Nurses' perceptions of care management in the context of the Family Health Strategy

Percepções de enfermeiras sobre a gestão do cuidado no contexto da Estratégia de Saúde da Família

Percepciones de las enfermeras sobre la gestión del cuidado en el contexto de la Estrategia Salud de la Familia

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How to cite: Oliveira JSB, Pinto IS, Santos RD, Cardoso, FB, Suto CSS, Silva DL. Nurses' perceptions of care management in the context of the Family Health Strategy. REVISA. 2020; 9(3): 474-82. Doi: https://doi.org/10.36239/revisa.v9.n3.p474a482

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Received: 10/04/2020
Accepted: 21/06/2020

RESUMO

Objetivo: analisar as representações sociais de enfermeiras sobre a gestão do cuidado em Estratégia de Saúde da Família. **Método:** pesquisa exploratória com metodologia qualitativa, realizada com dez enfermeiras de saúde da família. Utilizou-se entrevista semiestruturada com um roteiro pré-estabelecido, e para análise e discussão dos dados, a técnica de análise de conteúdo. **Resultados:** as representações sociais de enfermeiras sobre a gestão do cuidado estão relacionadas aos problemas de acesso e acessibilidade, mas também à importância da gestão do cuidado na atenção básica. **Conclusão:** as representações sociais de enfermeiras que atuam em atenção básica relacionam-se diretamente aos problemas e carências que são vivenciados na rotina do serviço diário que impactam diretamente a gestão do cuidado.

Descritores: Enfermagem em Saúde Comunitária; Saúde da Família; Cuidados de Enfermagem; Gestão em Saúde.

ABSTRACT

Objective: to analyze nurses' social representations about care management in Family Health Strategy. **Method:** exploratory research with qualitative methodology, carried out with ten family health nurses. A semi-structured interview with a pre-established script was used, and for data analysis and discussion, the content analysis technique. **Results:** nurses' social representations of care management are related to problems of access and accessibility, but also to the importance of care management in primary care. **Conclusion:** the social representations of nurses who work in the attention basic are directly related to the problems and needs that are experienced in the daily service routine that directly impact care management.

Descriptors: Community Health Nursing; Family Health; Nursing care; Health Management.

RESUMEN

Objetivo: analizar las representaciones sociales del enfermero sobre la gestión del cuidado en la estrategia Salud de la Familia. **Método:** investigación exploratoria con metodología cualitativa, realizada con diez enfermeras de salud familiar. Se utilizó una entrevista semiestructurada con un guión preestablecido, y para el análisis y discusión de datos, una técnica de análisis de contenido. **Resultados:** las representaciones sociales de las enfermeras sobre la gestión del cuidado están relacionadas con problemas de acceso y accesibilidad, pero también con la importancia de la gestión del cuidado en la atención primaria. **Conclusión:** las representaciones sociales de los enfermeros que laboran en la atencíon basica están directamente relacionadas con los problemas y necesidades que se viven en la rutina del servicio diario que impactan directamente en la gestión del cuidado.

Descriptores: Enfermería en Salud Comunitaria; Salud familiar; Cuidado de enfermera; Manejo de la salud.

ORIGINAL

Introduction

Nursing is present in different health contexts, working in highly complex units ranging from clinic to community actions. Developing diverse activities, it is somewhat difficult to list the actions performed by nurses. However, to meet the needs through the singularities of the users, care ends up being a common activity among these professionals.

Care is seen as a set of behaviors and actions that involve knowledge, skills and attitudes performed when "being cared for", in order to promote, maintain and/or recover your health.[1] The primary aspect of care consists of the idea of helping others, based on multidisciplinary practices of small care that are complemented.[2]

In this sense, care management encompasses multiple dimensions: individual, family, professional, organizational, systemic and societal, according to the needs and individualities of each person and at different times in life.[3] Therefore, for health care from the perspective of this complexity to occur, it is necessary to consider the multiplicity and interdisciplinarity of actions, aiming at guaranteeing the integrality and better organization of care management.

In this way, caring and managing are presented in a dialectical way between know-how to manage and care. This articulation should allow nurses to organize their work routine according to the individual's health needs and, through management actions, ensure the improvement of the assistance provided.[4]

In this context, it is known that the nurse plays the role of care in the FHS, where it is increasingly necessary for the execution of care management to develop technical and emotional skills to lead the demands in a resolutive way, in order to guarantee the work efficiency in the health service.[5]

According to Ferreira, nurses are expected to develop leadership and proactivity, where they exercise their leadership role in the team, based on assertive decision making, creativity and provision, so that it meets the needs with dialogue, training and minimization of conflicts.[6]

In this perspective, the Family Health Strategy (FHS) is configured as a family-centered care space, understanding and understanding its physical and social environment. This strategy provides for community participation in partnership with the health team in identifying the causes of health problems, defining priorities and evaluating work. Its focus is on prevention and health promotion actions to intervene in aggravating factors and ensure better quality of life for users of this service.[7]

One of the main initial aspects in the management of care in the FHS is the realization of the territorialization process, in which it is possible to identify the families that will be under the care of the health team, in addition, to contribute to the strategic planning, which aims at continuous population monitoring and diagnostic perception of social, epidemiological and demographic characteristics.[8]

Primary care is based on health care management that values the involvement of subjects in decision-making about the health-disease process and in the struggle for better living conditions, which favors the construction of autonomy and social control. This conception starts from an expanded concept of health that includes the collective, the social, the political, the economic and the cultural.[9]

For contemplating the broader view of health, the Theory of Social Representations (TRS) assumptions are used, which has epistemological roots in the denomination of collective representation demonstrating the importance of the social over the individual. It is characterized as a set of concepts, propositions and explanations created in the daily life of relationships and in the course of communications between individuals, pointed out as a contemporary version of what we characterize as common sense.[10-11]

Social representations have been deserving prominence in the different sectors of the Human, Social and Health Sciences, due to the published works, the debates carried out, and the breadth of themes they address, as well as an indistinct instrument in the understanding of phenomena, people and objects in society favoring an environment conducive to dialogue and exchange of experiences. It is in this context that it can be related to the practices of nurses, since they deal with different issues in the segment they work in.[12]

The nurse, responsible for the management of nursing care, organization of service dynamics, daily program routines, managerial activities and conflicts of the health team in the FHS, may be failing to exercise ample care that addresses the holistic needs of users, in detriment of these bureaucratic services. In this logic, understanding the context of care management in FHS is necessary and relevant. Thus, the objective was to analyze the social representations of nurses about the management of care in the Family Health Strategy.

Method

This is exploratory research with qualitative methodology. Qualitative research details a certain fact, object and phenomena of reality, favoring a deeper understanding of the meanings and characteristics of the studied reality.[13] The theoretical-reflective basis is the TRS, which postulates a form of practical and socially constructed knowledge to give meaning to the reality of everyday life.[14]

The scenario was composed of 18 family health teams, located in a municipality in Pernambuco. The research subjects were selected intentionally and not probabilistically. The sample consisted of ten nurses who work in the FHS, with at least six months of experience. The number of participants was defined by the saturation criterion, based on information from the set of individual interviews in line with the object of the research.[15]

Data collection was carried out through a semi-structured interview conducted by the following guiding question: 1) What is your perception about care management in Family Health Strategy? Data collection took place between January and February 2018, the duration of each interview averaged 25 minutes.

The interviews took place, individually, in a room at the Municipal Health Secretariat, before the professionals' work routine began, to ensure privacy, reduce noise and not interfere with the dynamics of on-site work. In order to guarantee confidentiality, the nurses interviewed were identified by codes according to the order in which the questionnaire was applied: E1, E2, E3 and so on. Their speeches were recorded in audio which facilitated the understanding at the moment they were transcribed, deepening the investigation of the object.

For the analysis of the data obtained, Bardin's content analysis was chosen, following the steps: constitution of the corpus, floating reading, selection of thematic analysis units, decomposition and coding, subcategories and categories, categorization and inferential interpretation.[16]

The ethical precepts contained in Resolution 466/2012, of the National Health Council, were considered, being approved by the Ethics Committee in Research with Human Beings of the University of Pernambuco - UPE, with approval number 109.011 and CAAE 76749517.7.0000.5192. Participating nurses received a copy of the Free and Informed Consent Term after reading and signing it.

Results and Discussion

From the 11 study participants, 10 were female and one male. The length of experience in family health was between 5 and 15 years of experience, mostly in rural communities. Reading the corpus of analysis after transcribing the statements, based on the nurses' social representations, allowed for the systematization of two empirical categories, entitled: association between management of care with management and bureaucracy; Importance of the nurse in the management of care in Family Health Strategy.

Association between management care with management and bureaucracy

In view of the questioning about the management of care in the FHS, the nurses interviewed evoked ... as observed in the following statements:

> *"Because the patient came and said 'I will have to pay for a private consultation, but I have no money'. I said 'no, you're going through SUS'. Then I went and did the referral. Then, when he arrived here he said 'look, you can't, it has to be with the doctor's stamp". (E1)*

> *"Resolve difficulties in accessing other levels of care, at the secondary level, at the tertiary level". (E3)*

> *"Logistics, transportation issues, the referral of these patients. Issues of social conditions". (E5)*

> *"Sometimes we want to do something for the patient, we want to help, but we are faced with bureaucracy, we are faced with a protocol, with things that prevent, especially with regard to consultation, exams". (E8)*

> *"What we can do in primary care we do. Now, we will always face a bureaucracy that we cannot overcome. You understand? I want to help a patient, but at the same time I cannot". (E8)*

In this context, it was found in the speeches of the participants the occurrence of problems related to bureaucracy. Despite the bureaucratic aspects in the FHS being considered essential to the service, since they are part of the management process, they cause dissatisfaction and displeasure both for patients who often cannot resolve the problem in a timely manner, as for professionals, who are limited.[17]

Bureaucratic actions have gained more and more space, which ends up distancing the nurse from assistance actions. Thus, the establishment of goals and numbers, with an emphasis on quantity, ends up being placed over the quality of services. It is worth mentioning that the problem does not encompass only the bureaucracy itself, but the way it is conducted, without flexibility, making it necessary to adapt it to the local reality and needs.[18]

Thus, it was possible to identify in the statements below the workload of the nurse and difficulty in accessing the FHS as factors that hinder the care management process:

> *"As he works in different areas, he has to be taking material. This part of inputs that always needs to be transporting / managing". (E2)*

> *"I have to resolve. I have to forward. I have to put it in a spreadsheet. I have to wait for her appointment to arrive". (E4)*

> *"Form a group. If I want to form, for example, a group of pregnant women, a health group for the elderly, it won't go because it's far". (E7)*

> *"Lack of resources. You have to have the availability of a car and that car is not always available to you, because you have hemodialysis, you have physical therapy, you have this, you have that ... So it is very difficult for us to work that way. It's very complicated to deal with it". (E6)*

The work overload presents itself as an unsatisfactory aspect in the management of care, because in view of the numerous administrative activities, such as production, reports, request for inputs, medication forecast, the nurse is unable to complete this demand within the FHS operating time and ends up taking the job to his home, which makes his workday longer.[17]

The difficulty of access can cause problems that range from user accessibility, such as the restriction of the number of consultations per day and the establishment of links with the population. The distancing of the users' homes from the unit, the lack of transportation added to the economic difficulties are also factors that must be rethought as reception mechanisms that provide the most effective care.[19]

Importance of nurses in care management in Family Health Strategy

Some interviews obtained were identified the importance that the professional nurse has in care, revealing essential characteristics that justify their performance:

> *"The nurse is fundamental, because they trust the nurse a lot. I think there are two places that the patient focuses on: the school and the health center. So they really, really trust the director and the nurse". (E9)*

The speech above reveals the degree of trust the population has in the nurse. The nurse is appointed as a reference for people in the integration and articulation so that health and well-being is offered, this occurrence is due to the fact that people become very close in the community, where everyone knows each other.[20]

In the speech of a nurse from the aforementioned research, he often needs to know the habits and cultural values in order to be able to work properly in the FHS and offer effective care. Such need is perceived in the following statement:

> *"You deal with difficulties ... See what your needs are, encompassing your daily activities. His habitat, the place he lives". (E3).*

The needs of users in the field go far beyond health care, placing the nurse in the challenge of considering the user in its most varied aspects. This results from the visualization of being as a citizen, as an integral being, abandoning the fragmentation of care that transforms people into organs, systems or parts of sick people.[21]

> *"It means being together with the community, it means being together with the individual's family, not just with the disease. It's watching, it's educating".(E2)*

> *"It seems that we get closer to the patient in relation to care, health, attention, you know? In seeing the patient as a whole, his need "(E1)*

> *"It is welcoming, taking the issue of education, establishing bonds, providing prevention, which is our focus". (E7)*

In Primary Care there is a set of health actions at the individual and collective level, and these actions are present in the nursing constitution itself, since its essence and specificity is the care for human beings, individually, centered on the family and the community developing health promotion, disease prevention, recovery and rehabilitation activities.[22]

Nurses are responsible, through care, for the comfort, reception and well-being of patients, providing care and coordinating other sectors to provide assistance and promote the autonomy of users. This includes the sensitivity to be able to observe the real needs that that population demands.

> *"Helping that patient who is in need ... we try to work with sensitivity". (E8)*

> *"He [nurse] works on the health complaint, and what is behind that complaint, at the patient's home". (E1)*

Decision-making is often imperative in health care, the ability to observe that simple gestures are decisive in FHS. As explained by Soares and Lopes, the management of health conditions requires specific professional skills, such as intercultural dialogical skills. In this scenario, the establishment of bonds between nurses and the population is essential, since it will advocate for improvements in the health of individuals and the entire community.[23]

Therefore, care management implies a relationship between the person who cares and the subject, in which the socio-economic context, the political and cultural singularities are intimately present. It is inferred, therefore, that the nurse's care practices in the FHS, gain important significance, as the social and cultural approach to the population is clearly expressed.[24]

Conclusion

The study showed that the social representations of nurses who work in the FHS on the management of care are anchored in the problems and needs experienced in the daily service routine. With repercussions on the management of care provided by the nurse, it is evident that the practice of care is relevant, especially when there is good administration of care provided to the population.

The contribution of social representations in studies in the field of nursing is visibly significant for health practices, since professional performance permeates the management of comprehensive care, which includes, in addition to other aspects, a different view of relational, social, subjective issues and dialogical and not just managerial and bureaucratic issues.

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