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## PROFILE OF NURSES IN THE BASIC HEALTH UNITS OF A MUNICIPALITY OF THE EXTREME NORTH OF TOCANTINS

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### ABSTRACT

The Family Health Strategy Program directs a weight of responsibility on the shoulders of those who have become the mainspring in the public health promotion process, which is the nursing professional being the responsibility of the Ministry of Health. This study aims to outline the socioeconomic profile of primary care nurses. It will use the exploratory descriptive method with a qualitative approach, having as a target population the nurses who work in the BHU Family Health Strategy Program of a municipality in the extreme north of Tocantins, and it contains a semi-structured interview as a data collection instrument. Predominance of female workers; the majority are in the 31-40 age group (40%); 40% have more than 04 years of experience. The set of data, although it points in some moments to a professional profile that contemplates a practice of assistencialist character, at the same time it leads to a reflection about a new configuration of the assistance practice based on the humanization and integrality of the assistance, as well as the construction of the citizenship.

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### INTRODUCTION

National Policy for Health Promotion aims to improve the quality of life and prevent vulnerability and risks of diseases, as there are the determining factors and conditions. Then, it can be said that the success of its execution is directly linked to the performance of the nursing professional in the fulfillment of their activity. (BRAZIL, 2009). Changes in the patterns of disease occurrences have constantly imposed new challenges not only for health sector managers but also for other government sectors, whose actions have an impact on the occurrence of these diseases. The challenge of stock financing is one of them. Chronic diseases are expensive for the Unified Health System (SUS) (BRASIL, 2006). Brazil is undoubtedly one of the most democratic countries today, positioning itself not only as a sustainable and therefore prosperous political and economic model, but also as an admirable model of health for

so many other nations beginning with South America, being its echo heard and copied adapting to the most distant nations, for example, the European Union. Brazil, therefore, shows itself apt to grow through the ages, since according to Ohara (2008), Brazil is a developing country that, for centuries, has been seeking the organization of systems: economic, education and health. It is noted in the discourse of history a constant search for a construction of a health of the people and for the people, resulting in the universal and integral Unified Health System (SUS). "Subsequently, the Brazilian constitution evidences the importance of SUS and, moreover, ensures public health as a right of all and obligation of the state." The right of everyone and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease, harm and universal and equal access to actions and services for their promotion, protection and recovery, the bases of the SUS are firmly established in the charter of this country the Constitution of 1988, showing its principles and guidelines according to Elisabete Calabuig Chapina Ohara (2008, 51, 52).

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Universality and equality of access: the organization in the PSF presupposes the definition of geographic spaces (territorialization) to define the written population of the Family Health Unit (USF). The criterion for defining this territory or area of coverage and the population ascribed should be based on epidemiological, risk, vulnerability and social exclusion indicators. Integrality: solve the health problems of people, from the simplest, to the most complex, using referral and referral services, if necessary; to organize their work processes and actions with a focus on reversing the hegemony of the medical-assistance model, with the organization of their practices crowned in the principles of Primary Attention defended in Alma Ata in 1978 and in the Ottawa Charter of 1986 that defines the promotion actions of health; Equity: based on the principle of availability of resources in proportion to the need, must prioritize the needs, establishing priority relation. (OHARA *et al.*, 2008, p.51, 52).

In this process, intense debate has been based on congresses and conferences at national and regional level, thus noting the real need for a Health Information System (SIS), according to Rabelo (2001), the health information system represents a of the essential instruments for the knowledge of reality through the collection of socioeconomic, demographic and epidemiological data of the population and that can operationalize the management of the Unified Health System at the various levels that constitute it. Knowledge about the health situation requires information about the mobility profile, the main risk factors and their determinants, the demographic characteristics and information about the services. (...). In addition, in health care, information is essential to individual care and to addressing collective problems, using the knowledge that generates from the assistance to the population in the health entities to the establishment of specific policies, the formulation of plans and programs, their implementation and evaluation. The information systems contribute the means for the construction of the knowledge in health. (Silva, 2008).

**Family Health Strategy Program – Psf:** In order for a comprehensive health policy to be truly established in Brazil, it became necessary to create laws that contemplated such a policy, then issued Order No. 2.488, dated October 21, 2011, which reads as follows: It approves the National Primary Care Policy, establishing the revision of guidelines and standards for the organization of primary care, for the Family Health Strategy (ESF) and the Community Health Agents Program (PACS). (PORTAL N° 2.488 OF 10/21/2011). The Family Health Strategy Program, as the Ministry of Health itself defines it, aims at the following specificities: The Family Health Strategy aims at the reorganization of basic care in the country, in accordance with the provisions of the Unified Health System, and is carried out by the Ministry of Health and state and municipal managers, represented respectively by Conass and Conasems, as a strategy for expansion, qualification and consolidation of basic care by favoring a reorientation of the work process with greater potential to deepen the principles, guidelines and fundamentals of basic attention, to increase the resolution and impact on the health situation of individuals and collectivities, in addition to providing an important cost-effectiveness ratio.

## MATERIALS AND METHODS

Field research is descriptive-exploratory with a quantitative approach. First, a careful bibliographical research was done on the subject in question making use of books, periodicals and

scientific articles, because this will serve to know in what state the problem is and what kind of work has already been done in relation to the subject. Next, an interview will be used by means of a questionnaire to study the conduct of the population sample on the subject. The study was carried out with 10 nurses who work in the Basic Health Units of the Municipality Araguatins - TO. Where they were used as inclusion criteria of the subjects in the research: the availability, the acceptance and the interest in participating in the research. The data were obtained through a questionnaire, previously structured by the researcher, with closed and open questions, collected in the month of November, 2015, where the research subject was informed of the objective of the study, highlighting the identity secrecy, giving freedom to participate or not; including that of being able to withdraw at any time, if they so wish, the informed consent form was presented to the interviewees so that everyone agreed to the research and use of the data. The data were analyzed using the answers obtained by the subjects who participated in the research. In our study, a transcript of all interviews was performed for Microsoft Word 2010 and after reading, seeking a better understanding of the content.

## RESULTS AND DISCUSSION

In order to provide an understanding of the purpose of our study, it will be presented initially to the characterization of subjects. And later the categories in question will be argued that represent the axis around which the answers are articulated, then we will discuss the themes that are interconnected to the theoretical reference and to the objective of this research.

**Characterization of subjects:** In this subtopic will be presented and discussed the characterization of the subjects to better understand the research.

**Table 1. Representation regarding the sex of the interviewees**

Sexo	N	%
Male	02	20%
Female	08	80%
Total	10	100%

Source: Research data, 2016.

As shown in table 01 (a), 80% of respondents are female and 20% male. Despite the continuous participation of male subjects in nursing graduation, the dominant presence of women in the profession is still a reality in Brazil. The present study is similar to the research developed by Silva (2008), where she reports, even in the face of so many scientific changes and advances in recent years, have highlighted the predominance of the female gender in nursing. A study by Lopes (2002) also reported on the importance of women in nursing, pointing out a very high female degree among nurses of all categories, from 94.1%

**Table 2. Representation regarding the age of the interviewees**

Idade	N	%
20 the 30 years	02	20%
31 the 40 years	04	40%
41 the 50 years	02	20%
Above in 50 years	02	20%
Total	10	100%

Source: Research data, 2016.

In this way, presented in table 02 (two), it can be seen that 40% of the nurses are between 31 and 40 years of age, 20% between 20 and 30 years, 20% between 41 and 50 years, and 20% years. The team consisting of nurses in the patient care setting is predominantly young and has a high productivity age range, between 30 and 50 years. This fact can be understood as a facilitating element for expansion and constant updating (PRETO; PEDRÃO, 2009).

**Table 3. Representation regarding the time of experiment**

Time experienceN	%
anyless in 1 year -	-%
01 the 03 years 03	30%
04 the 06 years 04	40%
07 the 10 years 02	20%
More in 10 years 01	10%
Total 10	100%

Source: Research data, 2016.

As shown in table 03 (three), it can be noted that 40% of nurses have 04 to 06 years of professional experience, 30% have 01 to 03 years, 20% from 07 to 10 years and 10% with more than 10 years.

In relation to the investigated, the great majority has a good professional experience where part of the interviewees focused on the classification of up to 10 years. However, it shows relevance in the study, showing great importance in assessing the participants' levels of knowledge (MORAIS, 2008). In relation to this, institutional involvement and the financial stability acquired by the time of service are factors that stimulate in the servers the permanence in an organization in which it is related to the vast professional experience. (FORMIGA *et al.*, 2005).

**Painting 1. Qualification of the interviewees**

VARIABLES		AMOUNT	%
Do you have specialization or continuing education in the area of primary care	yes	2	20%
	Not	08	80%
	Total	10	100%

Source: Research data, 2016.

When questioning study participants about having specialization or continuing education in the area of primary care, it was found that 80% reported having neither and 20% said they had. The results in Table 1 are considered negative, since most of the participants reported that they did not have any training. It is worth emphasizing that it is the responsibility of administrators to provide continuing education on the subject under study, since nursing professionals, because they are the professionals directly responsible for the care provided, need specific knowledge to assist this public, thus preventing complications secondary to them. Comparison of the findings of the study, Forte (2010) in a research about nurses' experiences in primary care, verified that for the post-graduation, ten nurses were trained to work in the area, since three of them reported having a master's degree and seven referred to specialization *sensu* in emergency, emergency and intensive care; and only three had no graduate.

The Ministry of Health affirms that the nursing team should participate in training and professional development courses, especially in continuing education courses, in order to control the quality of the service in the specific aspects of the profession, contribute with those responsible for the development of resources to meet the training needs of the team (BRASIL, 2006).

## Conclusion

The present study made it possible to identify the profile of the nurses who work at the Basic Health Units of the city of Araguatins-TO, generating information that was not systematized scientifically and officially, since this was the first study carried out in the municipality with this objective. The information presented here has significant potential to contribute to the process of diagnosis of the nurses' functional situation and the planning of actions to be implemented by the municipal management in order to qualify its technical staff in order to better prepare them to perform at this level of attention, which requires high complexity and low density technologies. The data gathered point to the need for investments by local managers in the continuing education of nurses, allied to efforts aimed at reducing precarious work with the effectiveness of professionals in the municipal service aiming at improving working conditions.

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