# Nurses' Work Process in Primary Health Care of users Hypertensive and Diabetics

# Processo de Trabalho de Enfermeiras na Atenção Primária à Saúde de Hipertensos e Diabéticos

# Proceso de Trabajo del Enfermero en la Atención Primaria de Salud a Personas Hipertensas y Diabéticas

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**RESUMO**

**Objetivo:** Esse estudo analisou o processo de trabalho de enfermeiras das equipes de Saúde da Família na atenção aos usuários com hipertensão e/ou diabetes. **Método:** Realizado num município baiano, em setembro/outubro de 2017, a produção de dados envolveu entrevista de nove enfermeiras, observação sistemática de quatro atividades e análise de documentos orientadores, buscando identificar suas práticas e o que compreendem como sujeito, objeto, finalidade e instrumentos do processo de trabalho. Foi utilizada a análise de conteúdo, modalidade temática. **Resultados**: Entre as práticas de atenção à saúde destaca-se a consulta de enfermagem. Como sujeito identificou-se equipe de saúde, gestão e usuários; o objeto compreende o usuário e suas demandas; a finalidade envolve a prevenção de doenças e danos, promoção da saúde, qualidade de vida do usuário, educação em saúde, adesão ao tratamento e melhora de quadro clínico; e os instrumentos consistem nas atividades educativas, consultas individuais e coletivas, acolhimento, conhecimento e registros. **Conclusão:** Constatou-se que o processo de trabalho das enfermeiras sofre influência de diversos fatores externos e se mostra confuso e desorganizado, sem clareza quanto a seu objeto de trabalho e objetivo a ser alcançado, e sobre os documentos que devem orientar sua prática na Atenção Básica.

**Descritores:** Trabalho; Enfermeiras De Saúde Da Família; Hipertensão; Diabetes; Atenção À Saúde.

**ABSTRACT**

**Objective:** This study analyzed the work process of nurses from the Family Health teams in caring for users with hypertension and/or diabetes. **Method:** Held in a municipality in Bahia, in September/October 2017, the production of data involved interviewing nine nurses, systematic observation of four activities and analysis of guiding documents, seeking to identify their practices and what they understand as subject, object, purpose and work process instruments. Content analysis, thematic modality, was used. **Results:** Among the health care practices, the nursing consultation stands out. As a subject, the health team, management and users were identified; the object understands the user and their demands; the purpose involves disease and damage prevention, health promotion, user's quality of life, health education, treatment adherence and clinical improvement; and the instruments consist of educational activities, individual and collective consultations, reception, knowledge and records. **Conclusion:** It was found that the work process of nurses is influenced by several external factors and is confused and disorganized, without clarity about their work object and objective to be achieved, and about the documents that should guide their practice in care Basic.

**Descriptors:** Work; Family Nurse Practitioners; Hypertension; Diabetes; Health Care.

**RESUMEN**

**Objetivo:** Este estudio analizó el proceso de trabajo de los enfermeros de los equipos de Salud de la Familia en el cuidado de los usuarios con hipertensión y/o diabetes. **Método:** Realizada en un municipio de Bahía, en septiembre/octubre de 2017, la producción de datos implicó entrevistas a nueve enfermeros, observación sistemática de cuatro actividades y análisis de documentos orientadores, buscando identificar sus prácticas y lo que entienden como sujeto, objeto, finalidad e instrumentos de proceso de trabajo. Se utilizó el análisis de contenido, modalidad temática. **Resultados:** Entre las prácticas de atención a la salud, se destaca la consulta de enfermería. Como tema se identificó al equipo de salud, gerencia y usuarios; el objeto comprende al usuario y sus demandas; la finalidad involucra la prevención de enfermedades y daños, la promoción de la salud, la calidad de vida del usuario, la educación en salud, la adherencia al tratamiento y la mejora clínica; y los instrumentos consisten en actividades educativas, consultas individuales y colectivas, recepción, conocimiento y registros. **Conclusión:** Se constató que el proceso de trabajo de los enfermeros está influenciado por varios factores externos y es confuso y desorganizado, sin claridad sobre su objeto de trabajo y objetivo a alcanzar, y sobre los documentos que deben orientar su práctica en el cuidado básico.

**Descriptores:** Trabajo; Enfermeras De Salud Familiar; Hipertensión; Diabetes; Cuidado De La Salud.

ORIGINAL

## Introduction

Chronic Noncommunicable Diseases (NCDs) are responsible for a large number of hospitalizations and involve significant loss of quality of life,[1] representing the main cause of death in the country in 2013, with 29.8% of deaths occurring.[2] Among NCDs, systemic arterial hypertension (SAH) and Diabetes Mellitus (DM) are highlighted, with estimates of 21.4% and 6.2% of the Brazilian population over 18 years of age with a reported medical diagnosis of hypertension and diabetes, respectively.[3]

In this context, it is necessary to structure health care for the control and prevention of these diseases and their complications. In Brazil, this challenge is mainly primary care (PHC), especially in the Family Health Strategy (FHS).[4] Despite this, studies[5-7] on the care of users with hypertension and diabetes in the ESF in different Brazilian states show a scenario of low coverage by the teams, prevailing the attendance to spontaneous demand, not meeting the standard of care established by the Ministry of Health. There is development of actions based on the medical-hegemonic model, with prioritization of procedures, standards and pre-established protocols, and emphasis on the use of medication, to the detriment of the bond, reception and interaction between professionals and users.[8]

The national documents guiding practice in Primary Care highlight the fundamental role of nursing consultation in the educational process and motivation of users in relation to health care.[1,4] In addition, the nurse's work process involves coordinating the nursing work process,[9] and directing the health work process as an "intermediate manager", becoming paramount in the execution of health policies and in the processes of changes in the health system.[10]

In this sense, this study aims to analyze the work process of nurses from family health teams in the care of users with hypertension and/or diabetes. It was carried out in the light of mendes-gonçalves' theoretical framework,[11] which applied the Marxist theory of work to the field of health, and considers that the work process is composed of subject (involved), object (what the subject's action on), work instruments (utensils and knowledge) and purpose (productive internalization of the need that motivates the process). According to the author, these elements need to be examined in an articulated way, because it is from their relationships that the specific work process is established.

## Method

This is a qualitative study conducted in a municipality of Bahia in September and October 2017. The study participants were nine nurses from six Family Health Units, who met the inclusion criteria: developing activities in the FF UsF for at least six months; and participate directly in the care of users with hypertension and/or diabetes. In the text, the participants were identified by the letter "E" followed by number 1 to 9.

Data production was based on semi-structured interviews, systematic observation and documentary analysis, which sought to identify the practices and elements of the nurses' work process.

The interviews were conducted on days and times previously scheduled, in a place convenient to the interviewed professional, having been recorded after permission of the interviewee, and guided by a script, containing information about: activities developed in the care of users with hypertension and/or diabetes, elements of the nurses' work process, facilities and frailties found. The mean time of the interviews was 12 minutes.

The systematic observation followed a script of topics formulated based on the elements that constitute the object of the investigation, and recorded in a field diary. The following activities performed by nurses were observed with hypertensive and/or diabetic users: individual consultation, group activity of body practices and group educational activity.

The documentary analysis covered local records (register of consultations), municipal documents (municipal ordinance on the prescription of medicines, Municipal Health Plan 2014-2017 and Annual Management Report 2016), national recommendations (Basic Care Notebooks no. 35, 36 and 37.[4, 12, 13] and the National Primary Care Policy).[14]

For data analysis, the content analysis technique15 was used, which resulted in two analytical categories: health care practices for users with hypertension and/or diabetes; elements of the nurses' work process. The project was approved by the Research Ethics Committee, under the opinion number 2,308,427.

## Results and Discussion

### Health Care Practices for Users with Hypertension and/or Diabetes

The health care of users with hypertension and diabetes in Primary Care comprises a series of activities, factors and conditions that provide the follow-up of these users, for which the expected result, in addition to the control and treatment of the disease, is the development of self-care, which will contribute to the improvement of quality of life and in the reduction of morbidity and mortality.[4,13]

Data analysis allowed the identification of several actions performed by nurses. The main one, highlighted in all statements and perceived during observation, is the nursing consultation. Other activities were also reported: educational activities, welcoming, revenue renewal, shared consultation, collective consultation, discussion of therapeutic cases and home visits.

The renewal of prescriptions is an activity provided for by municipal ordinance (of the municipality studied), which indicates that, if no need for reassessment of medications is identified, the nurse must follow the previous medical prescription by renewing the prescription. Despite this, it is noted that there is still ignorance of the content of this document by nurses, which can be seen in the following statement:

> *[...] the doctor renews because we can't... the patient would arrive, make the consultation, [...] we kept the recipe, but she stamped it, I raised it for her to stamp, not transcribe (E 3).*

In general, it was perceived the focus of the nursing consultation on the prescription, and, therefore, on the medication, both by the user and by the professional, and the subordination of the nurse's work in the medical professional, revealing the predominance of the biomedical care model. From this perspective, it is worth inflaming how much the practice of nurses meets this model, since they are configured as a large and qualified workforce to ensure continuity of care and the implementation of medical orders, in response to the historical deepening of the technical division of medical work.[16]

As observed in this research, other studies about nursing consultation with users with hypertension and/or diabetes, have shown that this activity has been performed differently from what is recommended in the documents that guide the practice in AB, with a strong influence of the biomedical, curative and individual care model.

A study conducted in Fortaleza-CE identified that the nursing consultation was carried out in a very focused way in the medical consultation, and the activities developed by the nurses were restricted to anamnesis, summary physical examination and guidance on diet, medications, walks and tea use, with predominance of individual care, without considering the family and group approaches.[17] Another study found that the nursing consultation was performed according to the complaints presented by the users; and that there was a lack of technical knowledge for the performance of physical examination by nurses, especially regarding cardiac and pulmonary auscultation and palpation of carotid arteries and peripheral pulses.[18]

When referring to the nursing consultation, the nurses revealed, in general, a reality of low numbers of consultations performed in the AC of the municipality. As a possible reason for this, the low support of users to nursing consultations was highlighted:

> [...] the flow did not walk. When it happens, they are patients who did not get access to the doctor, and ended up getting a nursing consultation" (E 6).

We perceived that in addition to low access, there is an understanding of the nursing consultation as an alternative, when a medical consultation cannot be scheduled. This reveals an overvaluation of medical consultation by the user, reflecting the historical development of the health professions, which were conforming in a subordinate way to medical practice, in a process of consolidation of the biomedical model.

A scenario similar to this was evidenced in a study conducted in Cambé-PR in 2012,[7] that found coverage of nursing consultations at a critical level, with only 1.5% of the medical records of individuals with at least one record of this activity during 12 months. The reasons for this, however, were not investigated in the study. In addition, another study[19] showed that the nursing consultation is performed in a limited way, with difficulties such as excessive administrative activities, high demand for users of primary care services, disbelief of the population in the nurse, and deficiencies in the physical structure of the health unit and in the team's interaction. It is worth mentioning, however, that administrative activities are intrinsic elements of the nurse's work,[10] that

comprise its managerial component, which makes us reflect on the non-recognition by this professional of the nature of the work itself.

Regarding the performance of educational activities, it is worth mentioning that specific activities or themes that emerged in the collective consultation were mentioned, but no periodic activity with a group of users with hypertension and/or diabetes. A similar result was obtained in a study conducted in Jequié-BA,[8] which identified educational activities limited to the transfer of specific orientations, a scenario opposite to what is expected of AB.

Also, in the analysis of the health care practices of users, it was possible to learn about the definition of scheduling of medical or nursing consultations:

> Those who are more compensated, we try to put the return to the nursing consultation, to reinforce guidance, and those who are decompensated, we guarantee medical consultation, for the readjustment of drug therapy (E 1).

We identify the use of the clinical condition of the user to define with which professional, doctor or nurse, should be the next consultation, which is consistent with the technical recommendations. There is, however, no clear definition of what is considered compensated and decompensated, nor is there any established periodicity. CAB no. 374 and the Municipal Ordinance on the prescription of medications suggest interspersed medical and nursing consultations, with periodicity defined by cardiovascular risk, an aspect not mentioned by any interviewee.

We highlight that practices of intersectoral actions, community involvement and singular therapeutic plan were not mentioned by the interviewees, revealing weaknesses in the work process of nurses in the ESF, because they do not understand practices with recognized importance by the guiding policies.

**Elements of the Nurses' Work Process**

In the data analysis, we sought to understand what nurses identify as the subject, object and purpose of their work process, and which instruments are used.

As a subject of the work process, the nurses considered the health team, management, or herself, the team's health professionals and users.

> The professional and the patient, because we cannot do everything if the patient does not have the desire to do [...] (E 5).

The understanding of the above speech is consistent with merhy's idea[20], which argues that the health work process has two subjects, the producer agent and the consumer agent, who in this case would be the health professionals and the users, respectively. In this perspective, the consumer agent at some point becomes the object of the producing agent, but does not let present his intentions, knowledge and representations, which are expressed in his health needs.

In addition, it also highlights that the health work process is carried out on people, and therefore is based on a strong and decisive personal interrelationship for the very effectiveness of the action, since the consumer contributes to the

work process actively, also taking responsibility for the success or failure of the therapeutic action.[21]

On the other hand, it was possible to identify that this understanding of the user as a subject of the work process was called into question, as can be seen in the fragment below:

> [...] the validity of the recipe causes this user to return in the period that we find interesting that he returns (E 1).

The way this subject deals with the user greatly reflects the way he understands the other and the object of his work process. The attempt to make the user return to the follow-up in the unit due to the need for a new recipe to ensure the medications in use, reveals the existence of relationships between professionals and users where the knowledge and orders of those on the way of life of these, despite the dialogical dimension that should exist in THE, prevails, with the user's participation as a subject of their care and negotiated decisions.

This aspect was also observed during consultations performed by nurses to users with hypertension and diabetes. The professionals used direct questions with judgment of the care performed by the users, and imperative guidance on how to do it. In this sense, the professionals are noted as protagonists of the process, and, therefore, as subjects, with the users being mere spectators.

There is no divergence of concepts and definitions about the subject of the health work process, only different perspectives. Mendes-Gonçalves[11] analyzed the health work process from the perspective of health workers as subjects, contrasting their concepts to the logic of mechanical work. Thus, he understood the subject as the one who appropriates and organizes the work process, whose action focuses on an object, delimited from his gaze and his intentionality. Merhy[20], in turn, presents its analysis of the health work process under the logic of the producer and consumer agent, thus defining two subjects. Thus, the concepts and conceptions complement each other in the analysis of the health work process.

Regarding the object of the nurses' work process, the analysis allows us to infer that it comprises mainly the user/patient, focusing on what the patient presents as a demand. This thought corroborates the theory that work object in the health work process are human health needs, then manifested by the subject.[28] Mendes-Gonçalves[11] states that the object of work is not a natural object, but an aspect of reality cut out by the subject who has a transformation project. According to the interviewees' statements, this cut is precisely what is presented as a demand by users.

In addition, in the analyzed documents we also identified the approach to the needs and demands of users as the basis for performing THE actions, that is, as the work object of health care in Primary Care.

Nevertheless, a contradiction was observed during a consultation performed by a nurse with a hypertensive and diabetic user for evaluation of the feet. The professional did not value the fact that the user said that she was not using the prescribed medications, even with a high capillary glucose value at the time, since the consultation would only be for evaluation and guidance of foot care. In this sense, in addition to the segmented look of the professional, it is

noted that what is presented as a necessity at the moment was not considered as an object of work.

Care, prevention, health promotion, patient self-care, and health education were also cited as the object of work, i.e., a diversity of objects mentioned by nurses. It is noteworthy that all of them are related to care actions and technical procedures, not being mentioned objects related to the management work process that the nurse assumes in the Health Units.

This finding allows two inferences about the scenario presented. The first is that the nurses did not demonstrate to recognize the managerial dimension of their work, since, if there is no recognition of the managerial nature of their work, the nurse does not identify the objects of this dimension of her work process.[10] The second possible inference is that nurses are not actually performing the managerial dimension in the care of users with hypertension and diabetes, in order to perform their coordination and follow-up.

As instruments of the work process, nurses consider: educational activities, individual consultations, collective consultations, welcoming, knowledge, record books, medical records, blood pressure card and blood glucose and printed materials, with emphasis on educational activities.

The emphasis given to the educational part as an instrument of the work process reveals how nurses recognize the importance of this activity for the health care of users with hypertension and/or diabetes, although they do not invest in its execution.

In the documental analysis, the use of protocols for the standardization of conducts, nursing consultation and health education are understood as instruments of the work process, since they correspond to what is used in the process for transforming the object into the product.[11]

A study about the work process of family health teams in the production of care for users with hypertension, carried out in Jequié-BA, identified that the instruments were consultations, home visits and educational activities.[8] In this study, despite being cited as an action performed, the home visit was not referred to as an instrument of the work process by any nurse.

We highlight that information, information systems, resources available in the community were also not mentioned by nurses as work instruments, which demonstrates a practice far from planning and integration with the community, essential attributes for a practice in the ESF.

Regarding the purpose of the work process, understood as the motivation of the work process, the nurses reported: prevention of diseases or damages, health promotion, search for quality of life of the user, quality of care, health education, increased treatment adhering, improvement of the patient's clinical picture, and optimization of the agenda.

In the documental analysis, the CAB highlight self-care as the purpose of the care process for users with hypertension and/or diabetes. The current PNAB[14] does not specifically address the care of users with hypertension and/or diabetes, but determines that the work process in AB impacts on the development of autonomy,

individual and collective, and on the search for quality of life and promotion of self-care by users. Despite this, self-care was not mentioned by nurses as the purpose of their work process, but was mentioned as the object of the study.

## Conclusion

The study revealed that the need to review the work process of nurses in the health care of users with hypertension and/or diabetes in the city persists, considering the great potential of these professionals' work in primary care.

The work process of nurses is confused and disorganized, especially because there is no clarity about their work object, the purpose of their work, and about the documents that should guide the practice in Primary Care. This reflects an unstructured practice, with discontinued actions and low potential to achieve the expected results.

We emphasized, however, that this work process is influenced by several external factors, such as the political conjuncture, the performance of health managers, especially in relation to what is considered as a priority in the government's agenda, size of the population enrolled, working conditions, safety, among others. Thus, it is a complex and multifactorial issue, where many aspects are outside the governability of nurses working in Family Health Units. In this sense, it should not be lost sight that the changes that occurred within the scope of THE require a better definition and structuring of work processes.

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