

COORDINATION OF FAMILY HEALTHCARE UNITS DONE BY NURSES: CHALLENGES AND POTENTIAL

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ABSTRACT

This paper starts from the reflection that although the National Policy for Primary Health Care does not define the nurse as the coordinator of Family Health Units, USF, very often this professional ends up by taking over this position due to several factors that compose nursing practices. It aimed at analyzing the nurses' coordination of Family Health Units beginning from a descriptive analysis with qualitative approach. The study was carried out with eight nurses from the Primary Health Care network of Porto Alegre-RS through semi-structured interview while the observations were registered in a field diary. The findings were organized from the following categories: coordination activities; potentials before the coordination process; difficulties before the coordination process. In addition, they evidenced a double setting of challenges and qualities that compose the job of coordination nurses. This paper took over old challenges and discussed new perspectives of looking into the primary care work.

Descriptors: Health management. Family health. Nursing.

RESUMO

Trabalho que parte da reflexão de que, embora a Política Nacional de Atenção Básica não defina o enfermeiro como o coordenador das Unidades de Saúde da Família (USF), muitas vezes este profissional acaba assumindo tal função por diversos fatores que compõem as práticas de enfermagem. Objetivou-se analisar a coordenação das Unidades de Saúde da Família realizada por enfermeiros, a partir de uma análise descritiva com abordagem qualitativa. O estudo foi realizado com oito enfermeiras da rede de atenção básica de Porto Alegre/RS, utilizando-se entrevista semiestruturada e observação registrada em diário de campo. Os resultados foram organizados a partir das categorias: atividades de coordenação; potencialidades ante ao processo de coordenação; dificuldades ante o processo de coordenação, e demonstraram um panorama duplo de desafios e qualidades que compõem o trabalho das enfermeiras coordenadoras. Este estudo retomou velhos desafios e discutiu novas perspectivas de olhar para o trabalho na atenção básica.

Descritores: Gestão em saúde. Saúde da família. Enfermagem.

Título: Coordenação de unidades de saúde da família por enfermeiros: desafios e potencialidades.

RESUMEN

El estudio busca reflexionar que, aunque la Política Nacional de Atención Básica no define al enfermero como coordinador de las Unidades de Salud de la Familia - USF, a menudo él asume este rol profesional por diversos factores que componen las prácticas de enfermería. El objetivo fue analizar la coordinación de las Unidades de Salud de la Familia por enfermeros, partiendo de un análisis descriptivo con abordaje cualitativo. Se realizó el estudio con ocho enfermeras de la red de atención básica de Porto Alegre/RS, utilizándose entrevista semiestruturada y observación registrada en diario de campo. Se organizaron los resultados a partir de dos categorías: actividades de coordinación; potencialidades delante el proceso de coordinación; dificultades delante el proceso de coordinación; además, se demostró un panorama doble de desafíos y calidades que componen el trabajo de las enfermeras coordinadoras. Este estudio retomó viejos desafíos y discutió nuevas perspectivas de mirar el trabajo en la atención básica.

Descritores: Gestión en salud. Salud de la familia. Enfermería.

Título: Coordinación de unidades de salud de la familia por enfermeros: desafíos y potencialidades.

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INTRODUCTION

Since the implementation of the Family Health Program (PSF) in Brazil, in the nineties, its structuring and affirmation has been thought of as a social healthcare practice, or even as a top model for organization of primary care, as recommended by the National Primary Care Policy (PNAB). In this sense, the PSF is a proposed change to the health care model, taking the focus off the hospital model, evolving toward paying closer attention to communities, with a structure that is also influenced, among other factors, by a change in the pattern of healthcare production within this context.

⁽¹⁾ Being a healthcare service, its organization is denoted as a factor that influences the quality of care provided. The family healthcare teams, made up by a multidisciplinary structure, have several demands related to both physical and bureaucratic work, which generate a need for organization and management. Thus, professionals involved in the organizational process for Primary Care services should let their actions be guided by the ideological principles of the PSF, in order to ensure comprehensive and quality care.⁽²⁾

The PNAB is the policy that establishes the composition of the PSF staff, as well as the roles of the professionals who make up the staff. Although the PNAB does not define the professional nurse as coordinator of the family healthcare teams, the current literature⁽²⁻³⁾ indicates an increasing appropriation, by this professional, of positions related to the management and coordination of Family Healthcare Units (USF). Given the many professionals who make up the core team of the PSF, nurses end up performing the role of coordinator as well, due to the historical role of this professional in the organization of services.⁽³⁾ In primary care, nurses are the professionals responsible for the technical coordination of the nursing staff, and they are also a reference for the community health agents.⁽¹⁾

However, resource management is not sufficient for the composition of the interface, which lends itself to the coordination of a USF. The task of coordinating a USF, in line with the proposals of the PSF in the Unified Healthcare System, is not simple, requiring activities and skills to be developed. Likewise, the current literature⁽³⁾ points to the various activities that are exercised when given

the job of coordinator. In addition to the activities expected of a nurse, those who exercise the role of USF coordinator have additional roles, giving them a greater scope of action, responsibility and participation in the organization of the teams.

Coordination of a USF requires the coordinator to go beyond the classical theories of administration, where execution was far from creating or commanding. In primary care, work organization is done using knowledge, integration logic and a dialogical relationship between members this process. Thus, work organization integration, situated within the references of primary care, contributes to changing the model of care in line with the Unified Healthcare System.⁽³⁾ In this sense, it is worth mentioning the autonomy of nursing facing paradigm shifts, as well as its role in improving work processes.⁽⁴⁾

This sum of functions and activities generates a range of tasks to be accomplished by coordinating nurses. The conducting of essentially administrative and bureaucratic activities by nurses has been a point of discussion, as they make up a whole other set of activities that go beyond healthcare practices.⁽³⁻⁵⁾

Given these initial reflections and the objective of analyzing the challenges and the potential for coordination of the Family Healthcare Units, done by nurses, and based on the referential analyses of working in healthcare,⁽⁶⁾ we ask the following research question: how should the nurse's coordination process in the Family Healthcare Units be configured?

METHODOLOGY

This study is a descriptive study with a qualitative approach.⁽⁷⁾ The design is used to describe a phenomenon, to systematically summarize a situation.

The survey was conducted on the Northern District Management / Eixo / Baltazar (GDNEB), in the municipality of Porto Alegre / RS. The city is divided into eight district healthcare regions, District Managements, one of them being GDNEB. The study's focus on the GDNEB came about since it is one of the regions with the largest number of units that have a family healthcare team. The GDNEB consists of 20 Primary Care Units, responsible for coverage of 13.5% of the population of Porto

Alegre, the equivalent of 195,921 inhabitants.⁽⁸⁾ Of the 20 Primary Care Units, 11 have family healthcare teams, according to municipal data.

The research took place in all of the USF of the GDNEB, and the subjects of the study included eight nurses who perform the role of coordinator in the Family Healthcare Units. Excluded from the study was a nurse who refused to participate in the study, another nurse who was on vacation and one USF that was not coordinated by a nurse. Data collection took place in September 2012, when a semi-structured interview was conducted, along with work shift observation, registered in a field journal, totaling 36 hours of direct observation. The interviews were recorded and later transcribed. Data was analyzed using a content analysis technique,⁽⁹⁾ systematically following the steps proposed for this technique: pre-analysis, material exploration, processing and interpretation of results.

During the study, all the precepts of Resolution 196/96⁽¹⁰⁾ were observed. This research project was approved by the Research Ethics Committee of the IPA Methodist University Center, using opinion 45/12, and by the Research Ethics Committee of the Municipality of Porto Alegre, using opinion 808, process 001.028603.12.5. All study subjects signed an Informed Consent Form, authorizing their participation.

RESULTS AND DISCUSSION

Data revealed three categories of analysis: coordination activities; potential of the coordination process; and difficulties faced by the coordination process. Data analysis categorization was used here to provide prior classification of elements, grouping them in order to organize the analysis.⁽⁹⁾

Coordination activities

The nurse, as a PSF coordinator, takes on specific demands that are part of the dynamics and operation of primary care service. As a manager or coordinator, the nurse increases the importance of his or her activities, in relation to the team, since he or she expands his or her own role beyond the core practice, adding more assignments, playing a key role in the development of work processes and attention to healthcare in a USF. A study performed⁽⁵⁾ concluded that nurses who are coordinators of family

healthcare units, use most of their time, during the workday, performing activities that are essentially managerial. Similar results were found in this study.

One of the highlights was the nurse's role as a link between the primary unit and other management levels. The statements below illustrate this.

I perform all the activities of a coordinator, reports, controls. Where there is a problem that requires help, I am the one who has to make contact. If the management needs to be called, for example (E6).

I am the person who supplies all the data to the Ministry of Health [...] even delegating the task of completing the SIAB to someone, I have to stay on top of it, it is my responsibility to make sure it is filled in correctly, to generate correct data (E6).

We are the voice of our unit in management meetings. Most of the time we are the people that know about the quality of the services (E8).

Nurses, being linked to other levels of management, emphasize the problems and demands of coordination services, while coordinators are the healthcare management link with the units that provide healthcare services. Thus, it is important to emphasize the importance of the participation of these professionals in the consolidation of the Unified Healthcare System, when discussing the quality of health care in Brazil.⁽¹¹⁻¹²⁾ Therefore, the nurse coordinators have a dual role. On one hand they are responsible for the reference of the demand to other levels of health care and management and on the other, they represent the various levels of management in relation to the staff.

The completion of reports and maintenance of information systems are of great importance for the implementation of management strategies, in consolidation with the reality of services. The information generated subsidizes the planning of healthcare actions, both for services and for the management.⁽¹³⁾

In addition to activities that involve working with healthcare management processes, nurses who take on the role of coordinator attach various administrative functions to their job, working in various workflows within the unit and exercising a certain centrality in decision making within the unit, as indicated by the comments below.

We are responsible for the entire administrative and bureaucratic part (E8).

I control HR, the bank of hours, absences, certificates, conflict management in the unit [...] there is also a meeting that I have to organize and conduct [...] (E2).

[...] I know everything that happens here. Everything goes by the coordinator (E6).

The observations made in the field contributed to the analysis of this result, demonstrating the performance of administrative-type activities, by nurses, where all administrative processes are performed by nurses or under their supervision. The evaluation indicators for the quality of primary care services include management and administration processes established within the units, according to the importance of these actions on the quality of primary care services.⁽¹⁴⁾

Potential of the coordination process

In this category, the observations showed the singular form with which each nurse coordinated his or her team and unit, demonstrating that there is no example, formula or previously established way to coordinate a PSF team. However, there are organizational peculiarities that positively influence and further facilitate the coordination process, as stated by the study participants, when the particular potential that contributes to the coordination of PSF was highlighted.

[...] I do not like to tell others what to do, I lead, I am a leader for my team [...] (E7).

[...] It is a lot of work, but I really like being a coordinator, you know? It brings a lot of importance to our work [...] (E8).

[...] There are some things that only I can do, but what I can delegate to the technicians and the agents, if I cannot delegate something, I do it. I just stay in front of the computer and do not provide care for anyone (E4).

It is important to have a rotation, that way no one gets overloaded. Everyone works on everything [...] (E1).

The leadership was an aspect heavily touted by participants. Being a leader means influencing the course of action, it means being the work facilitator and motivator.⁽¹⁵⁾ Thus, nurse coordinators, as team leaders, play an important role in the practices and quality of health care provided by their staff.

Similarly, the use of practical organizational work processes is an aspect that is included in the definition and dynamics of the unit's daily activities, the delegation of tasks being an essential role of the nurse. When delegated and distributed correctly, tasks and functions facilitate nursing work and, in some cases, motivate team professionals. However, nurses must often be careful when delegating tasks to his or her team to avoid mistakes and work overload. Delegating a task does not take away the nurse's responsibility for the outcome of the tasks.⁽¹⁶⁾ Typically, delegation and distribution of tasks by nurses is limited to mid-level professionals, having a greater influence on the work of these professionals.

When necessary, the use of a rotation can facilitate the work, principally for the technical nursing staff, using it traditionally, especially with hospital services. However, work in primary care, based on collective health, does not allow the simple repetition of the hospital model. Work in primary care recreates itself, builds itself, modifies itself. The work is dynamic, as are the lives of people which it aims to care for, so the use of work rotations should try, as much as possible, to avoid repetitive and non-creative work, placing emphasis on the labor force and be based on collective healthcare.⁽⁶⁾

Another issue highlighted was the identification of nurses who have the job of coordinating the unit. Since the dawn of modern nursing, the combination of managerial and administrative practices has been used in the training and scope of actions of this profession. Within the various professions that make up the core team of the PSF, nursing seems to be the one that has the greatest intimacy with the coordination processes. The observations made in this study reinforced the strong aggregation of nursing practices and administrative and managerial characteristics.⁽¹⁶⁾

However, it is important to highlight that the coordinator cannot work in isolation, without at least seeking the minimum characteristics of the object of his or her work. The link between the coordination of teams and units and direct care activities also emerged in this study.

[...] Although I am the coordinator, I will never give up providing care. The coordinator that also provides care is the one who knows his or her community the best (E2).

It's important that the coordinator also provides care. Coordination has to be done by the nurses, so that we are able to combine the two in our planning [...] (E7).

The observations made demonstrate the importance of knowledge and involvement of the coordinators with the direct care activities provided to users of the service. Knowing the work process, the users, the service, the territory and the system, the coordinators were able to organize themselves more solidly, recognizing the real need for action and intervention within the service. The organization of a healthcare service should be guided by its actual needs, identified by the inclusion of the organizer to enact the implementation processes. In overcoming preconceived notions of work organization, we arrived at a control activity closest to execution.⁽¹⁵⁾ It is important to integrate the organization and execution of the work process into nursing, however, the management and administration of nursing is still strongly influenced by traditional theories of production and execution of work, based on scientific administration.⁽¹⁷⁾

Difficulties faced by the coordination process

Even when the nurses interviewed identified their role as coordinator, they indicated that the academic training was insufficient for being able to coordinate a USF.

[...] No, my previous training was not all enough for me to be a coordinator. In fact, I hardly used those administrative chairs at all. It is over time that you learn to coordinate. A way of speaking, you know, an expression that you use, affects everything. (E3).

I think we should have a collective or primary healthcare management position, so that we can understand these processes. Because, you may be able to manage a team, but what was difficult at first was learning everything about being a coordinator, doing reports, ordering materials, scheduling the staff's activities [...] (E7).

Nurses' professional training for the execution of administrative activities and management has been the subject of analysis throughout the historical construction of the profession.⁽¹⁵⁾ The job that nurses perform every day necessarily involves the processes of managing and organizing services.⁽¹⁶⁾ So we can point to the intimate connection of the professional nurse with the administrative and

managerial demands of healthcare services. Being a nurse is to be a manager by nature, whether it is of a nursing team, or a family healthcare staff.

Thus, the exercise of professional duties by the nurse should be guided by constant reflection on the practice of management and coordination, aimed at improving health care. The training and preparation of professional nurses in undergraduate and postgraduate courses is closely linked to how the nurse coordinators do their job. Therefore, undergraduate nursing courses should be reorganized, encouraging professional training that discusses the rapid changes in contemporary society.⁽¹⁸⁾

The literature that indicates the need for constant updating of processes and management methods employed in the education and training of nurses is vast. The way that healthcare work is organized must overcome the logic of systematic and only slightly reflective production, i.e., overcome the Taylorist model of production. In healthcare, the work must occur creatively, including and triangulating theories in the coproduction of healthcare work and production of the health of populations.⁽¹⁹⁾ Thus, throughout training, the professional nurses should have critical-reflective experiences, in order to score, in their analyses, the junction of theories on healthcare with the execution of work in a family healthcare strategy.⁽¹⁷⁾

It seems that the difficulty in relation to the execution of tasks linked to the role is related to preparing professionals for coordination work. Although most professionals have stated that throughout their career as a coordinator, they have learned, one way or another, about coordinating activities, they required prior coordination preparation and nurses identified this as a major impediment to performing coordination activities.

[...] The just gave me the job of coordinator and I had to figure it out. I actually like being a coordinator, you know, but there was a lot I did not understand at first, so I had to learn everything more or less alone, or by asking for help from my colleagues who are also coordinators (E5).

Today I know everything about coordination. But in the beginning it was really difficult. I had no training, emails asking for things just started coming [...] (E6).

These requirements reflect the analysis to be done on training for the general professional

nurse, which seems to be insufficient for primary care service coordination. This training should be performed by healthcare management, considering the quality of organization and the work requirement expected for the operation of services.

The work requirement of the coordinator of a USF also emerged as a problem related to the coordination process. In the service that they perform, nurses integrate their work with demands for providing care, as well as administrative demands, making up the scope of their duties. However, in certain situations as coordinator, the nurses are responsible to meet a variety of demands that overwhelm the work and require a lot of time from their attention daily.

[...] I just think it's too much red tape, too much paperwork, so I do not really like to do it, it takes a lot of time from my work when I could be doing other things [...] (E3).

Difficulties? It's like I have to take on two activities. While they hold you responsible for the coordinator reports, they require productivity in relation to providing care. This is sometimes a little difficult (E4).

Every morning I lose a lot of time, reading emails for example. I think we could improve communication with management a bit. Like, sometimes I do not have time to respond to an email the same day, but I know the issues that this creates for them (E6).

The statements seem to point to a range of duties that are required of coordinators. In the description of the nurse's functions, the PNAB focuses almost exclusively on care provision tasks linked to specific attention to healthcare policies.¹ However, when the nurse takes on the role of coordinator, demands are made on him or her regarding the work processes that go beyond the initial projection of the job as a primary care nurse, since the PNAB does not state that a nurse is essentially the professional responsible for coordinating the team and unit, requiring time and training specific to carrying out such functions.

The results of this study identified some aspects that underlie the coordination of a family healthcare unit. With a look at the nurses performing this role, this study had results that were close to similar surveys, reaffirming that USF coordination presents itself as a management practice that comes face to face with the performance of the attending nurse in the PSF.

FINAL CONSIDERATIONS

The qualification of Brazilian health is being looked at with regards to the quality of coordination processes present in primary care. Thus, since nurses are influential actors in the organization and management of a health care team, their training should be thought about with regards to the skills demanded by the primary care coordination positions, since this scenario will directly influence healthcare practices.

In this study, we tried to present not only the difficulties of working as a coordinator, but also the potential that the participants of the study identified in their role as coordinators. This research took a look at the need for structuring primary care best practices, considering the experiences that professionals who work in primary care services have already had.

Overall, the results demonstrated the reality of the work that PSF nurses perform at the location studied, defined by a dual outlook: on one side, the assimilation of coordination by USF nurses presents a series of mishaps and challenges to be overcome, including generating extra work, on the other hand, coordination highlights the work of professional nurses, generating their extensive participation in structuring best healthcare practices. Nurses who also work as coordinators should portray a "look" and a "way of doing things" that eliminates traditional and hegemonic work practices, evolving into a dialogic relationship and expanded healthcare production.

We suggest that further studies conduct research that focuses on labor relations within the field of healthcare strategies and knowledge production, as well as conduct research that verifies the impact of USF coordinating done by nurses on the concepts of healthcare and production methods for other healthcare professionals. Theoretical revisions could also contribute to this subject, since this topic already possesses a certain production matter, therefore enabling a more systematic vision of what USF coordination consists of. Thus, an emphasis is placed on the importance of studies of the skills used by many healthcare professionals who make up the family healthcare teams.

Finally, this study reinforced old challenges for the coordination of a USF and new perspectives for looking at this job, whose recurrent practices

in the reality of the PSF have the potential to set a new nursing management practice, starting with the inseparable articulation between management and care in primary health care.

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Received: 19.04.2013
Approved: 04.10.2013