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NURSING PERFORMANCE IN THE MANAGEMENT OF THE WORK OF COMMUNITY HEALTH AGENTS IN SOUTHERN BRAZIL

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ABSTRACT

The objective of this research was to get to know the nurse's performance in the work management of the community health agents. Qualitative interpretive study developed with 25 nurse managers from a municipality of Serra Catarinense, Brazil. Bardin's content analysis was performed using Atlas. Ti 6.2 software. From the results, two categories emerged that explore difficulties and facilities for management. Even faced with difficulties such as the lack of resources and autonomy, it was evidenced that the Nurses seek to develop the management in order to qualify the work of the Community Health Agents. Positive points include the participation of Community Health Agents in the team activities, the valorization of work and the motivation for professional growth as facilitators of the management exercise. It is recommended to develop management skills in Nurses to increase the workability in the Family Health Strategy.

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INTRODUCTION

The action of the Community Health Agents (CHA) in the context of public health in Brazil aims to integrate primary health care services with the community, emphasizing actions to prevent diseases, promote and protect health through of individual and collective educational actions in the homes and community (Alonso, Béguin and Duarte, 2018). The Program of Community Health Agents foresees, in its guidelines, that the Nurses work in the management of work, in the supervision, planning, management and evaluation of the actions developed by the Community Health Agents (CHA), as well as in the coordination and accomplishment of the activities of Permanent Education and Continuing Education (Regis and Batista, 2015). However, there are a number of Brazilian Nurses who present difficulties to carry out such

actions, due to difficulties related to professional and academic preparation for the management of the work of CHAs, overload of work in the Basic Health Units (BHU), little time available for planning capacity building, as well as difficulties in establishing a link with the team (Lanzoni and Meirelles, 2013; SILVA *et al.*, 2014). It is highlighted that the adequate management of the work of the Community Health Agents can increase the quality of actions in collective health, access to the health of the populations and the resolution of the attention paid (Alonso, Béguin and Duarte, 2018). In view of this reality, this research had as its objective: to know the performance of the Nurse in the management of the work of the Community Health Agents of a municipality of the mountain range of Santa Catarina, Brazil.

MATERIALS AND METHODS

This is qualitative interpretive research. The chosen site was a Brazilian municipality, located in the state of Santa Catarina,

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with 29 Basic Health Units, composed of 48 Family Health Strategy (FHS) teams. The criterion for choosing the units occurred according to the territory of each BHU to contemplate various socioeconomic realities of the municipality, being selected 15 fifteen BHUs, corresponding to 50% plus one existing in the municipality. Participants were 25 (twenty-five) Nurses who are members of the FHS teams, who comprise 50% plus one of the nurses working in the Family Health Strategy of the municipality, at the time of data collection. It was considered as an inclusion criterion to be a nurse, active for more than 12 months. After the consent of the Municipal Health Department to carry out the research, the project was sent via the Brazilian Platform and approved by the Research Ethics Committee, under opinion N. 1,599,331, according to the guidelines of Resolution 466/12 and its complementary, National Council of Health (Brazil, 2012). To ensure secrecy, participants' names were replaced by increasing natural numbers preceded by the letter P, allusive to the word 'participant'. The data was collected between the months of August and September of 2016, through semi-structured interviews following a pre-established script. The interviews took place in the work environment of the participants, that is, in the health units, in a specific room, privileging the secrecy of the information. They had an average duration of 45 minutes and were recorded in digital audio files, which were transcribed into Microsoft® Word® text files. The content analysis of Bardin (1977) was used with Atlas.Ti software version 6.2 (2004) for coding and categorization according to relevance and similarity.

RESULTS

Of the 25 nurses, the majority were female, aged between 30 and 40 years old, single and with specialization in the area. All of them worked in the management of the health unit where they worked, as described below in table 1.

Table 1. Sociodemographic characteristics of the 25 Nurses participating in the study. Serra Catarinense, 2019

Variables	n	%
Age group		
Up to 29 years	05	20
30 to 40 years	15	60
41 years and more	05	40
Sex		
Female	22	88
Male	03	12
Marital status		
Single	18	72
Married	07	28
Labor activity		
Nurse	22	88
Nurse and Professor	03	12
Qualification		
Only graduation	04	16
Specialization in FHS	18	72
Masters	03	12
Time experience		
01 to 05 years	07	28
06 to 09 years	12	48
10 years and more	06	24

Source: primary data

The qualitative analysis allowed to identify two categories: Difficulties for the management of the work of the Community Health Agents and Facilities for the management of the work of the Community Health Agents, as described below:

Difficulties for the management of the work of the Community Health Agents

The difficulties of the nurse are presented in a cyclical way, starting with problems in the formation of undergraduate academic, evidenced by reports of little theoretical-practical preparation to take over the team and the management of the work of the Community Health Agents. Nurses reported overload of work related to the many attributions of care and management, which leads to lack of time to carry out actions of permanent education with CHA. In the reality of the local context, the majority of CHA professionals do not have specific training in the health area to work with the community, which requires that their Nurse Manager has the time to carry out permanent education actions focused on performance and performance of its functions. The professionals interviewed pointed out that the lack of professional training of the Nurse for the management of the work of the CHA, associated to the lack of technical training of the CHA and the lack of knowledge about the health and illness issues, lead to poor performance of their functions, which can still be aggravated by the resistance of CHA to changes.

It was also observed that the Managing Nurses identify other difficulties in the work process in the FHS, such as insufficient infrastructure, little autonomy before the municipal health system for people management and professional performance evaluation. It was observed that the performance of the Nurse in front of the attributions of the CHA follows the priorities perceived by the manager, such as meeting the demand, meeting the deadlines and goals set by the Municipal Health System, leaving in the background planning and evaluation. All this can lead to the non-realization of the management of the work of the CHA, for the management of conflicts and low work resolution. This scenario makes it difficult to carry out the work and reduces the resolution of the PHC actions, as described in the following reports:

“-With regard to what we learn in college, the knowledge is very small and then we really know how it works in the field of work. What we know when we leave college is that CHA make monthly visits, that they are the unit's communication link with patients, basically that would be it. Then, when we started to work, we see how important the Community Agent is for the functioning of the Health Unit [...]” (P22).

“-The best Health Agents I have in my area are the oldest ones who took the course when they joined the strategy in 2001. At that time I had the training course for the Health Agent before assuming the functions, which I consider a differential [...]” (P13).

“ -I think that this demand that we have, the work is very overwhelmed. Sometimes we want to do the management, but we are doing more” (P19).

“ - Today the main difficulty is that the manager has little autonomy before the health department, so if the Community Agent is not doing his job correctly nothing happens to the health department. We have little autonomy, we have the function of 'manager' but we do not have the autonomy to evaluate performance [...]” (P09).

"-The lack of training of the CHA compromises all the work of the team, since often the Nurse, even overloaded with activities, has to teach the CHA[...]"(P05).

Thus, it was observed that the majority of nurses cannot achieve management due to poor professional preparation and lack of planning for health actions, work overload and little autonomy for decision-making that involves significant changes in the conduits.

Facilities for the management of the work of the Community Health Agents

It is pointed out that only five Nurses reported positive perceptions about the work of the CHA, emphasizing that they can accomplish the planning and evaluation of services. They point out that the routine of BHU's performance follows the needs of the population perceived by the CHA during the home visits. In this scenario, the Managing Nurses are able to stimulate the CHAs to work and observe that the population seeks less from BHU because of the good work performed by CHAs in the community. These Nurses are always looking for alternatives to motivate CHAs to professional growth, encouraging learning through reading the Ministry of Health notebooks and providing CHA participation in activities that strengthen their abilities to work as a team, as discussed below:

"-CHA are embedded in every unit routine through scales. In the host and unit groups, as well as in the routine of home visits with the staff. Here we work in teams, regardless of the area or the professional, there are no distinctions between professional categories, because all actively participate in the whole routine of the BHU"(P5).

"-The union between the team and the trust are essential. I think we got a good job done together. CHAs are free to address me in any need or question, even outside the meeting. We have a great team relationship and confidence. The CHA are well committed, perform their duties and always seek to be perfecting, and I always help in this task"(P14).

"-Without the CHA, we can not work because we need to know what the needs of the population are so we can plan the actions here in the unit. Who brings these needs are precisely the CHAs"(P23).

Thus, it was observed that there are some nurses able to achieve management, but they are a minority.

DISCUSSIONS

The insertion of the nurse practitioner in the management of the Health Units is anchored in the curricular guidelines for undergraduate courses in Nursing in Brazil. However, this professional depends on the support of senior management to carry out such actions, since some nurses reported little preparation and little support to act independently in face of the challenges in their daily work (Fernandes and Rebouças, 2013). The ways of teaching management and management in Nursing Undergraduate Courses in Brazil present greater emphasis on traditional and technical-assistance aspects, focused on the transmission of knowledge, focusing on little practical aspects of the contexts experienced in health care (Dellaroza et al., 2015). This scenario of nurses' curriculum

unpreparedness for work management in PHC is perceived on a large scale in the state of Santa Catarina, Brazil, and is not a difficulty experienced individually (Fontana, Lacerda and Machado, 2016). However, it is expected that changes will occur in this scenario, seeking new teaching strategies focusing on innovation, fostering critical reflections and strengthening discussions about the reality of health services in the context of primary care. It is important to emphasize that nurses are acquiring skills for the development of their duties in PHC, but it is essential to rethink the training process in the Universities, with the purpose of consolidating the proposals of the Unified Health System. In addition, in daily practice, the nurse encounters obstacles to the organization and execution of management that, in most cases, hamper the accomplishment of their activities. Regarding the difficulties experienced by the Nurse for the execution of the management studies, the following resources are lacking: human, material, structural, financial, difficulties in establishing links with the team, vision of management with focus on control, lack of technical training of the CHA and overload of Nurses' work (Lanzoni and Meirelles, 2013; Lima et al., 2014; Rabenschlag et al., 2015). The practice of nurses in their daily lives should follow the actions recommended by the National Basic Care Act (NBCA), being strongly discussed the performance of the nurse and his team in the accomplishment of humanized care, reception and qualified listening in CHA (Souza, Mandu and Elias, 2013). But for this, it is necessary to carry out the Permanent Education practice in order to valorize critical-reflexive processes and to enable CHAs to work in PHC, increasing possibilities for improving the quality of care offered to the population's health.

Some of the difficulties of nurse managers can be solved with the support of health services evaluation through the National Program for Improving Access and Quality of Primary Care (PMAQ), which aims to encourage municipal managers and their FHS teams to expand the quality of the health services offered to the population through resources received by this program. The evaluation is an essential element of planning, but is often overlooked in this process (Fontana, Lacerda and Machado, 2016). In agreement with the research developed, a study by Silva et al. (2014) evidenced that the supervision performed by the Nurse Practitioner to the CHA is not in line with the principles of the NBCA, leaving a long way to go. They emphasize that we still work with a focus on the program priorities, which do not include learning and monitoring actions, since the supervision of the CHA is still based on the control of production, supervision and work discipline (Silva et al., 2014).

Final consideration

During the realization of this research it was possible to perceive that the work of the Nurse FHS is of paramount importance for the organization of the care model. However, in this day-to-day trajectory there are many difficulties, as well as suffer from the overload of work that negatively influences the implementation of the work management of the CHA. In some cases, the nurse has little autonomy to make decisions as a person manager. However, even in the face of these obstacles, the Nurse seeks to develop a quality work in the FHS, emphasizing health promotion and disease prevention, bringing the community and BHU closer together through CHA work management. It is hoped that this study may contribute by providing a basis for new research on the subject

in question, since the Nurse Practitioner is strongly recognized as an important element for the work of the CHA in the FHS. It is recommended that the Municipal Managers provide assistance to the Nurses to carry out the work management of the CHA, carrying out permanent education actions focusing on the planning and evaluation of the work of the FHS teams, so that the Nurses can conduct the management with greater ease. Nurses are also advised to seek improvement and to make daily steps difficult to achieve excellence in their work.

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