the situation reality and makes its transformation possible⁽¹⁸⁾.

The Continuous Education was appointed as managerial competence to be developed by the nurses, who in their daily activities articulate the several knowledge of the health professionals who are part of their team. Among the activities attributed to the nurses of FHS by the Health Department, the continuous education of the HCA, of the nursing team and their participation in the education of the assistant and technician of the dental office are highlighted. These activities allow the personal development and keep the team scientifically updated⁽³⁾.

Other managerial competences to be developed in the FHS are the capacity of negotiation, ability of dialog, persistence, technical knowledge and flexibility to relate with the population and with the team, leadership, emotional control and management of conflicts⁽¹⁹⁾. The specific competences, presented in this study, could also be considered as complementary competences required to the work of the nurse, as well as in other moments competences which are not described here are necessary.

No activity of research developed by the nurses was observed, despite the fact that the unit of health, which is the objective of this work, is accessible to the students of the health area to their trainings. Although this dimension is recognized as essential to the professional practices, the nurses enter the institutions and start working according to the rules of the work, which privilege *doing*, and limits *knowledge*, characterized as production of knowledge. For this reason, the dimension of the research is restricted to the universities and it is not shown as practice developed by the nurses in their process of work⁽⁶⁾.

The basic attention has its complexity through the social determinants in the health-disease process, once in this level of attention the users present all this social, emotional and family charge and looks for help to solve their problems. Facing that, the FHS strengthens the prevention or aggravations in the promotion of health and has as guideline the integrality of the assistance⁽²⁰⁾.

In order to reflect on the process of work of the nurses in the FHS, the contributions of this study corroborates for the analysis of its managerial dimension, considering that the work of the nurses is not limited by the development of competences of this dimension, but they grow in other dimensions in order to reach their integrality.

FINAL CONSIDERATIONS

Once the process of work of the nurses of FHS is analyzed in the five dimensions listed, it was possible to notice that, from the time spent by the nurse in each activity, related to the several outstanding dimensions: assistential, managerial, teaching and political. The lack of activities of the dimension research, in the work of these nurses, and the need of the university to involve the health professionals in this practice, is noticed.

In the managerial dimension, the nurses work with administrative functions mobilizing general and specific competences to perform their activities. These competences are interrelated to the administrative functions and are jointly developed. The articulation and dynamics in this process were also evident. Among the administrative functions there was a balance between the coordination and control among the most reported functions, followed by planning and direction. Among the necessary managerial competences for the development of the activities in the unit, communication and leadership were seen as the most used in the professional practice. The communication is the central element, which interlinks all the process of work, and the leadership is considered indispensable to the management. The taking of decision is linked to the system of information whose instrument allows the nurse to have the analysis of the situational reality which helps the process of taking decisions, as well as the planning of the activities. The continuous education appears as managerial competence which articulates knowledge among the health professionals who form the team and the users of the system.

In the consecution of their attributions in the Family Health Strategy the nurses use administrative tools which require constant mobilization of different competences from these health professionals.

COLLABORATIONS

Paula M and Bernardino E contributed for the analysis, interpretation of the data and writing of the article. Peres AM contributed for the conception, analysis, interpretation of the data, writing of the article and final approval of the version to be published. Eduardo EA contributed for the interpretation of the data and writing of the article. Macagi STS contributed for the interpretation of the data, writing of the article and final approval of the version to be published.

REFERENCES

1. Marx K. O Capital. 25ª ed. Rio de Janeiro: Civilização Brasileira; 2008.
2. Sanna MC. Os processos de trabalho em enfermagem. Rev Bras Enferm. 2007; 60(2):221-4.
3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Política Nacional de Atenção Básica. Legislação em saúde. Brasília: Ministério da Saúde; 2012.
4. Hausmann M, Peduzzi M. Articulação entre as dimensões gerencial e assistencial do processo de trabalho do enfermeiro. Texto Contexto Enferm. 2009; 18(2):258-65.
5. Brasil. Resolução nº 3, de 7 de novembro de 2001. Dispõe sobre as Diretrizes Curriculares Nacionais do curso de graduação em Enfermagem. Diário Oficial da República Federativa do Brasil. Brasília: República Federativa do Brasil; 2001.
6. Peres AM, Ciampone MHT. Gerência e competências gerais do enfermeiro. Texto Contexto Enferm. 2006; 15(3):492-9.
7. Bernardino E, Felli VEA, Peres AM. Competências gerenciais para o gerenciamento em enfermagem em hospitais. Cogitare Enferm. 2010; 15(2):349-53.
8. Weirich CF, Munari DB, Mishima SM, Bezerra ALQ. O

trabalho gerencial do enfermeiro na rede básica de saúde. *Texto Contexto Enferm*. 2009; 18(2):249-57.

9. Resck ZMR, Gomes ELR. A formação e a prática gerencial do enfermeiro: caminho para práxis transformadora. *Rev Latino-Am Enfermagem*. 2008; 16(1):71-7.

10. Chiavenato I. Introdução à teoria geral da administração. 8ª ed. Rio de Janeiro: Elsevier; 2011.

11. Ministério da Saúde (BR). Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. Resolução Nº 196 de 10 de outubro de 1996: aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 1996.

12. Manenti AS, Ciampone MHT, Mira VL, Minami LF, Soares JMS. The construction process of managerial profile competencies for nurse coordinators in the hospital field. *Rev Esc Enferm USP*. 2012; 46(3):727-33.

13. Vieira FS. Avanços e desafios do planejamento no Sistema Único de Saúde. *Ciênc Saúde Coletiva*. 2009; 14(1):1565-77.

14. Santos SR. Administração aplicada à enfermagem. 3ª ed. João Pessoa: Idéia; 2007.

15. Santos MC, Bernardes A. Comunicação da equipe de enfermagem e a relação com a gerência nas instituições de saúde. *Rev Gaúcha Enferm*. 2010; 31(2):359-66.

16. Cardoso MLAP, Ramos LH, D'innocenzo M. Coaching: a reference model for the practice of nurse – leaders in the hospital context. *Rev Esc Enferm USP*. 2011; 45(3):730-7.

17. Marquis BL, Huston ECJ. Leadership roles and management functions in nursing: theory and application. 6th ed. USA: Lippincott; 2009.

18. Rivemales M, Souza R, Souza M. Sistema de Informação da Atenção Básica como instrumento de gestão: estudo de caso em Santo Antônio de Jesus / BA. *Online Braz J Nurs*. [Internet] 2012 [citado 2012 mai 13]; 11(1): Disponível em: <http://www.objnursing.uff.br/index.phpnursing/article/view/3552>

19. André AM, Ciampone MHT. Competências para a gestão de Unidades Básicas de Saúde: percepção do gestor. *Rev Esc Enferm USP*. 2007; 41(n. esp):835-40.

20. Moraes IF, Oliveira AG, Azevêdo LMN, Valença CN, Sales LKO, Germano RM. O que mudou nos serviços de saúde com a Estratégia Saúde da Família. *Rev Rene*. 2012; 13(2):291-9.