

## Nursing managerial aptitudes in the family health strategy: perceptions of nursing undergraduates

Competências gerenciais do enfermeiro na estratégia saúde da família: percepção de graduandos de enfermagem

Competencias gerenciales del enfermero en la estrategia salud de la familia: percepción de graduandos de enfermería

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### ABSTRACT

**Objective:** The study's purpose has been to analyze the nursing undergraduates' viewpoint about the managerial competencies of registered nurses in the Family Health Strategy. **Methods:** It is a descriptive research with a qualitative approach, which has used both participant observation and interview techniques. The data were submitted to content thematic analysis. **Results:** Planning and organization proved to be the most important competencies for the nurses' managerial practice, whereas the entrepreneurship was the least important aptitude. **Conclusion:** In the formative context of this study, the insufficient knowledge of nursing undergraduates with regards to managerial competencies, which is indispensable to the qualified and autonomous practice of the nurse manager of a Family Health Strategy, has revealed the need for interdisciplinary pedagogical actions targeting a better student preparation in order to perform such functions in their professional daily life. **Descriptors:** Family Health Strategy, Health Services Management, Professional Competence, Nursing Students.

### RESUMO

**Objetivo:** Analisar a percepção de graduandos de enfermagem sobre as competências gerenciais do enfermeiro na Estratégia Saúde da Família. **Métodos:** Trata-se de pesquisa descritiva, participante com abordagem qualitativa, em que foram empregadas as técnicas de observação participante e entrevista. Os dados foram submetidos à análise temática de conteúdo. **Resultados:** O planejamento e a organização revelaram-se como as competências mais importantes para a prática gerencial do enfermeiro e o empreendedorismo como a competência menos importante. **Conclusão:** Os conhecimentos limitados dos estudantes de enfermagem sobre as competências gerenciais, indispensáveis à prática qualificada e autônoma do enfermeiro gerente da Estratégia Saúde da Família, revelaram a necessidade, no contexto formativo desse estudo, de ações pedagógicas interdisciplinares que visem um preparo maior do aluno para executar tais funções no cotidiano da vida no território.

**Descritores:** Estratégia Saúde da Família, Administração de Serviços de Saúde, Competência Profissional, Estudantes de Enfermagem.

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## RESUMEN

**Objetivo:** Analizar la percepción de los graduandos de enfermería sobre las competencias gerenciales del enfermero en la Estrategia Salud de la Familia. **Métodos:** investigación descriptiva, participante con abordaje cualitativo, en que se emplearon las técnicas de observación participante y entrevista. Los datos se sometieron al análisis temático de contenido.

**Resultados:** La planificación y la organización se revelaron como las competencias más importantes para la práctica gerencial del enfermero y el emprendedorismo como la competencia menos importante. **Conclusión:** Los conocimientos limitados de los estudiantes de enfermería sobre las competencias gerenciales, indispensables a la práctica calificada y autónoma del enfermero gerente de la Estrategia Salud de la Familia, revelaron la necesidad, en el contexto formativo de este estudio, de acciones pedagógicas interdisciplinarias que visen una preparación mayor del alumno para ejecutar tales funciones en el cotidiano de la vida en el territorio.

**Descriptor:** Estrategia Salud de la Familia, Administración de Servicios de Salud, Competencia Profesional, Estudiantes de Enfermería.

## INTRODUCTION

Nursing is a profession with a wide field of scientific, political, social and care. In health services, especially in primary health care, nurses have had the opportunity and responsibility to participate in managerial activities.<sup>1,2</sup>

The autonomy and expansion of nurses' managerial functions in a Family Health Strategy (FHS) have been consolidated since its creation in 1994 as a model for reorienting primary health care practices in Brazil. Regarding the dynamics of the management of an FHS, all the professionals integrating the multiprofessional health team should contribute to the unit's management procedures.<sup>3</sup>

Nevertheless, the nurse, as a member of this family health team, has assumed the unit management process, since it has been developing the managerial functions of coordination, planning, organization and control of the health actions of the Family Health Units.<sup>2</sup>

The process of management of the technical and health care of a Basic Health Unit is one of the fundamental and indispensable activities for guaranteeing the operationalization of the service and for the materialization of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] principles, pillars of both Primary Health Care and FHS in Brazil.<sup>3</sup>

The challenge of managing a Family Health Unit is being faced by registered nurses taking into account the complexity of local needs, realities and disparities. In this sense, the insertion of the nurse practitioner into the work process and management of the health services is based on the various legal mechanisms that support the ethical, technical and legal bases of Brazilian Nursing, since to administer a service it is necessary to know of them, which allows greater professional autonomy, better deliberative capacity and greater visibility for profession.<sup>4</sup>

In recent years, the Ministries of Education and Health have sought to implement strategies that are increasingly articulated with the objective of promoting changes in the process of training health undergraduate students. In order to provide education focused on the most relevant health

problems of the population, the curricula have been required to adapt to more current formats, based on the development of skills and competencies associated with a professional and human profile.<sup>5</sup>

Studies have demonstrated the need for quality improvement of the family health approach in undergraduate nursing course. Considering the training process in evidence, there is a need to build a professional with skills, providing knowledge, skills and attitudes that enable the understanding of health work, autonomy, initiative, problem solving, working in multiprofessional team, continually learn and be guided by ethical principles.<sup>6</sup>

There is a diversity of important managerial competencies of nurses' practice. Developing such competencies combining responsibility and professional ethics is a major challenge for both higher education institutions and the services of the *SUS*, as training bodies, also in the perspective of lifelong education.<sup>7</sup>

Bearing in mind the aforementioned, the assessment and the academic discussion of the construction of this theoretical-practical knowledge in nurses' formation are still incipient. Considering this framework, the present study aimed to analyze the perception of nursing undergraduates about the managerial competencies of registered nurses in the Family Health Strategy.

## METHODS

It is a descriptive research with a qualitative approach delineated by the participant research method. The techniques of data collection consisted in the application of a semi-structured questionnaire through interview and participant observation from April to May 2016. Data processing was based on thematic content analysis.

Participant research, one of the qualitative methods, necessarily implies the participation of both the researcher in the context, group or culture that is the target of the study, and of the subjects that are involved in the research process.<sup>8</sup> The survey was carried out in the Humanities Institute Health, *Rio das Ostras* campus, *Universidade Federal Fluminense (UFF)*. The study sample consisted of 30 participants.

The following inclusion criteria were adopted: being a registered nursing student or completing the Supervised Internship III course in the first semester of 2016; accept to participate in the research and sign the Informed Consent Form (ICF); age superior or equal to 18 years old. The exclusion criteria consisted of being a nursing student with either withdrawal or lack of enrollment of the subject of Supervised Internship III and request for termination after signing the ICF.

For the data processing, the thematic content analysis technique was selected, which included the separation, interpretation, and grouping of the data into categories, in other words, first the researcher made a detailed reading of the objective and subjective answers, for subsequently, allocating data within standards, and determining the extent to which they have been useful for the study's primary objectives.<sup>9,10</sup>

Data were analyzed and compared between groups 1 and 2. Group 1 was composed of students who were enrolled in the course Supervised Internship III, but who had not yet completed the course at the moment of data collection, totaling 15 students. Group 2 refers to students who had already completed the Supervised Internship III course and who were enrolled in the Supervised Internship IV course at the time of data collection, totaling 15 students.

The study was approved by the Research Ethics Committee from the *UFF*, on March 28<sup>th</sup>, 2016, under the Legal Opinion No. 1466.565, based on the Resolution No. 466 on December 12<sup>th</sup>, 2012, from the National Council on Health that regulates researches involving human beings, and under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 53507316.0.0000.5243.

## RESULTS AND DISCUSSION

Two analytical categories emerged from the content of the data: Difficulties factors of the management process by the nurse in the FHS and Perception of the managerial competencies of the nurse in the FHS.

### Factors hindering the management process by the nurse in the FHS

The factors that hindered the nursing management process in the context of the Family Health Strategy were: shortage of human and material resources, lack of infrastructure, lack of technical and scientific knowledge, lack of relationship and interpersonal communication between the team and the lack of motivation and lack of trust and respect for nurses' functions.

The shortage of human and material resources was evidenced by 15 participants, standing out as the most cited factor. The inadequacy, lack or misallocation of resources, be they human, physical, material and/or financial, are considered as one of the main factors that hamper the work of the nurse in the Family Health Strategy, especially when it is intended to develop educational actions.<sup>11</sup>

The infrastructure deficit was the second most cited factor observed by 11 participants. The participants consider that the deficiencies in the physical structure of the health units compromise the professional practices, as they limit their actions, disrespect the user and make difficult the accomplishment of tasks with the necessary resolution.<sup>12</sup>

The lack of technical-scientific knowledge was then observed by 8 participants. Nursing, as a field of knowledge and practices, has come over the years building its knowledge and historically producing its practices. Knowledge is understood as one of the values of great importance for the nurse's action, since it allows for security in the decision-making both with regard to the patient and with his or her team, or even in relation to the administrative activities of the unit itself.<sup>13-4</sup>

The lack of relationship and interpersonal communication between the team and the users was observed by 7 participants.

The true interpersonal relationship causes positive impacts to workers and users, as it suggests the empowerment of those involved in the family health work process. And the process of interpersonal nurse-patient relationship is based on communication that must proceed in an objective and clear way, based on empathy and constant respect for the person who needs care.<sup>15-6</sup>

Three participants also evidenced the lack of motivation of the nurse as an important factor that hinders the nurse's management in the FHS. The lack of motivation has been characterized as one of the aggravating factors that hinders the work of the nursing team in the Family Health Strategy.<sup>17</sup>

The lack of professional motivation may be caused by the lack of valorization and support of the supervision or coordination of the FHS and/or the municipal health management on labor issues and of collaboration for the work process fluidity and guarantee of the *SUS* principles of integrality, equity, accessibility, resolution of the health needs of individuals and groups that are under the sanitary responsibility of their service.<sup>18</sup>

### Perception of nurses' managerial competencies in the FHS

In a range from 0 to 10, the students were asked to assign a note that represented the importance of each managerial competency for the nurse in the FHS, as shown in **Table 1**:

**Table 1** - Average of the values attributed to the degree of importance of the Family Health Units management aptitudes for the 30 nursing students, 2015.

Aptitudes	Group 1*	Group 2*	Average of the two groups*
Leadership	9.5	9.6	9.5
Communication	9.9	9.8	9.8
Decision-making	9.8	9.5	9.6
Negotiation	8.5	8.9	8.7
Teamwork	9.9	9.8	9.8
Interpersonal relationship	9.3	10	9.6
Flexibility	9.1	8.4	8.7
Entrepreneurship	8.2	8.4	8.3
Creativity	9.5	9.1	9.3
Systemic observation	9.8	9.1	9.4
Planning and organized	10	9.8	9.9
Being a educator	9.6	9.3	9.4
Troubleshooting approach	9.2	9.6	9.4
Community-driven needs and rights management	9.5	9.1	9.3

\*The value from 0 to 10 varied according to the undergraduate students' opinion about the degree of importance of the nurses' management skills towards a FHS. The score 10 (ten) corresponded to the maximum degree of importance to the competency, while score 0 (zero) corresponded to the unimportant degree of competence.

The competencies that received the highest score by the participants were: Planning and organization (9.9); teamwork (9.8); communication (9.8); decision-making (9.6); interpersonal relationship (9.6); and leadership (9.5).

The leadership was considered by both groups of students as an important managerial competence in the FHS, as well as other authors highlight it as one of the most developed competencies and used by the FHS nurse, which is related to people management, time management, and negotiation.<sup>19</sup>

Leadership is considered as one of the main management and care competencies to be required in the nursing professional. Thus, it is a competence discussed in Nursing, in view of the fact that leaders of various types and styles are made and found, as well as possessing diverse personal characteristics.<sup>20-1</sup>

In spite of this, planning and organization were evaluated by the interviewees as the most important competency (average of 9.9), which means the ability to plan, organize and prioritize activities to be developed, in the strategic, tactical and operational environments of the institution, leading to actions in order to favor the continuity of work processes and team performance. Planning is an important managerial tool for the effectiveness of the organizational mission.<sup>22</sup>

Nonetheless, entrepreneurship was considered the least important competency, with the lowest mean (8.3) for a nurse manager of the FHS. This fact is possibly due to the student's ignorance about this competence and its relationship with the management process in Primary Health Care and because it is still an incipient issue in health, especially in nursing.<sup>23</sup>

From the professional formation, it is fundamental to awaken the entrepreneurship, especially the social entrepreneurial vision of the Nurse, aiming that the academics acquire a broader vision of the profession with attention to the emerging needs, seeking proposals and practical strategies of problem-solving, creating innovative projects and self-sustaining entrepreneurial actions, understanding that nursing has the potential and opportunities to explore new social spaces.<sup>1,24</sup>

Therefore, entrepreneurship in nursing, although still an incipient topic, is related to proactive social attitudes that enable intervention in society. It means advancing to the social field, where the chances are greater of innovating, creating and establishing partnerships, and whose results are more directly associated with health education and promotion.<sup>24</sup>

It was observed that 26 interviewees reported on various duties related to the managerial role of the nurse of a family health unit, but 3 of the participants did not remember or did not know how to respond, while 1 participant was able to cite only one assignment from the nurse. It was also noted that some participants limited the nurse's managerial functions to some specific administrative activities. This statement can be verified in the following speeches:

*The nurses have to know the demands of their areas (community), doing assistance work and performing bureaucratic activities. (G2, 23 years old)*

*Management of available financial and material resources; understanding the needs of the community; performing teamwork. (G8, 22 years old)*

Accordingly, it is understood that nurses' managerial activities are broad and can include, among others, the management of people, physical and physical resources necessary in the daily life of health services.<sup>5</sup>

The communication and management function of the team was highlighted by 21 of the participants in groups 1 and 2, as can be seen in the following reports:

*Hold meetings between the team, manage existing conflicts. (G18, 25 years old)*

*Leadership, communication, creativity, and good interpersonal relationship. (G19, 23 years old)*

*Have a good relationship with the team, have communication, know how to lead, know how to solve problems. (G17, 38 years old)*

*Coordinate and guide the CAs; coordinate the nursing team. (G4, 36 years old)*

The perception of the trainees on the managerial function of nurses seems to be more related to those functions that they have observed in the practice of their nurses preceptors, in the field of internship. There were criticisms from the participants regarding the gaps in the teaching-learning process regarding the theoretical content and teaching practices about nurses' managerial competencies in Primary Health Care. This can be observed in the following statement:

*What is passed in theory is not applicable in practice. The discipline that addresses these issues is still incipient and distant from the reality. By the time we get to practice, we will suffer with some outdated skills. (G12, 25 years old)*

These results emphasize the difficulties of nursing students in the process of learning nurse managerial skills in the Family Health Strategy that result in limited knowledge about these issues and the urgent need for pedagogical actions that aim at the integration of curricular subjects that allows the student a preparation for such functions and to carry them out in the daily life of the territory.

In order to build a competent professional profile, it is necessary to strengthen teaching and service, in order to support the managerial training of nurses in a transformative perspective, and to seek new scenarios for training, such as the Family Health Units.<sup>25</sup>

## CONCLUSIONS

Herein, the management skills approach, which is indispensable to the qualified practice of the nurse manager of the FHS, was considered incipient. Hence, the transdisciplinary actions of teaching in the training of nurses must be directed towards the construction of spaces that favor the understanding and the capacity of the students on the diverse managerial competencies of the nurse, which are



essential for the strengthening of an autonomous practice in the context of FHS.

It is expected that such results might be able to contribute towards rethinking the nursing professional formation that is closer to reality, taking into account the institutional and health needs of the populations assisted in daily life, which is constantly changing.

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