



Factors that interfere with the management of care performed by nurses in primary health care

Fatores que interferem no gerenciamento do cuidado realizado pelo enfermeiro na atenção primária

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ABSTRACT

To understand the factors influencing care management performed by primary health care nurses. This descriptive-exploratory study used a qualitative approach and was conducted in Boa Vista, Roraima. Data collection involved 25 nurses during May and June 2022 through semi-structured interviews. The findings highlight two facilitators that impact management in the basic health unit: the collaborative team and effective communication. The barriers identified include the management of material and human resources. Nurses serving as team coordinators in the family health strategy play a crucial role in managing primary health care nursing. Effective management involves more than merely delegating tasks; it requires teamwork.

Keywords: Organization and Administration. Nurse Administrators. Primary Health Care.

RESUMO

Conhecer os fatores intervenientes no gerenciamento do cuidado realizado pelo enfermeiro da atenção primária à saúde. Trata-se de um estudo descritivo-exploratório com abordagem qualitativa, realizado em Boa Vista/RR. A coleta de dados foi empreendida com 25 enfermeiros durante os meses de maio e junho de 2022, por meio de uma entrevista semiestruturada. A análise de dados seguiu o referencial teórico-analítico de conteúdo proposto em Bardin. Os resultados desta investigação apontam duas facilidades relacionadas ao exercício do gerenciamento na unidade básica de saúde, sendo elas a equipe colaborativa e a comunicação efetiva. No que concerne às dificuldades, tem-se o gerenciamento de recursos materiais e humanos. Os enfermeiros que atuam como coordenadores de equipe da estratégia de saúde da família possuem papel fundamental no gerenciamento de enfermagem da atenção primária à saúde. Gerir uma equipe vai além de apenas delegar funções, é um trabalho em equipe.

Palavras-chave: Organização e Administração. Enfermeiras Administradoras.

INTRODUCTION

The choice to track the managerial practices carried out daily by nurses in Primary Health Care (PHC) systematically directs this research toward fields of knowledge and challenging insights¹. In Brazil, in many cases, the challenges nurses face in their managerial roles often comprise the precariousness of service infrastructure, insecurity because of violence, and communication deficits with users, which compromise the care provided by the basic health team².

Moreover, a lack of specific management knowledge, absence of motivation, and work overload directly affect the professional activities of nurses involved in management. Specifically, in 2020, these dilemmas were heightened when family health team nurses were affected by a shortage of material resources and a lack of personal protective equipment, which contributed to a mass contamination of the nursing category by the new coronavirus³.

The debate around the health work process within PHC positions the nurse as responsible for seeking ways to provide qualified assistance aiming to meet the health needs of their family health team's coverage area. For this, observation, planning, implementation, intervention, and evaluation of established practices are necessary. Thus, the nurse is viewed as a key player in managing the Basic Health Unit (UBS)^{4,5,6}.

It is crucial to note that the PHC nurse also promotes training and health education, manages conflicts, leads, and handles time and space management, always with a critical eye on making correct decisions guided by ethical principles. Therefore, when nurses develop their managerial roles, they effectively promote health within health units⁷⁻⁸.

Identifying both facilitators and barriers in nursing care management is vitally important for improving the services provided by the nursing

team to the community in PHC. Accordingly, this study seeks to understand the factors influencing the management of care performed by primary health care nurses.

METHODOLOGY

This is a descriptive-exploratory study with a qualitative approach conducted in Boa Vista, the capital of the state of Roraima, located in the Legal Amazon, Brazil. The study adhered to the Consolidated standards for reporting qualitative research⁹. It aimed to portray the reality of factors that impact the management of care by PHC nurses, identifying both barriers and facilitators in nursing management.

The research involved nurse coordinators from the Family Health Strategy (ESF) teams, which are integrated within Basic Health Units (UBS) that form part of the Primary Health Care Network (RAPS) in Boa Vista. This network is organized into eight macro-areas and includes 34 fully operational UBS. Notably, some UBS have more than one family health strategy team. In total, 24 UBS with complete family health strategy teams were selected; however, three units declined participation, resulting in 21 UBS being included in the study, a number deemed sufficient for qualitative data saturation after analyzing the interviewees' discourses.

Participants were active nurses in the Family Health Strategy with at least one year of experience in team coordination. Excluded were newly graduated nurses, supervisors of mandatory supervised internships affiliated with higher education institutions, foreign nurses (due to their different perspectives on the health system), and nurses who were on leave or medical leave during the data collection period.

The participant group consisted of 25 care nurses with experience in managing nursing care at the UBS of Boa Vista/RR, serving as nurse coordinators with a tactical management role.

At each UBS, the researcher sought cooperation from nurses who met the study's inclusion criteria. It is noteworthy that some UBS had more than one nurse participating.

Data collection occurred in May and June 2022 through individual semi-structured interviews recorded and conducted by a trained nurse researcher. The interview guide contained questions aimed at uncovering the facilitators and barriers experienced by nurse coordinators in managing care at the basic health units.

Before conducting the interview, participants signed two copies of the Informed Consent Form and the Voice Recording Authorization Form. One copy was kept by the interviewee and the other by the researcher. In addition, The study's purpose was clearly explained, and any questions from the interviewees were addressed. At the request of the participants, scheduling was adjusted to prioritize the nurses' free time to avoid disrupting their professional duties. A quiet, reserved room at the workplace was chosen to enhance the quality of data collection.

The testimonies were classified by the identifier word "Nurse" followed by a cardinal number indicating the order in which collection was conducted. The 25 interviews resulted in 760 minutes of voice recording.

Two researchers manually analyzed the transcribed data, adhering to the content theoretical-analytical framework proposed by Bardin. Content analysis was divided into three phases: 1) pre-analysis, 2) exploration of the material, and 3) data processing, inference, and interpretation. The resulting data units were thematically organized into two categories: "Facilitators in the management of care by nurses in Primary Health Care" and "Barriers in the management of care by nurses in Primary Health Care."

The Research Ethics Committee of the Federal University of Roraima approved the study under CAAE No. 45126221.4.0000.5302.

RESULTS

The findings of this investigation highlight factors that interfere with the management of care performed by the nurse coordinator of the Family Health Strategy team. Two key facilitators related to management in the Basic Health Units (UBS) are the collaborative team and effective communication. In terms of barriers, challenges include the management of material and human resources.

Facilitators in the management of care by nurses in Primary Health Care

This investigation made it possible to recognize the facilitators of teamwork that impact the management of care by the nurse coordinator of the ESF. Among the decoded aspects are: a supportive team, a team engaged in the proposed objectives, empathy, inclusion of the nursing team, support from professionals, good relationships within the team, participation of the nurse in health activities and actions, team partnership, team unity, team initiative in conducting activities, a calm team, teamwork, knowledge of the team about its function in the unit, an involved team, a welcoming team, friendship with team members, an excellent team, a team that participates in the planning of the unit, and a good relationship of the team with the unit's management. Some decodings can be seen in the following testimonials:

[...] I try to understand my team's side as well. My team is my best partner here at the unit [...] (Nurse 6)

[...] I have a great team that is well involved in the activities. Despite the barriers, they are always with me [...] (Nurse 10)

In terms of facilitators, I can mention a top-notch team (laughs). My team is very good [...] (Nurse 15)

Effective communication is also recognized as a facilitator in the management of care by the nurse coordinator of the ESF. Among the decodings are: clarity in communication, assertiveness in speech, interactivity in communication, communication with feedback, being heard and knowing how to listen to the team, effective communication, communication as a work tool, continuous dialogue with the team, intersectoral communication, good communication personally and in WhatsApp groups, daily communication, verbal communication mastery, communication with the team for problem-solving, communication as a contributing factor to teamwork, and interprofessional communication. Some decodings can be seen in the following testimonials:

[...] it is essential this communication relationship, precisely to have the feedback of things [...] (Nurse 4)

[...] when there is good communication with our team, we can always solve problems in the best possible way [...] (Nurse 11)

Communication is one of the tools much used by my team [...] (Nurse 22)

Barriers in the management of care by nurses in Primary Health Care

This investigation also revealed the barriers related to material resources that interfere with the management of care performed by the nurse coordinator of the ESF. Among the factors are: delays in the delivery of materials, requested materials not acquired by the unit, absence of materials, unfulfilled material requests by management, inappropriate materials for assistance, lack of organizational tools (protocols) for using materials, the precariousness of the unit's materials, worn-out equipment, lack of autonomy in requesting materials, shortcomings

in controlling materials, assistive performance with minimal material resources, quantitative discrepancies between what is requested and what is acquired as materials, prolonged maintenance of equipment, and purchasing of materials by the nurse to achieve the unit's results. Some decodings can be seen in the following testimonials:

[...] when a request is made (materials), they are not always met. Most of the time they are not met [...] (Nurse 2).

[...] there are materials that have been here for years, worn out, that no longer work. We have requested but so far nothing [...] (Nurse 12)

[...] sometimes there is no (material) in the unit, and we have to postpone the action because of a lack of basic material [...] (Nurse 16)

Human resources management was also recognized as one barrier that influences the care performed by the nurse coordinator of the ESF. Among the factors are: conflictual interpersonal relationships decoded by the need to have a flexible approach to relate, complicated relationships, team pessimism, barriers in reaching agreements in the team, inflexibility, and diversity of thoughts for decisionmaking in the team.

Furthermore, the barriers to human resources necessary for care performance were highlighted as insufficient human resources represented by factors such as lack of professionals in the team (overburdening the nurse), outdated team, lack of human resources to cover the service area, barriers with personnel, lack of autonomy to request new professionals for the team, deficit of professionals (interfering with the achievement of objectives), reduced team, and a disproportionate number of professionals to the number of families served by the unit. All of these can be evidenced in the following testimonials:

[...] the interpersonal relationship is not an exact science and requires—I would say here in quotes —“Flexibility” [...] (Nurse 1)

[...] one of the factors that is interfering in our achievement of objectives is the current deficit of professionals in the team itself [...] (Nurse 8)

[...] the diversity of thoughts of a team [...] many people, so this sometimes becomes a barrier too [...] (Nurse 21)

DISCUSSION

Primary Health Care (PHC) is a comprehensive domain, serving as the entry point for users of the Unified Health System (SUS). Within this framework, the ESF program consists of a multidisciplinary team led by a nurse coordinator. The nurse coordinator not only performs care activities but also managerial tasks, playing a significant role that ranges from promotion, through planning and execution, to the evaluation of health actions. In managing PHC, these professionals encounter a range of facilitators and barriers¹⁰.

Interviewed nurses have identified several facilitators in managing nursing care within the ESF, notably the presence of a collaborative team. Despite being coordinators, nurses cannot effectively complete all tasks without team support¹¹. For a team to be collaborative with the nurse, both need to be engaged in the same purpose. The nurse must maintain a holistic understanding of their team, recognizing each member's strengths and unique traits, managing conflicts, fostering participation, encouraging robust communication, and promoting integrated management where decision-making is collectively shared, thereby reinforcing collaborative governance¹⁰.

Friendships within a team also contribute to a good relationship among members and are essential for the team to collaborate with the nurse, as friends tend to have trustful relationships, open idea exchanges, and empathy, thus reducing the possibility of misunderstandings and making the work environment healthy and pleasant¹².

Another facilitator is communication. Communication in health is an essential tool that facilitates the nurse's work within the unit, though it can be challenging to implement. The focus and enhancement of communication across all departments not only improve management but also boost the quality of healthcare services. Effective communication in the workplace leads to desirable performance when all team members are aware of their individual roles, including the nurse. It is necessary to listen and be heard by the team^{11,13,14}.

A study conducted in Australia on PHC management showed that effective communication brings advantages both for the involved professionals and for the population. Nurses play a pivotal role in both absorbing and relaying information, constantly assessing the relevance and urgency of the information to be shared with the team. It is worth noting that technology has been a facilitating tool in this process. Communication among the team, sectors, and management, as well as between the organization and its users, generates a positive impact on the nurse's care management¹⁵.

Currently, with the advancement of technology, the use of apps on smartphones to promote information and produce effective communication has been observed. During the pandemic, the WhatsApp app was highlighted because group chats and broadcast lists were useful tools at that time and continue to be used today. In addition, there are also video calls available on apps like Google Meet, Skype, and Zoom, and health broadcasts via Facebook, Instagram, and YouTube, all strategies used by management to strengthen communication

among the team members and between the users of the health units and the team¹⁶⁻¹⁷.

Among the barriers to managing care in PHC is the precariousness of material resources. In this aspect, it is noteworthy that the nurse can act on the technical requests, analyze the quality of the product, and participate in the purchasing, storage, control, and evaluation process. In some parts of Brazil, this is an inherent function of the nurse. In other locations, it is the unit manager or the pharmacist who performs this function¹⁸.

It is worth discussing that when nurse coordinators are questioned about the management of material resources, they view the stages of forecasting, purchasing, provisioning, control, distribution, and quality evaluation as something dissociated from their function. However, in reality, this is a process that requires the nurse's involvement at all stages. Neglecting any of these stages brings problems to their work, so the nurse needs to assert the importance of this role in the ESF service¹⁹.

One of the greatest difficulties for the nurse in managing the ESF is the deficit of material resources. The necessary instruments are requested, but the municipal management does not provide the materials. Given this scenario, professionals need to fund the essentials and economize the few resources that are made available, being indispensable to organize and stock the material for use without wastage¹⁸.

Another known difficulty relates to human resources. The nurse is understood as the mediator and manager of relationships and conflicts developed in the team, and this can cause suffering and directly interfere with their mental health due to dealing with stressful conditions over a long period. Being responsible for people is taxing because there is a diversity of thoughts and personalities¹⁰⁻¹¹.

The challenges experienced by the professional nurse of the ESF, especially concerning interpersonal relationships, are numerous since there are cases where the team

excludes the opinions of new professionals because of their inexperience. In others, there is a lack of acceptance of nurses by the team due to age or distance between members, in addition to pessimism in decision-making. Added to all this is the diversity of thoughts, considering that a team aggregates different cultures, beliefs, and personalities, making it a difficult task for the nurse to manage their peers²⁰⁻²¹.

In a team, each member must understand their strengths and weaknesses to effectively relate to others. The workload and low salary are factors that contribute to conflicts in relationships, causing stress and problems among team members. In contrast, harmonious relationships and professional satisfaction are generated in the team through the exchange of knowledge, communication during moments of socialization, and the valorization of members. The nurse plays a fundamental role in this process, promoting empathy and the strengthening of these relationships²².

This study highlights the management performed by the nurse coordinator of the Family Health Strategy team since once the factors that interfere with this administration are identified, it is feasible to work directly on the focus of the problem, enhancing managerial actions and points that positively affect the development of work. Thus, it is viable to carry out interventions on the factors that hinder the management process and provide an improvement in the services offered by the team to PHC users.

CONCLUSION

The final findings of this investigation made it possible to identify the factors influencing the management of care performed by nurses in PHC. Among the facilitators in care management by nurse coordinators of ESF in PHC are a collaborative team and effective communication among team members.

When discussing a collaborative team, it was evident in the content of the discourses representations of welcoming, engagement, and a supportive and calm team that maintains interpersonal and affective relationships of friendship in the work process.

Another facilitator in the management of care by the nurse coordinator of the ESF is effective communication, here seen as a work tool that should be clear and assertive, contributing to the promotion of teamwork and problem-solving. It is necessary to have interactivity, feedback, and dialogue between the interdisciplinary and intersectoral team, both verbally in person and virtually through groups of messaging apps like WhatsApp.

On the other hand, the investigation also highlighted the barriers in the management of care by the nurse coordinator of the ESF in PHC, which include the administration of material resources, as the nurse is not always responsible for carrying out the requests for materials for the unit. Additionally, there are delays in the delivery of requested materials by management, and sometimes the orders do not even reach the unit. There is a lack of essential materials for the service, delays in the maintenance of equipment, and the existing instruments are precarious, leading to care provision with minimal resources and even requiring nurses to purchase materials with their own funds.

Another barrier in the management of care by the nurse coordinator of the ESF is the administration of human resources. In interviews, issues with interpersonal relationships were evident, with teams being inflexible and diverse in thoughts, besides the nurse feeling that they must have the flexibility to manage effectively. Insufficient human resources were also identified as a category in which the overload of the team, its obsolescence, lack of professionals, and lack of autonomy for the nurse to request personnel for the team were recognized.

In conclusion, it is considered that

professional nurses who act as coordinators of the Family Health Strategy have a fundamental role in the management of nursing in primary health care. Managing a team goes far beyond merely delegating functions; it is teamwork. There are many challenges encountered in performing this work, some of which vary according to location, while others are common across all units. Developing skills to handle these challenges is important as the management by the nurse directly influences the health care provided by the unit to its users.

Regarding the limitations of the study, it is considered that the findings are circumscribed to a local health context in the extreme north of Brazil. Therefore, the factors influencing the management of nursing care in PHC considered here may differ in other regions of Brazil.

It is hoped that this study contributes to the managerial plan of primary health care and also serves as a basis for further research in the area in other states and municipalities.

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