

Management in Family Health Strategy: validity process for assessing competences

Gerenciamento na Estratégia Saúde da Família: processo de validação para avaliação de competências
Gestión de la Estrategia Salud de la Familia: proceso de validación para la evaluación de competencias

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Abstract

Objective: To validate an instrument on competence for managing Family Health Strategy (FHS) teams.

Methods: This is a descriptive and methodological research with a quantitative approach carried out between 2019 and 2020 with a focus on the nationwide validity of FHS management competence assessment instrument. The validity of competences was performed using the Delphi technique and internal consistency was examined using Cronbach's alpha.

Results: Using the Delphi technique, performed with experts from areas related to the construct, 47 competences were validated, subdivided into three dimensions: knowledge, skills and attitudes. From then on, the 47 competences were broken down into 25 items of an assessment instrument. This instrument was applied with managers of Basic Health Units, in order to proceed with internal consistency assessment between items. The correlation matrix between the instrument items showed a strong correlation, which means that the instrument has high levels of reliability.

Conclusion: The validity process demonstrated internal consistency between items so that the instrument for assessing management competences proved to be suitable for application in research within the scope of FHS.

Resumo

Objetivo: Validar um instrumento de competências para o gerenciamento de equipes de Estratégia Saúde da Família (ESF)

Métodos: Trata-se de uma pesquisa descritiva e metodológica de abordagem quantitativa realizada entre os anos de 2019 e 2020 com enfoque na validação de âmbito nacional do Instrumento: Avaliação das competências gerenciais na ESF. A validação das competências ocorreu por meio da técnica Delphi e a consistência interna foi examinada por meio do Alpha de Cronbach.

Resultados: Por meio da técnica Delphi, realizada com *experts* de áreas relacionadas ao constructo, foram validadas 47 competências, subdivididas em três dimensões: conhecimentos, habilidades e atitudes. A partir de então, as 47 competências foram decompostas em 25 itens do instrumento de avaliação. Este instrumento foi aplicado com gerentes de unidades básicas de saúde, com a finalidade de proceder a avaliação da consistência interna entre os itens. A matriz de correlação entre os itens do instrumento demonstrou forte correlação, o que representa que o instrumento possui níveis altos de confiabilidade.

Conclusão: O processo de validação demonstrou consistência interna entre os itens, de modo que o instrumento de avaliação das competências gerenciais mostrou-se apto para aplicação em pesquisas no âmbito da ESF.

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Conflicts of interest: nothing to declare.

Resumen

Objetivo: Validar un instrumento de competencias para la gestión de equipos de Estrategia Salud de la Familia (ESF).

Métodos: Se trata de una investigación descriptiva y metodológica de enfoque cuantitativo realizada entre los años 2019 y 2020 centrada en la validación de ámbito nacional del Instrumento: Evaluación de las competencias de gestión en la ESF. La validación de las competencias se realizó por medio del método Delphi y la consistencia interna se examinó por medio del alfa de Cronbach.

Resultados: Mediante el método Delphi, realizado con especialistas de áreas relacionadas con el constructo, se validaron 47 competencias, subdivididas en tres dimensiones: conocimientos, habilidades y actitudes. A partir de ahí, se desglosaron las 47 competencias en 25 ítems del instrumento de evaluación. Este instrumento se aplicó con gerentes de unidades básicas de salud, con la finalidad de proceder a la evaluación de la consistencia interna entre los ítems. La matriz de correlación entre los ítems del instrumento evidenció una fuerte correlación, lo que representa que el instrumento tiene altos niveles de fiabilidad.

Conclusión: El proceso de validación demostró consistencia interna entre los ítems, de modo que el instrumento de evaluación de las competencias de gestión demostró ser apto para uso en investigaciones en el ámbito de la ESF.

Introduction

Primary Health Care (PHC) in Brazil is operationalized through the Brazilian National Primary Care Policy (PNAB - *Política Nacional de Atenção Básica*) and is the preferred gateway to the Unified Health System (SUS - *Sistema Único de Saúde*), responsible for coordinating comprehensive care and articulating with the other services and actions of Health Care Networks (RAS).⁽¹⁾

From an organizational perspective, the local management of Basic Health Units (BHU) is fundamental to guarantee the management role foreseen in the PNAB, as well as the ability to coordinate the team and work processes, by translating the health project defined by public policies into concrete practice. Thus, for PHC management, it is necessary to develop collaborative competences that promote the integration of knowledge, skills and attitudes.⁽²⁾

Thus, there is a need to redesign the macro processes and understand that new competences must be developed and assessed to qualify the services provided to the population in the public service, specifically in the BHU.⁽³⁾

In this regard, assessment instruments have been used to aid content validity, constituting tools that measure indicators and assign numerical values to abstract concepts, which can be observable and measurable in the same way that they can contribute to improving health practice.⁽⁴⁾

An instrument's validity is related to its construction and applicability to estimate the phenomena to be investigated, that is, it means that the content of

an instrument allows the effective measurement of what is intended to be determined.⁽⁵⁾

The validity process of a competence assessment instrument for managing Family Health Strategy (FHS) teams is based on the need to reflect that the management process requires the development of knowledge, skills and attitudes that overcome the logic of empiricism that still exists in management practices, which often results in a certain impotence and inefficiency of health actions.

Thus, the assessment instrument presented here for the validity process is related to the FHS team management model. The instrument was developed by the authors⁽⁶⁾ from an exploratory and methodological research carried out with BHU managers in the municipality of Sobral, Ceará, through a constructivist theoretical-methodological framework anchored in Guba's and Lincoln's concepts.⁽⁷⁾

Thus, this study aimed to validate an instrument of competences for managing the FHS.

Methods

This is a descriptive and methodological research with a quantitative approach that was carried out between 2019 and 2020 with a focus on the nationwide validity of FHS management competence assessment instrument. Its use proposes to measure the level of agreement through the instrument national validity; therefore, this theoretical framework talks with the criteria that can contribute to FHS management in Brazil. To this end, the Delphi validity technique was used.

The research was approved by the Research Ethics Committee of the *Universidade Federal de São Paulo* (UNIFESP), under Opinion 2,905,992. Moreover, it should be noted that all the ethical recommendations of the Brazilian National Health Council (CNS – *Conselho Nacional de Saúde*) were followed, through Resolution 466/2012.

This research was carried out in two stages. The first, the validity process, was carried out with expert researchers registered in the Brazilian National Council for Scientific and Technological Development (CNPq - *Conselho Nacional de Desenvolvimento Científico e Tecnológico*) Research Group Directory, with a significant affinity with the subject addressed in the research as diversity criteria. The research has the following inclusion criteria: (1) Being leader of a research group registered in the CNPq central directory; (2) The research group led should have “Public Health”, “Professional Competences” and “Family Health Strategy” as research areas. Participants who did not meet the collection deadlines for this research and who did not complete all topics in the questionnaire were excluded.

In this regard, 269 experts registered in the CNPq Central Directory of Research Groups were selected. Of these, 35 were part of question selection and validity process, considering the aforementioned inclusion and exclusion criteria. The second stage consisted of decomposing the competences into items to build an assessment instrument. At this time, to systematize the items, some competences were grouped. With this, the instrument was applied, already validated by experts, with 23 managers of teams from BHU in municipalities in the state of Ceará.

In the FHS management competence assessment instrument, experts assessed the level of agreement with statements about management. Thus, the competences related to the dimension of knowledge, skills and attitudes are described.

The Likert scale was used to organize the alternatives presented in the instrument. In the case of this research, the scale is distributed in “totally disagree”, “partially disagree”, “partially agree”, “totally agree”.

Internal consistency was examined using Cronbach’s alpha. Cronbach’s alpha value must be

positive, ranging from zero to one. Values below 0.6 are considered inadmissible, and the higher the value, the more consistent the instrument is and the more homogeneous and congruent the scale. An optimal value is considered when the result obtained is >0.7 .⁽⁸⁾

After applying the instrument on management competences, the questions were analyzed by qualification scale, comprising the three domains: knowledge, skills, and attitudes. In the first stage, the instrument was assessed by level of agreement through percentages on a Likert-type scale, using the Content Validity Index (CVI) as a reference for approval.

The CVI is a parameter that assesses judge agreement regarding item representativeness in relation to the content in the research. The same is calculated by dividing the number of judges who assessed an item as totally agree/partially agree, requiring changes by the total number of judges (assessed by item), this calculation results in the proportion of judges who considered the item valid⁹.

First, to calculate the CVI, it was necessary to calculate the singular CVI (sCVI) that corresponds to the CVI value of each question to be validated, then the overall CVI (oCVI) was calculated.

Therefore, the acceptable parameter for the CVI to demonstrate approval was a value greater than 0.50, i.e., most judges should agree with an item.⁽⁹⁾ In the second phase, the instrument already assessed by experts was applied to 23 BHU managers. For internal consistency between items per domain, Cronbach’s alpha reliability (or consistency) coefficient was used.

Results

The CVI was used to assess judges’ agreement regarding item representativeness in relation to the content in the research (Figure 1).

$$sCVI = \frac{NA}{NR} \times 100\%$$

sCVI: Singular Content Validity Index
 NC: Number of Agreements
 NR: Number of Respondents

Figure 1. Formula for calculating the Content Validity Index

In this research, the acceptable parameter for CVI to demonstrate approval was a value greater than 0.50. The values obtained by calculating the CVI were organized by the knowledge, skill and attitudes dimensions so that the results of experts' assessment showed values greater than 50%, which represents content validity. Table 1 presents the values systematized by the CVI for each competence dimension.

Table 1. oCVI of knowledge, skills and attitudes (KSA) dimensions of Family Health Strategy management competence assessment instrument

oCVI (KSA)	oCVI (%)
Knowledge dimension	71.83
Skill dimension	74.45
Attitude dimension	74.27

The validity process with experts impacted the change in instrument composition, as described in table 2.

Table 2. Competence matrix element composition based on the Delphi technique

Competence matrix element composition	Delphi technique	
	Initial release sent to experts	Version validated by experts from agreement
Total competences	46	47
Total competences knowledge dimension	21	21
Total competences skill dimension	20	20
Total competences attitude dimension	5	5

It is worth mentioning that qualitative analysis of comments of experts who participated in the validity process generated the incorporation of a competence in the knowledge dimension, as shown in Table 2.

A specific competence on people management was included, as suggested by experts. In short, 47 competences were validated, subdivided into three dimensions: knowledge, skills and attitudes (Annex 1). From then on, the 47 competences were broken down into 25 items of an assessment instrument (Annex 2). Internal consistency assessment between items per domain was made from the application of an instrument that contained 25 questions to the 23 managers and calculation of Cronbach's alpha coefficient. ⁽¹⁰⁾

It should be noted that the greater the number of items or the greater the mean of the correlations between items, the greater the Cronbach's alpha value, normally varying between 0 and 1. In this case, the value closest to 1 has greater consistency between items. In this regard, the correlation matrix between the instrument items that contemplated the knowledge and attitude domains showed a strong correlation (r greater than 0.7). Thus, the domains knowledge and attitudes demonstrated relevance to remain in full after validity. As for the skills domain, Cronbach's alpha coefficient was less significant only in the item: "Do you give importance to the workforce in the BHU where you work?", where Cronbach's alpha value decreased, from 0.035 compared to the other items (0.86 – 0.825); however, it is a non-significant difference, thus remaining with the question in the instrument. In table 3, it is possible to identify the mean of Cronbach's alpha values in the instrument's competences.

Table 3. Mean scores for Cronbach's alpha for each competence

Competence	Cronbach's alpha
Knowledge	0.921
Skills	0.809

Table 4, scores were calculated per domain, through the sum of item scores that compose it (raw score). Then, these items were rescaled in a way that varied from 0 (minimum) to 100 (maximum).

As described in table 4, there were no differences in mean scores between domains ($p=0.455$).

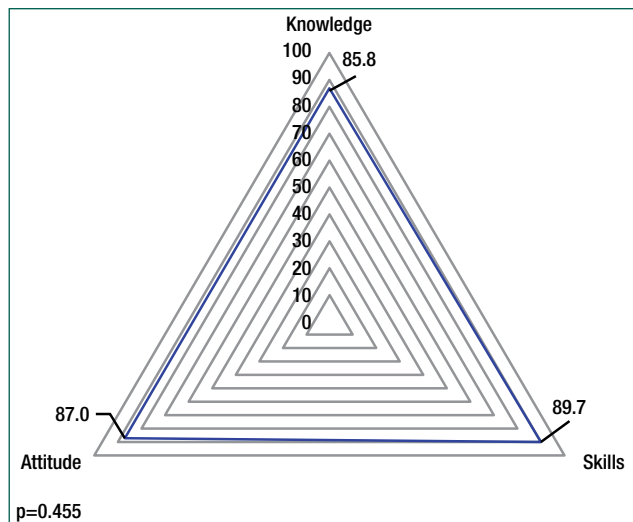
This standard can be observed in figure 2.

Figure 2, two elements must be considered: the larger the area of the figure, the greater the mean of the scores in each domain, and in relation to the shape of this area, the more regular the polygon, the more homogeneous the values of the means between the domains. Thus, it appears that in Graph 1, on average, the competence qualification scores were similar in all domains, demonstrating consistency in instrument structure.

Table 4. Summary measures of raw and rescaled scores (0 -100) per domains

Scores	Mean	Standard deviation	Minimum	Maximum	1st Quartile	Median	3rd Quartile	n
Raw score								
Knowledge (13 items)	46.5	5.6	28.0	52.0	44.0	48.0	51.0	23
Skills (11 items)	40.6	3.0	34.0	44.0	40.0	41.0	43.0	23
Attitudes (1 item)	3.6	0.5	3.0	4.0	3.0	4.0	4.0	23
Score 0 - 100								
Knowledge (13 items)	85.8	14.4	38.5	100.0	79.5	89.7	97.4	23
Skills (11 items)	89.7	9.0	69.7	100.0	87.9	90.9	97.0	23
Attitudes (1 item)	87.0	16.6	66.7	100.0	66.7	100.0	100.0	23

Friedman test to compare mean scores (0-100) between domains ($p=0.455$)

**Figure 2.** Summary measures of mean scores (0 – 100) per domain

Discussion

The validity process demonstrated strong reliability and construct validity so that assessed items obtained high levels of reliability with Cronbach's alpha statistical calculation.

Similarly, a survey carried out within the scope of PHC, however, specifically on advanced nursing practices,⁽¹¹⁾ generated a higher Cronbach's alpha of 0.80 in all assertions, which demonstrates a statistical pattern similar to the results of this research and reveals a high correlation of assertions with the instrument's objective.

The statistical measures for construct validity of management competences in PHC in each initially proposed dimension, i.e., knowledge, attitudes and skills, reflect strong relationships that point to the same direction: the achievement of the instrument's

objective. Thus, global analysis brings significant contributions to the research as it is demonstrated that the questions tend to group in knowledge, skills and attitudes as determined by the instrument's initial model.

From this, management competences assume a set of characteristics inherent to professionals that have an intrinsic relationship with knowledge, skills and attitudes that provide better performance in the work process. In the context of PHC, these competences are mainly related to leadership, management related to resource management and care and management of mobilization of affective cognitive resources.⁽¹²⁾

Represented by a factor of innovation and differentiation in organizations, the dimension of knowledge is portrayed as theories, concepts, methods, processes, policies, procedures and rules are established from it, thus management in the perspective of knowledge presupposes the approach of all aspects of the process related to it from its creation to its dissemination.⁽¹³⁾

From this perspective, skills related to the management process in PHC are linked to decision-making and presuppose the situational analysis of contexts in which professionals are inserted, and knowledge of the work processes necessary for action effectiveness. They are described through leadership skills, active listening, conflict management, teamwork, negotiation, norms and standards of communication in the organizational environment.⁽¹⁴⁾

Attitudes, in turn, are related to knowing how to act in certain situations and are approached from an individual perspective in view of their personal

character of operationalization. Thus, with regard to this research, this dimension is associated with the adoption of initiative and action actions considering the needs perceived in the service.⁽¹⁵⁾

The synergy between knowledge, skills and attitudes builds the praxis of being a BHU manager and its relevant impact on ensuring the management of care for health system users. Thus, BHU managers' professional practice implies articulating the health system gears to enable the meeting between the guidelines and guidelines of public policies and challenges of daily work in health.⁽¹⁶⁾

Thus, management represents a commitment to governance that promotes comprehensive care, which articulates the powers of the health system and society and centers its praxis on the user and their contexts of health and illness.⁽¹⁷⁾ This reinforces the power and strengthens the need for the manager's presence in BHU as an important actor in the process of implementing the PNAB.

Conclusion

The instrument for assessing management competences in FHS proved to be suitable for application. During the validity process, there was the loss of one of the 234 experts in the Delphi method phases, which corroborates with the already foreseen limitation in permanence of experts in the research, since it is a contact through a nationwide questionnaire. Thus, when comparing the validated version with the initial version, the incorporation of a competence in the knowledge dimension was verified. The correlation matrix between instrument items showed a strong correlation, which means that the instrument has high levels of reliability. Thus, the validity process demonstrated instrument reliability for application in research focused on management competences within the scope of FHS. The instrument also reinforces the importance of qualifying BHU managers' practice, which will impact the positive capacity of work processes and the care management of SUS users.

Collaborations

Albuquerque IM, Cunha IC, Ribeiro MA, Silveira NC and Nascimento AB contributed to the study design, data analysis and interpretation, article writing, relevant critical review of the intellectual content and approval of the final version to be published.

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Annex 1. Family Health Strategy management competence assessment instrument based on Guba and Lincoln's framework

KNOWLEDGE	CONCEPTUAL	Have knowledge about the historical process of building the SUS, the main laws that regulate it, its principles and guidelines, its organizational structure and functioning
		Have knowledge about Health Care Networks, their foundations and levels of care, with emphasis on Primary Health Care, having knowledge about its attributes, recognizing it as the organizer of care networks and as a care coordinator.
		Have knowledge about the Chronic Care Model, having knowledge about the assigned territory's demographic and epidemiological profile as well as about people's health condition by risk strata
		Have knowledge about health work and its technologies (soft, soft-hard and hard), with emphasis on soft technologies essential to developing health care in FHS.
		Have knowledge about national health care policies that permeate work in health in FHS, such as Brazilian National Primary Care, Popular Education, Health, Humanization, Continuing Education, Health Promotion, Integrative Practices and Complementary, Mental Health and other health policies, laws and ordinances, understanding how they are implemented in PHC and their importance for conducting health practices and work.
		Have knowledge about epidemiology and the health-disease process, having knowledge about health surveillance and its components (sanitary, nutritional, environmental health, occupational health, and epidemiological surveillance), understanding the importance of surveillance for the development of actions in health in the FHS territory.
		Have knowledge about strategic health planning and assessment, also having knowledge about methodologies for carrying out these activities in FHS.
		Have knowledge about the Paideia Method of Co-management of Collectives or the Roda Method, also having knowledge about its dimensions (political, administrative, pedagogical and therapeutic)
		Have knowledge about people management and labor laws, knowing health workers' rights and duties.
		Have knowledge about leadership: types of leaders, values and ways of acting as a leader.
	Have knowledge about health administration	
	PROCEDURAL	Have theoretical-methodological knowledge about basic macro and micro processes of Primary Health Care. Also have knowledge about the macro processes of care for acute events, care for non-acute chronic conditions, hyper-users and illnesses, preventive care, administrative demand, home care and supported self-care.
		Have basic knowledge about IT (digital literacy), having knowledge about the operation of the main programs used in the management work process in FHS.
		Have knowledge about Health Information Systems and their operation, also having knowledge about health goals and indicators.
		Have knowledge about the clinical protocols adopted by the municipality for health care in FHS.
		Have knowledge about process flowcharts and their construction, useful for organizing the work process and service in FHS.
	Have knowledge about family approach tools with emphasis on the Ecomap.	
	CONTEXTUAL	Have knowledge about the health system, its operation, organizational and care flows and services offered.
		Have knowledge about the assigned territory of action and its specificities: population of the assigned area in its social, economic and demographic characteristics; epidemiological profile and health-disease situations; health conditions and social determinants, including clinical, social, environmental and epidemiological risk factors; existing and prevailing culture; service networks (social resources, public or private institutions); community leaders and other peculiarities existing in the FHS territory.
Have knowledge about the health team's work process and specific attributions of its members, also having knowledge about health workers' technical skill and their performance in the service developed.		
Have knowledge about user satisfaction degree about the health service offered in FHS.		
Have knowledge about politics: micropolitics of work in FHS and the political situation of the country, municipality and assigned territory of operation, whose action has repercussions or influence on the health service.		

Continue...

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Continuation.

MANAGEMENT	Responsible manage the available resources (consumables, medicines, medical, hospital and dental supplies) and costs of the Family Health Center, with the capacity to implement a policy of economy and responsible consumption among health workers and system users.
	Manage the Family Health Center environment, being responsible for the maintenance of its facilities and equipment, encouraging health workers and users to adopt a responsible and careful attitude towards public property.
	Manage people, coordinating, supervising, leading, supporting and guiding health workers' health process, with the ability to identify their qualities and allocate them according to their skills, giving them autonomy and giving them security for conducting its actions at FHS.
	Carry out workforce sizing in the Family Health Center where they work.
	Acting in a multi and interdisciplinary team, with the ability to integrate professionals from different fields of knowledge in order to promote and/or strengthen interprofessional collaboration.
	Promote co-management in daily work in health, having the ability to plan, conduct and carry out shared work between health workers and the community, listening to co-producers of health care, giving them the right to a voice, considering their opinions, sharing ideas and providing co-responsibility for developing necessary activities.
	Encourage and strengthen community participation and social control, actively and purposefully participating in the Local Health Council, promoting discussions relevant to the health system's and the assigned territory's needs.
ORGANIZATIONAL	Map and articulate the service network of the assigned territory, in order to plan and develop intersectoral actions in FHS.
	Organize the service and health care, considering the Chronic Care Model, based on the SUS principles, based on clinical and service organization protocols, promoting changes that guarantee user safety and facilitate access to service.
	Together with the health teams, develop macro and micro processes of Primary Health Care, as well as actions that strengthen the use of soft technologies, having pedagogical skills for the transmission of knowledge necessary for their operationalization in FHS.
PLANNING AND ASSESSMENT	Organize the work process by building a proposal for a systematic and periodic work schedule, knowing how to be flexible in the face of demands that may arise, always seeking to guarantee the quality of their actions and the work carried out.
	Carry out strategic health planning with a participatory focus, being aware of the situational diagnosis of its area of coverage (epidemiological reality of the territory, data from health information systems and needs identified in the local reality), having clarity of the objectives and goals to be achieved.
	Monitor and assess health indicators, production and actions, capable of providing planning feedback with a view to reorienting health practices in FHS.
COMMUNICATION	Plan, organize, support and develop Continuing Health Education, based on the territory's health needs, identifying the need for learning and improving health workers' work process, and they should also have the ability to assess the impact of this process on health care.
	Communicate in different ways with different audiences, having oratory skills, understanding communication as an instrument of human, social and political interaction.
SOCIAL	Welcome health system users, providing them with information relevant to the service offered, with the ability to respond positively to the demands presented by them, whenever possible.
	Deal with people and building bonds, demonstrating a good relationship with health workers and system users.
	Mediate conflicts using effective negotiation strategies.
	Identify problems, anticipating them whenever possible, analyzing their causes and consequences, seeking solutions according to their governance.
ATTITUDES	Deal with the existing political situation in the FHS municipality and territory, with the ability to identify and mediate political situations that influence health care and system flows, avoiding prioritization of situations due to political interference, respecting the SUS principles.
	Demonstrate leadership, seeking to be a reference and professional example for health workers and users of the system.
	Demonstrate ethics in relationships with health system users and workers.
	Demonstrate emotional intelligence and maturity to accept criticism, being open to change.
	Demonstrate proactivity and responsibility for conducting work at FHS.
	Demonstrate creativity and innovation for work at FHS.

Annex 2. Family Health Strategy management competence assessment instrument based on Guba and Lincoln's framework after validity

KNOWLEDGE	CONCEPTUAL	Have knowledge about Health Care Networks, their foundations and levels of care, with emphasis on Primary Health Care, having knowledge about its attributes, recognizing it as the organizer of care networks and as a care coordinator.
		Have knowledge about the Chronic Care Model, having knowledge about the assigned territory's demographic and epidemiological profile as well as about people's health condition by risk strata.
		Have knowledge about health work and its technologies (soft, soft-hard and hard), with emphasis on soft technologies essential to developing health care in FHS.
		Have knowledge about national health care policies that permeate work in health in FHS, such as Brazilian National Primary Care, Popular Education, Health, Humanization, Continuing Education, Health Promotion, Integrative Practices and Complementary, Mental Health and other health policies, laws and ordinances, understanding how they are implemented in PHC and their importance for conducting health practices and work.
		Have knowledge about epidemiology and the health-disease process, having knowledge about health surveillance and its components (sanitary, nutritional, environmental health, occupational health, and epidemiological surveillance), understanding the importance of surveillance for the development of actions in health in the FHS territory.
		Have knowledge about strategic health planning and assessment, also having knowledge about methodologies for carrying out these activities in FHS.
		Have knowledge about the Paideia Method of Co-management of Collectives or the Roda Method, also having knowledge about its dimensions (political, administrative, pedagogical and therapeutic).
		Have knowledge about leadership: types of leaders, values and ways of acting as a leader.
	PROCEDURAL	Have theoretical-methodological knowledge about basic macro and micro processes of Primary Health Care. Also have knowledge about the macro processes of care for acute events, care for non-acute chronic conditions, hyper-users and illnesses, preventive care, administrative demand, home care and supported self-care.
		Have knowledge about Health Information Systems and their operation, also having knowledge about health goals and indicators.
Have knowledge about process flowcharts and their construction, useful for organizing the work process and service in FHS.		
CONTEXTUAL	Have knowledge about the health system, its operation, organizational and care flows and services offered.	
	Have knowledge about the assigned territory of action and its specificities: population of the assigned area in its social, economic and demographic characteristics; epidemiological profile and health-disease situations; health conditions and social determinants, including clinical, social, environmental and epidemiological risk factors; existing and prevailing culture; service networks (social resources, public or private institutions); community leaders and other peculiarities existing in the FHS territory.	
HABILIDADES	MANAGEMENT	Responsibly manage the available resources (consumables, medicines, medical, hospital and dental supplies) and costs of the Family Health Center, with the capacity to implement a policy of economy and responsible consumption among health workers and system users.
		Manage the Basic Health Unit environment, being responsible for maintenance of its facilities and equipment, developing, together with the SUS team and users, the use of a responsible and careful attitude towards public property.
		Give importance to the workforce in the Basic Health Unit in which it operates.
		Ser capaz de atuar e envolver os trabalhadores da saúde em equipes de diferentes categorias profissionais, promovendo e/ou fortalecendo a importância da colaboração de toda a equipe de saúde da Unidade Básica de Saúde.
		Act and involve health workers in the management of actions in the Basic Health Unit's daily life, having the ability to plan, direct and carry out shared work between Family Health Center workers and the community, considering the opinions and ideas of those who work in favor of health, giving the right to a voice and allowing everyone to feel responsible for developing the necessary activities in the Family Health Center.
	ORGANIZATIONAL	Organize the work process by building an organized and regular work schedule proposal, knowing how to be flexible in the face of demands that may arise and always seeking to guarantee the quality of their actions and the work carried out at the Family Health Center.
		Carry out strategic health planning with a participatory focus, being aware of the situational diagnosis of its area of coverage (epidemiological reality of the territory, data from health information systems and needs identified in the local reality), having clarity of the objectives and goals to be achieved.
	PLANNING AND ASSESSMENT	
	COMMUNICATION	Communicate in different ways with different audiences, having oratory skills, understanding communication as an instrument of human, social and political interaction.
Welcome health system users, providing them with information relevant to the service offered, with the ability to respond positively to the demands presented by them, whenever possible.		
SOCIAL	Mediate conflicts using effective negotiation strategies.	
	Identify problems, anticipating them whenever possible, analyzing their causes and consequences, seeking solutions according to their governance.	
ATTITUDES	Demonstrate creativity and innovation for work at FHS.	