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RESEARCH

Exercício da liderança do enfermeiro na estratégia saúde da família

The exercise of leadership of nurses in the family health strategy

Ejercicio del liderazgo del enfermero en la estrategia salud de la familia

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ABSTRACT

Objective: recognizing the exercise of leadership of nurses in the Family Health Strategy, as well as the difficulties and strategies adopted by nurses to lead. **Method:** This is a qualitative, descriptive and exploratory study conducted with 12 nurses from the Family Health Strategy of Pelotas, Rio Grande do Sul. The informations were obtained through semi-structured interviews, which were analyzed through Thematic Analysis. **Results:** It was evident that the nurse as leader is seen as an example to be followed, responsible for contributing to the motivation of the team. **Conclusion:** Among the difficulties highlighted the lack of support by the municipal management, lack of professional profile, interpersonal conflict, workload and need for a healthy work environment. Among the strategies there was exposed teamwork, dialogue and listening interprofessional respect, which help to strengthen the leadership of nurses in this care model. **Descriptors:** Nursing, Leadership, Family health strategy.

RESUMO

Objetivo: conhecer o exercício da liderança do enfermeiro na Estratégia Saúde da Família, bem como as dificuldades e estratégias adotadas pelos enfermeiros para liderar. **Método:** Estudo qualitativo, descritivo e exploratório realizado com 12 enfermeiros da Estratégia de Saúde da Família de Pelotas, Rio Grande do Sul. As informações foram obtidas por meio de entrevista semiestruturada, as quais foram analisadas por meio da Análise Temática. **Resultados:** Evidenciou-se que o enfermeiro, enquanto líder é visto como um exemplo a ser seguido, responsável por contribuir com a motivação da equipe. **Conclusão:** Entre as dificuldades encontradas destacaram-se a falta de apoio pela gestão municipal, falta de perfil profissional, relações interpessoais conflitantes, sobrecarga e necessidade de um ambiente profissional saudável. Entre as estratégias foi exposto o trabalho em equipe, diálogo e escuta respeito interprofissional, as quais contribuem para fortalecer a liderança do enfermeiro neste modelo assistencial. **Descritores:** Enfermagem, Liderança, Estratégia de saúde da família.

RESUMEN

Objetivo: conocer el ejercicio del liderazgo del enfermero de la Estrategia Salud de la Familia, así como las dificultades y estrategias adoptas para el liderazgo. **Método:** Este es un estudio cualitativo, descriptivo y exploratorio realizado con 12 enfermeros de la Estrategia Salud de la Familia de Pelotas, Rio Grande del Sul. Los datos fueron recolectados por medio de entrevistas semiestructuradas, analizadas a través del Análisis Temático. **Resultados:** Los resultados mostraron que el enfermero como líder es visto como un ejemplo a seguir y es responsable de contribuir con la motivación del equipo. **Conclusión:** Entre las dificultades se destacaron la falta de apoyo de la gestión municipal, falta de perfil profesional, conflictos interpersonales, la sobrecarga laboral y la necesidad de un ambiente de trabajo saludable. El trabajo en equipo, el diálogo y la escucha y respeto interprofesional fueron expuestos como estrategias que ayudan a fortalecer el liderazgo del enfermero en este modelo de atención. **Descritores:** Enfermería, Liderazgo, Estrategia de salud familiar.

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INTRODUCTION

The Family Health Strategy (FHS) is recognized as a proposal for reorientation of the care model, made through the implementation of multi-professional teams in basic health units. These teams are responsible for monitoring families included in a specific territory, acting with recovery actions, rehabilitation of diseases and more frequent diseases, with main focus on promotion, prevention, and community health service.¹

The FHS is structured on the basis of character reorienting the care model, completeness and hierarchy, territorial and family registration. Authors argue that working properly, basic health units with strategy are able to solve 85% of health problems in the community, providing quality care, preventing diseases, avoiding unnecessary hospitalizations and improving the quality of life of the population.¹

Set in this context of the primary care network services is the professional nurse, who has specific tasks, among them: promoting health care to individuals and families enrolled in teams and, where necessary, at home or other community spaces, at all stages of human development; perform nursing consultation, procedures and group activities, if protocols or other regulatory techniques established. This professional may also request additional tests, prescribe medications and refer where necessary users to other services; contribute, participate and conduct permanent and continuing education activities of nursing staff and other members, and plan, manage and evaluate the actions developed by community health workers.¹

About the skills of nurses in the FHS, one can see the need for the development and strengthening of relational skills, including leadership. By analyzing the scientific literature about the subject; it indicates that there are several studies that have investigated the practice of nursing leadership in hospital.²⁻⁴

However, there are few studies on exercise of leadership in the FHS. It highlights a study that sought to understand the contributions of nurses in the network of relationships and interactions of community agents from a municipality located to the south of the country. It was identified that the health team includes nurses as a significant element in the network of relationships and interactions of community workers with the community, being viewed as a mediator and as a leader. Still, the FHS nurses play an important role by the health team, providing clinical support in care planning and management of the health unit to contribute to the establishment of good relations, direct the activities of the team and drive the course of information.⁵

Study of the primary care health professionals in southern Brazil showed that the FHS

model is identified with relationship problems with the population that used health services and managers. Besides the lack of recognition at work and professional development, deficits in the instruments and working environment, fault management, lack of incentive activities of continuing education and excessive workload.⁶ These findings directly interfere in nurse leadership the FHS, reinforcing the need to unveil the leading role of the nurse in this care model.

Based on these, this study aimed to meeting the exercise of nursing leadership in the Family Health Strategy, as well as the difficulties and strategies adopted by nurses to lead.

METHOD

This study has a qualitative approach of descriptive and exploratory type. It was carried out in Pelotas, southern Brazil, in the urban area units that have the Family Health Strategy.

Study participants were 12 nurses. The selection of participants met the following criteria: being a nurse acting in the FHS of basic health units in the urban area and receiving nursing students at the Federal University of Pelotas. It was established contact with 19 participants, and of these 12 agreed to participate in the study, three were in the holiday period of four interviews and refused to participate.

The information was obtained in November 2013, through semi-structured interviews conducted in the workplace of the participants, with pre-established date and time, in private atmosphere. The reports were identified by the letter E to nurse followed by the ordinal number corresponding to the order of conducting interviews, for example E1, E2.

There was used the thematic analysis to data interpretation, consisting of three stages.⁷ The pre-analysis phase in which it was required reading in-depth and intensive contact with the field of material, making it deals with all issues raised in the script giving answers to the objectives of the work. The second phase included the exploration of the material, consisted of a classificatory operation that aimed to reach the core of understanding the text. In the third and final stage held up the processing of the results in which it has developed an interpretive summary, dialogue between subjects, goals, issues and theoretical framework.

For the development of research ethical principles established by Resolution No. 466/12 of the National Health Council, which deals with research involving human subjects, have been respected. The study was approved by the Ethics Committee of the Federal University of Pelotas, in the Opinion 449.087.

RESULTS AND DISCUSSION

By analyzing the participants' profile it was observed that the average age was of 43 years old, with a predominance of females. All respondents graduated in Nursing from the Federal University of Pelotas, with professional experience of time switching 5-22 years, with an average of 13,5 years at work, and working time in the Family Health Strategy between 1,5 to 11 years, with an average of 6,25 years.

In order to meeting the exercise of nursing leadership within the FHS, the following themes were built: "Leadership of the nurse in the FHS; Difficulties faced by nurses to exercise leadership in the FHS and Strategies used by nurses to exercise leadership in the FHS".

Leadership of the nurse in the FHS

From the analysis of the reports, it was found that some participants associate leadership as a nurse's ability to become an example or reference to the other team members.

I believe that leadership is you develop a job being a reference, with a speech according to your practice, because as I want everyone to arrive early to work if I arrive late, I believe that leadership we do giving examples (E1).

Well, I think so, for you lead I think you have to have first professional attitude, try to do things the best way possible, give examples (E2).

It is a good example, I think that the principal of a leader like that, I have no way to charge a thing I do not do so I observe me much about it? So matter of hours, if I'm not doing time, as I'll charge it? So, sometimes I have to charge I try to be the case forever (E10).

This result was also addressed by other researchers who argue about the leader as the reference professional to different workers of the health team and should thus have posture and visibility, have interactive and associative skills to understand the peculiarities and differences, increasing circular processes and dialogic.⁸

Often, the FHS nurses act as a leader, taking the role of mediator, coordinator, facilitator and coordinator of actions and activities to be implemented by the health unit.⁹ Thus, the exercise of leadership is related to the nurse's ability to make an example for the team, from the coherence of their actions.

The leader's ability to motivate his team was another important result that characterizes the understanding of the nurses who participated in the study on leadership in the FHS. Thus, two professionals in the statements expressed the need to motivate their team

for doing a good job:

Encourage, motivate, much more so than the collection of that thing to stay one step higher, I think leadership is it like that, is you have goals, you organize is where we want to get (E10).

I think leadership is the ability to add people to do that they commune with your idea, with your proposal. I see the leadership as well as a person who inspires others to do things in a way they do not feel controlled and that they feel part of a whole and important to a work gear (E11).

Motivation can be considered a boost to job satisfaction, which allows the growth and organizational development and can be used by nurses as a management strategy of supervision in skills development, as channels and sustains people's behavior.¹⁰

As strategies for creating a motivational atmosphere, the nurse needs, among other things, seek to integrate the needs and aspirations of the people; encourage staff participation in decision-making and enhance their performance.¹¹

Highlights a study developed with nurses who work and/or worked in the FHS of several municipalities, which exposed that their motivation to work on this care model was related to the preservation of their professional autonomy.¹² It can be seen that motivation and autonomy are important factors that are interrelated and can enhance the leadership of the nurse.

However, for this to occur, it highlights the immediate need to invest in continuing qualification of teams and managers, strengthening of social control mechanisms and work teams guided by the commitment to the health of users. Therefore, it is essential to invest in the care and appreciation of the work, which involves higher wages, implementation of plans for positions and salaries, professional training, leveraging the collective work of multidisciplinary and interdisciplinary nature, intersectoral action in order to contribute to the solving problems in health care network and ease the dissatisfaction of workers and users, boosting the motivation of professionals to work in the FHS.⁶

Furthermore, it is expected that nurses realize the importance of leading process as a continuous, dynamic learning being able to guide the group to work excited in order to achieve the objectives in common. Thus, the nurse leader must be motivating strategies that involve the whole team to carry out nursing.³ Stock is in this sense that every professional team, including nurses, has their role and mission not only related to their core competency, but also related to the promotion of motivation to participate and collaborate with other actors.¹²

By analyzing the statements of the participants, there were results related to the recognition of the health needs of the population, territorial and bond activities intrinsic to the nurse's work in the FHS.

My population is predominantly elderly, have to care for the elderly, I have colleagues who have two, three, childcare days, I do not need it. If you know the reality you try to fit you demand? So I think that's it makes the job easier (E1).

You have to do what we believe and right, there is no dressing stuff you cannot send the person away, put into the unit and hear how it will do, has to do if she cannot bring, have to wonder if the user

does not want to teach, it is not only the healing itself (E6).

Reports reveal that the professional needs to recognize this in the strategy as well as its internal working environment, the community attending. This approach requires relational skills necessary for a nurse as a leader, in order to meet the qualified way users of the health service.

Thus, the nurse engaged in active dialogue between users, health staff and central management level, taking responsibility and seeking the co-responsibility of staff in the implementation and direct actions, being a facilitator of teamwork in health promotion community, marking through this link with his users' leadership.⁵

Another important aspect in the FHS emerged was the potential autonomy nurtured by the professional nurse, which strengthens his leading role with his team and the community served.

Within a basic unit you have more autonomy then you can do it better lead. Thou hast protocol, but not all closed, you can you model your work, and the hospital is everything closed, you do not have much autonomy to lead, there you cannot, you are in plaster and here (FHS) you have more freedom (E3).

I think it's pretty rewarding, the strategy looks like you are there watching the return of the work, you can you prevent, you can you prevent them from becoming ill thou canst move, guide, educate (E4).

It was found that the autonomy has been more noticeable in the FHS, since this health network scenario allows the practitioner closer ties between knowing and doing, linking theory and practice in the care provided to the population, and the boldness of the professional to comply and enforce legislation that you reinforce.¹³ By contrast, the lack of autonomy interfere negatively in the organization and conduct of the work process. With that in mind, it is emphasized that the autonomy should happen responsibly, taking into account the principles guiding the Unified Health System (SUS).⁹

Researchers mention that the autonomy of nurses is favored in primary care because of the power of equilibration between professionals, possibly by greater freedom to exercise one's work, to take situations such as health care programs supported by recognized protocols and manuals nationally and also for command relationships not as direct and constant as in another context, such as the hospital, which participants also cite. Also, point out that the nurse has won the most prestigious and recognized in part for carrying out the nursing consultation, which has helped in this reconstruction of professional identity.¹⁴ From the abovementioned, it is understood that the exercise of nursing leadership in the FHS is associated with some relational aspects act as setting good examples for team, motivate them and approach the community through the establishment of linkages and identifying the main health needs of the population.

Difficulties faced by nurses to exercise leadership in the FHS

The results also allowed identifying the difficulties recognized by the FHS nurses to exercise a leadership role in family health units. He highlighted the lack of support from the municipal government, as the main difficulty being expressed by 11 study participants.

I've been head of the unit, and the only difficulty I had, I think we all had been with the health department, there are things that we have difficulty to achieve. Then this will leave us a little frustrated, and sometimes the patient does not understand, do you think the people who do not want to do, but they do not give back (E2).

The biggest delay is you have a whole plan, you lead, you do your job and, for example, in the strategy, I'm with a low in child care, so come on, motivate, call the kids, let's chase, arrives at you do not have time to ferrous sulfate supplementation of iron (E10).

Many difficulties encountered by the FHS professional nurses refer to the individual component of the professional attitude, but also the structural difficulties of SUS own organization, panorama, sometimes reinforced by the participation of the municipal manager only as executor of administrative health management bureaucracies.¹⁵

Teamwork in the FHS has a direct interface with the municipal coordination. And this relationship can be permeated by conflicts, especially with regard to the autonomy of the teams and the support of central management level. Lack of management support ends up discouraging workers, because of the distance from the manager to the local work process, pushing the engagement of workers needed to strengthen the FHS. Moreover, this lack of motivation generated by the recognition means that workers believe that the FHS is only effective in theory.¹⁶

Nurses also complain about the lack of preparation of management to direct the service, leaving missing materials, compromising the work in the FHS.

Because we are on a drive that unfortunately has been set aside for the management, they did not do basic maintenance. So we were kind of abandoned, so now we have a number of structural problems and lack of materials, so that messes with staff morale, it stirs the mood (E9).

A similar result was also evidenced in another state, which sought to identify the reasons for satisfaction and dissatisfaction of health workers in two care models, the FHS and Traditional Basic Care. It was identified that the lack of materials and excess demand as factors causing workload.⁶

Also related to the management, the constant changes of government directly interfere with the leadership in the FHS. Depending management nurses can receive greater or lesser support of municipal managers, which has implications in its relations with staff and service users.

The lack of knowledge about the duties of each team member, also hinder the performance of leaders. Nurses believe that the fact that the community health worker assignments (ACS) are not explained previously by management that selects hampers the work

of nurses in leadership of these workers, which in turn, do not always understand the proposal of the FHS, and often attracted by jobs.

Regarding health workers joined many people no profile and also many people who do not also understands the role they have to give much guidance and they do not understand it. It is difficult to you to be a leader, it's hard to do. If you work on strategy with people who have to work in the strategy profile thing going well all right, now I work with people who only care about money, complicating (E5).

The lack of profile for performance in FHS combined with high outpatient demands are important factors in making forward decision to community health problems. Professional no profile does not seek partnerships, does not bother to improve the social context of the territory. He is at work only to meet the care demands, believing it to be just that his role in the health unit. When does something that is not in your routine already think you are doing more than your duty. And the high demand for care will only increase the inertia of this.¹⁷ On the other hand, often the staff delegates to ACS assignments that are not yours and not offer training strategies of their work, demanding more than their knowledge gives opportunity field.

Authors point out that the lack of profile of different workers working in the FHS can lead to disengagement and consequently health actions needs are not remedied, the work in this scenario requires capacity planning, organization and evaluation of community needs. The lack of profile negatively influences in changing the care model proposed by FHS.¹⁵

Another aspect that stood out in the interviews was the existence of conflicting interpersonal relationships; these can exist within the core team of FHS and between teams.

I answer all of my team if I just all calls and the person from the other team did not meet anyone or not yet arrived, I get to meet, only what I tell you is waiting until now because you're not my territory, it is the way, because we already talked in staff meeting several times and did not help (E6).

With regard to the doctor is that it is complicated you have a lead, he often to follow you, but have many things that they think is a pyramid, it is up to you and he does not understand that what is good for the service and if it's not good for him, point just will not do (E5).

In some situations there are problems in work processes and division of responsibilities in services, allowing the existence of conflicts. This panorama interferes directly in power relations and stirring up disputes between professionals and the community, the intensity of the conflicts cannot afford to have the support of colleagues¹².

To manage conflicts it is essential to recognize its origin, in some moments the problems stem from lack of communication, organizational structure and presence of individualistic behavior. It is vital to recognize the differences between people, because every human being is a unique being, or have skills, values, culture and experience that make it different as an individual and, consequently, as a professional.¹⁸

In the FHS nurses stands out as numerous activities coordinator, including the health unit management, the statements below can be identified overload of this professional at the

time was split between the user assistance with the coordination of team and unity.

The negative I see it that BHU's leadership is my lack of contact with the user, and I do not like it so much that here we do a range of management because no one else wants, it was just over a year and me felt aggrieved in this respect [...] I was less RV and staff complained. I was overwhelmed with coordinating activities and could not assist users as would (E7).

It was evident that the workload also affects nurses working in the FHS. The organization of work logic is by productivity and not by interfering with the quality teamwork and professional development. Factors such as overhead show how much still is attached to the model evaluated the merits of the production at the expense of quality, hindering their daily activities.¹⁵

It is important to remember that management activity consists of a half activity for the implementation of work, and the core business assistance and care grounded in a quality service recognized by service as desirable. However, the management of these processes should be shared, co-management, providing the construction of goals and projects in a participatory manner in order not to overload the nursing work.⁹

The nurse of the FHS fit surveillance activities, training and control of the assistance provided by the staff and activities considered managerial nature. As team manager, the nurse should be provocative of knowledge, from the development of skills, introducing innovations to the team, defining responsibilities.⁹

It should be noted that the management and care activities represent dimensions that complement each other and go together, and often inseparable in nursing work. For this reason, it is necessary to make reflections on these aspects that underlie the work of this professional in the FHS, because from understanding their real duties and improving the participation of the team members, nurses can minimize their workload and devote efforts to achieve important goals can strengthen health care.

Strategies for leading in the FHS

Among the strategies cited by the nurses to assist the leadership stood out teamwork.

We work as a team here, we are three teams, we give coverage to them, we work very well here we respect each other and looking really work as a team, which is not easy (E2).

I think the teamwork it starts around, to put everything that's bothering out and start to organize with other thoughts with other wills (E9).

Nurse leaders must realize the importance of a position of leadership and seek to effect it with the team, dialogue with it, trying to meet the needs of each, aiming good

relationships and teamwork.⁸

Teamwork is an essential tool for improving health care and also issues related to the sharing of activities and difficulties experienced by the Strategy professional. The involvement of staff with the principles of the FHS, which is back to the individual, their family and their surroundings.¹⁹ Furthermore, carrying out comprehensive care there can only be achieved through integration of multidisciplinary work.

Dialogue and listening were considered by participants as key strategies for good leadership, emerging in the following testimonials.

Much dialogue, a lot of talk, empathy, always be putting yourself in another's place, do not make that distinction, I command you obey, it does not exist. All are health workers, then so think I can say to friends, to get along with colleague, relate, be respectful and open dialogue and listening make a difference (E7).

Listen, only that, listen, do a more critical listening, I think that's what has to do, I think we have to know how to listen and look, always review the procedures or they are things that seem tight, have to listen and do adequate listening to the problems (E12).

In order to play the lead, the professional needs to be enterprising, to have new ideas, always dialoguing with the team evaluating the purpose, understanding and knowing each person's needs and seeking solutions to problems.⁸

To be able to establish healthy relationships a leader must be committed, to communicate, to listen and work in teams. Leadership based on dialogue can be seen as an instrument for the performance of the leadership, since it can be regarded as the leader's ability to influence its employees to act in a critical and reflexive way, by establishing an efficient communication process. The dialogic leadership proposes help nurses in decision-making, planning and implementation of care practices.²⁰

One of the skills that nurses need to develop effective communication is to "listen to each other". It is important that the other is perceived heard, that is, know that it has room for expressing their ideas or requests. This listening should take place in an active way, interested and understanding attitude and dialogue.⁹ The listening end up becoming tools for the accomplishment of teamwork in these testimonials stand as important points for the creation of the link between the team and consequently it makes easier the work to be carried out staff.

Respect among professionals was also remembered as strategy related to teamwork.

I think it has to take in everything this part of the respect with others it is very important not to be pulling the bag, but have respect for others. All people want to be treated with respect (E4).

Get to know the people, be affectionate, be respectful, I think that makes all the difference, people start to respect you and you can do it, perform your job and get to where you want (E7).

Part of the leadership respect for workers, comprising them as human beings⁸, which must be established in mutual form in this regard, both leaders and their employees must

cultivate it through horizontal relationships, which tend to be lasting, which contributes to the formation of healthy professional bonds, promoting a collective work with the intuited to generate good care the user.¹¹

Respondents feel the need to work in their teams respect to be done effective work to the user. As shown in the interviews, it must be associated with the professional development of the team by his nurse and also by the management and user. In this sense, respect emerges as a strategy used in the nurse's daily work in the FHS, which contributes to closer ties between the workers and for the better conduct of interpersonal relationships.

Recognition and encouragement in relationships and teamwork were also identified as aspects that favor leadership and are used by leaders across the workforce.

We try to encourage, to make them (health workers) can also be recognized that the team is well recognized, the argument that I use a lot today is that of the secretariat us to recognize and before that try to do more (E8).

I look for praise, we always back for meeting new things and try to show that we have a lot to give to the community, we have to show that (E5).

It is expected that nurses, to exercise leadership, be open to change and sensitive to seize interpersonal processes focused on human uniqueness and appreciation of personal initiatives team.⁸ Still, better working conditions increase the motivation for health work because the appreciation of workers may enable the development of a health care quality and effective.¹⁵

The regular meetings were another strategy identified by participants to facilitate the exercise of leadership in the FHS. The staff meeting takes place in two stages, the general meeting with all the teams of the unit and the meeting of each nurse with its core team. These two moments are viewed as leadership strategies, a space for setting goals, solving problems and proximity to other teams.

I always sit at least once a week to everyone to take stock of the week and within this balance we do, we can organize our actions, strategies, I have to talk to them (E1).

We make the meeting only team that is much more peaceful than the general meeting, because we discuss our things and also questions of patients because there is the time that you have to discuss (E9).

The work of nurses in the FHS often is articulated and integrated into the team, with the idea of enabling the production of care, and, in many situations, the team meeting is the time used for this integration. Therefore, the moments of team meeting are seen as a way of trying to equate the difficulties the team, although this is not always possible.⁹ In meetings

seek to solve the problems, or at least put them on the agenda. Thus, this space becomes critical for a good bond within the FHS teams.

CONCLUSION

Through this study, we identified how nurses working in the FHS exercise their leadership. From the results it found that some nurses are betting on the example and motivation as a way to exercise leadership also remember the importance of professional competence, for facilitating the carrying out daily duties of nurses in the FHS.

Regarding the difficulties of nurses to lead in the FHS was identified, especially the lack of support for municipal management, weakness in the understanding of responsibilities between team members and problems in interpersonal relationships.

Among the strategies to lead the FHS, we can highlight the teamwork and dialogue appeared in most depositions as important elements for good leadership of the nurse. Respect came together with the teamwork also as an essential tool for nurses lead within the FHS and the meeting staff appeared as a tool that aids in conflict resolution and enhances the dialogue among professionals.

The limitations of this study, there is the participation of 12 of the 19 nurses working in the investigated units, as three were on vacation during the period of data collection and four refused to participate. It is believed that the refusal may be related to the fear of people to talk on the subject and on management issues that permeate his work, even being informed about the anonymity and secrecy, that is, respect for ethical principles. Still, it defends the relevance of the results, leaving open the challenge to new research that could also cover other members of the multidisciplinary team and the users of health services.

To exercise leadership in the FHS, the nurse needs to involve other professionals, such as the municipal manager and needs the support of the same to exercise a healthy leadership within the Health Unit. Difficulties emerged in this work need to be analyzed and discussed within the management, so that you can by nurses do a better job with autonomy and support front of his actions and responsibilities.

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