

The family health strategy in the municipality from the interior of São Paulo state and the nurse's attributions

RESUMO | Objetivo: analisar a atuação dos Enfermeiros das Unidades de Estratégia Saúde da Família do município de Assis-SP conforme Portaria 648/06, proporcionando subsídios para realização de nova pesquisa após revisão da mesma portaria em 2017. Método: delineamento transversal, abordagem quantitativa, segundo STROBE. Realizado entrevista com questionário estruturado em agosto a outubro de 2011, através de amostra de nove enfermeiros. Empregou-se análise estatística descritiva, identificando frequência absoluta e relativa. Resultado: quanto às atribuições desenvolvidas foi frequente as práticas assistenciais curativas, participação em Educação Permanente e o Gerenciamento da Equipe de Enfermagem e dos Agentes Comunitários de Saúde. Conclusão: sugere-se a implementação de Enfermeiro Coordenador nas UESF para oportunizar ao enfermeiro maior atuação em ações assistenciais e de prevenção/promoção, e encontros de Educação Permanente de caráter interdisciplinar. Bem como a realização de nova pesquisa no mesmo cenário a partir da Portaria da Atenção Básica em Saúde de 2017, contribuindo na operacionalização desta Política.

Descritores: Enfermeiro; Estratégia Saúde da Família; Legislação; Sistema Único de Saúde; Atenção Básica.

ABSTRACT | according to the Ordinance 648/06, providing subsidies to the accomplishment of new researches after the review of the same ordinance in 2017. Method: observational, cross-sectional design with a quantitative approaching, according to STROBE. It was carried out an interview using structured questionnaire from August to October of 2011, by the sample of nine nurses. A descriptive statistical analysis was applied, identifying absolute and relative frequency. Results: regarding the developed attributions, the curative care practices, participation in Permanent Education, Management of the Nursing Team and the Community Health Agents were frequent. Conclusion: it is suggested the implementation of a Coordinator Nurse to the UESF (Family Health Strategy Centers), to provide nurses with greater performances in care and prevention/promotion actions, and meetings about Permanent Education with an interdisciplinary nature. As well as accomplishing a new research in the same scenario from the 2017 Primary Health Care Ordinance, contributing to the operationalization of this policy.

Descriptors: Nurse; Family Health Strategy; Legislation; Unified Health System; Basic Care.

RESUMEN | Objetivo: describir la actuación de los enfermeros de las unidades de la Estrategia Salud de la Familia, de acuerdo con la ordenanza 648/06, otorgando subsidios para la realización de una nueva investigación luego de revisar la misma Ordenanza en 2017. Método: observacional, lineamiento transversal con abordaje cualitativo, de acuerdo con STROBE. Las entrevistas se realizaron con un cuestionario estructurado de agosto a octubre de 2011, utilizando una muestra de nueve enfermeras. Se utilizó análisis estadístico descriptivo, identificando frecuencia absoluta y relativa. Resultado: en cuanto a las atribuciones desarrolladas, fueron frecuentes las prácticas de cuidados curativos, la participación en Educación Continuada y la Gestión del Equipo de Enfermería y Agentes Comunitarios de Salud. Conclusión: se sugiere la implementación de un Enfermero Coordinador en la UESF para oportunizar al enfermero mayor actuación en cuidados asistenciales y de prevención / promoción, además de encuentros de Educación Permanente en carácter interdisciplinario. Así como realizar una nueva investigación en el mismo escenario de la Ordenanza de Atención Primaria de Salud de 2017, contribuyendo a la operacionalización de esta Política.

Descriptores: Enfermero; Estrategia Salud de la Familia; Legislación; Sistema Único de Salud; Atención Básica.

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INTRODUCTION

The Ministry of Health (MH) through Ordinance No. 648 of 2006 approves the National Policy on Primary Care (PNAB), describing the attributions of the nurse in the Family Health Strategy (ESF), ⁽¹⁾ being updated in 2017 with no changes. ⁽²⁾ The attributions are related to the provision of comprehensive care in the territory of the ESF, both in nursing consultations and in collective actions in all phases of human development. Being

able to request additional tests and prescriptions for medications in accordance with legal regulations, as well as the planning, management, coordination and evaluation of the practices of the CHA; supervision, coordination and performance of continuing education activities for the CHA and the nursing staff. Added to this is the contribution and participation of the Nursing Aide's Permanent Education activities, DA and DHA and participation in the management of the necessary inputs for the proper func-

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ning of the ESF. ^(1,2)

Nursing professionals are legally qualified to exercise their function, known as the “profession of the art and science of care”, valuing their involvement, commitment, responsibility, attention and diligence in view of the health needs of human beings. ⁽³⁾ The knowledge of the functioning of the basic units and the good relationship with the entire team facilitate their performance, whereas the accumulation of functions, the shortage of the workforce and excess demand for care are factors that interfere in the provision of qualified care. ⁽⁴⁻⁸⁾

The Family Health Program (PSF - Programa Saúde da Família) was implemented in 1994, with the purpose of reorganizing Primary Care, ^(7,8) the moment the nurse is included in the team. In 2006 it became known as the Family Health Strategy (ESF). ⁽²⁾ There are two distinct positions of nurses, care and coordinator. In the ESF, there is a nurse who performs care and management actions, making it difficult to perform comprehensively. ^(4,9)

Due to the limitations of the theme in Brazilian literature, the study aims to understand the practice of professional nurses in the face of legislation in cities in the interior of São Paulo. First, the performance was analyzed according to Ordinance 648 created in 2006 and revised by the Ministry of Health (MH) in 2017, with no changes being observed. It was also intuited to present the need for further research to identify how this context is currently found, favoring the operationalization of the ordinance.

METHODS

Cross-sectional study, with a quantitative approach, ⁽¹¹⁾ based on the STROBE reference. From August to October 2011 a structured questionnaire was applied by the researchers based on the CIPES model ⁽¹²⁾ for a conven-

O profissional de enfermagem está legalmente habilitado para exercer sua função, conhecida como “profissão da arte e da ciência do cuidado”, valorando seu envolvimento, compromisso, responsabilidade, atenção e diligência diante das necessidades de saúde do ser humano

tional sample of nine FHS nurses in the city of Assis-SP to analyze the practices according to Ordinance 648/06. Currently, after the publication of the new 2017 PNAB, the study was revised with recent literature, aiming to support the new research. According to Resolution 466/2012 and Opinion No. 508/2011, the research was approved by the Ethics and Research in Human Beings Committee. Participants signed the Informed Consent Term after clarification of the research.

The questionnaire was validated by a pilot test, being applied by one of the researchers in an interview lasting 30 minutes, in the FHS where the participant works, guaranteeing the right to anonymity and privacy. The period of application was from August to October 2011. The questionnaire contained questions to characterize the subjects and that addressed the specific attributions of the nurse according to the subdivision of the Ordinance and the activities performed more frequently in the last six months. Descriptive statistical analysis was used, identifying absolute and relative frequency.

RESULTS

The professionals interviewed were over 31 years old, 04 (44%) were between 31 and 40 years old. Females predominated 08 (89%). Four (22%) graduated between 17 and 22 years old, with no graduates under 13 years old. Three (33%) nurses worked in the FHS between 01 to 05 years, 03 (33%) worked between 11 to 15 years, with the same percentage working between 06 to 10 years and 16 to 20 years. Eight (89%) reported not working in other sectors. All had degrees, 08 (89%) had specialization and 01 (11%) had an improvement course in Family Health.

Activities performed by nurses corresponding to the Six Items of Ordinance 648/06.

Activities Item 1:

They are related to care procedures presented in the table below. The activity "access to the examinations and consultations regulation system" carried out by all interviewees stands out. The Collection of Preventive Cervical Cancer Examination was performed by 8 (8%) of the nurses. As for home visits, most 07 (78%) performed. Administration of medication, dressing and educational groups for pregnant women and the elderly in the ESF were performed by 06 (67%) of the participants. An index above 50% of the nurses who performed groups in the waiting room was obtained. On the other hand, only 03 (33,3%) of the FHS had the Vaccine Room and 05 (56%) of the nurses performed it. The same number of participants gave extra-wall lectures on topics such as teenage pregnancy, Abortion, Drugs and Sexually Transmitted Infections. Epidemiological tests (dengue and sputum for BK) were performed by 04 (44%) of the respondents.

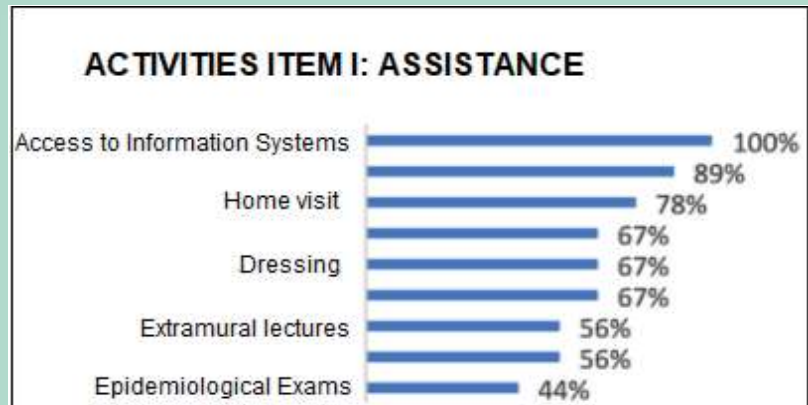
Activities Item II:

The Nursing Consultation was carried out by 07 (78%) of the nurses for individuals with spontaneous demand and for the childcare program. For other specific groups such as diabetics, hypertensives and gynecology, it was performed by 08 (89%) of the participants. It was identified that 04 (44%) nurses performed an obstetric consultation and then 03 (33%) performed it for patients with tuberculosis, not being identified as the nursing consultation for patients with leprosy. Regarding the request for exams and prescription of medication, 08 (89%) performed; although, when questioning the prescription of medications according to MS protocols, 05 (56%) of the nurses did not do it either.

Activities of Item III, IV and V

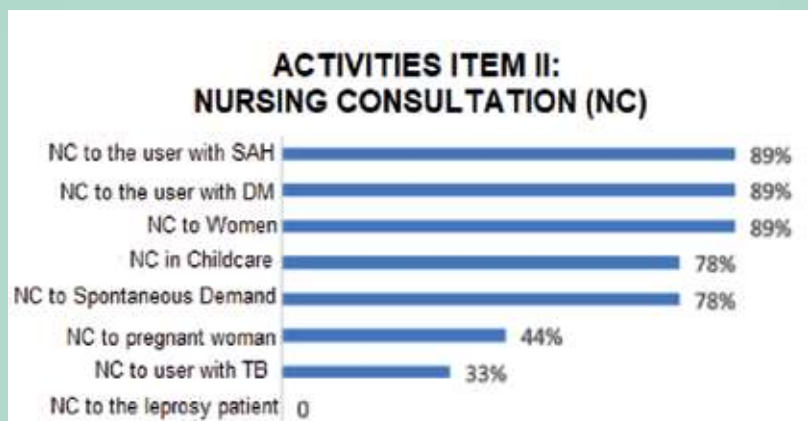
Analyzed the supervision action of community health agents. All 09 par-

Table I: Nursing Care provided by Nurses of the Municipality of Assis/SP according to Ordinance 648.



Source: Data from the 2011 Interview/Data Collection. Prepared by the authors, 2021

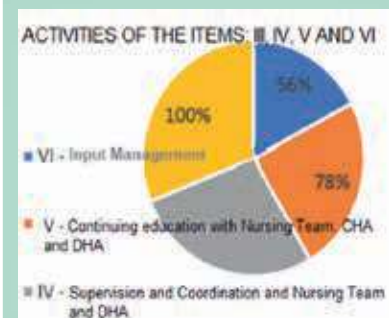
Table II: Nursing Consultation (NC) performed by Nurses of the Municipality of Assis/SP according to Ordinance 648.



Source: Data from the 2011 Interview/Data Collection. Prepared by the authors, 2021.

participants (100%) performed actions in the planning and execution of tasks together with the team regarding their supervision and assessment, as well as the contribution and participation in Continuing Education to CHA, nursing staff, dental assistant (DA) and dental hygiene technician (DHT). It was highlighted that 08 (89%) of the interviewees performed the Permanent Education of the CHA and the Nursing Team. Eight (89%) carried out permanent education with the CHA and the nursing staff every six months and annually, respectively. Regarding the Permanent Education activities of the Dental Health Aide (DHA), it was highlighted that 07 (78%)

Table III: Planning, Management, Continuing Education and Coordination of the Actions of the Nursing Team of the CHA and DHA carried out by the Nurses of the Municipality of Assis/SP according to Ordinance 648.



Source: Data from the 2011 Interview/Data Collection. Prepared by the authors, 2021.

did not perform this action.

Activities of Item VI

These activities are aimed at the management actions of the inputs used for the proper functioning of the Unit, such as checking and requisitioning material and medication, which represented being developed by the majority of these professional nurses 05 (56%).

Most Developed Activities of the last six months

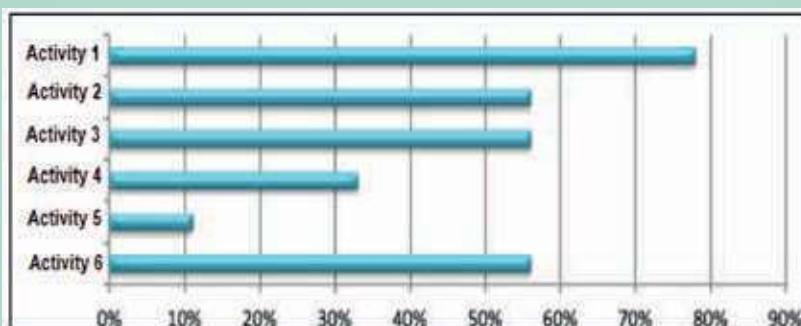
Activity 1 predominated in most nurses in a percentage of 07 (78%), corresponding to Item I of the ordinance and referring to care activities.

DISCUSSION

It was noted that most participants were aged over 30 years, a favorable factor for professional practice due to greater experience related to technical and managerial practices, unlike the profile of other Brazilian municipalities.⁽¹³⁾ Females predominated, which can be explained by the origin of Nursing.^(14,15,16) Most had worked for more than five years at UESF and had no other employment relationships. The quality of Primary Care services is associated with working time in the same team.⁽¹⁷⁾ One wonders why the lack of titles for Masters and Doctors, has this data currently changed?

Predominant curative characteristics were noted in UESF, and it is essential to identify how it is currently for necessary interventions, seeking the practice based on the Extended Clinic.⁽¹⁸⁾ The cytopathological examination, an essential preventive activity, stood out.^(19,20) The Basic Health Units (UBS) were the references for the UESFs in carrying out vaccination when there was no vaccination room. A reality that made it difficult for the population to access and work for nurses. The home visit identified as an action developed by nurses is peculiar to the Family He-

Table IV: Activities most developed by the Nurses of the ESFs of the Municipality of Assis/SP according to Items of the Attribution of the Nurse of Ordinance 648.



Source: Data from the 2011 Interview/Data Collection. Prepared by the authors, 2021

alth Strategy⁽²¹⁾ by strengthening the bond, based on the principle of longitudinality. Nurses frequently developed care practices, however, the approach in certain age groups, such as adolescence, was smaller, which is also evident in other Brazilian realities.⁽²²⁾ It is important to intensify intersectoriality, providing nurses with actions aimed at social needs.⁽²³⁾

Regarding Nursing Appointments, this professional has the autonomy to request exams and prescribe medications according to established protocols. Participants developed this activity, and it is important to use the Nursing Process⁽²⁴⁾; however, there is divergence about the protocols, as most of them do not carry out what comes to question the reason for this. The MS recommends that nurses request exams and prescribe medications according to established protocols, in general, most professionals did not 08 (89) performed. The prescription of medications was performed only by 05 (56%) of the nurses; which could explain the above fact. In the municipality, were there protocols to support these nurses, or only those from the hypertension, childcare and prenatal care program? And currently? The need for adoption by municipalities to implement protocols is evident.⁽²⁵⁾ When analyzing the Nursing Consultation for Leprosy Patients, it was found that this was not carried

out, making it difficult for individuals to access comprehensive and multidisciplinary care.⁽²⁶⁾

As for the assignment of CHA supervisor, it was found that each unit has its own way of organizing the meetings.⁽²⁷⁾ Most interviewees performed Continuing Education frequently for CHAs and the nursing staff in order to offer clinical support in the organization of care, management and interpersonal relationships between the staff.⁽²⁹⁾ The need to incorporate interdisciplinarity when carrying out Continuing Education together with other team members, such as the Oral Health team, was discussed.⁽³⁰⁾ Regarding the management of the necessary inputs for the operation of the Unit, it was noticed that it was contemplated as a monthly routine.

Concerning the most developed activities, assistance activities were predominant. It is evident, as in other Brazilian locations, the attributions of the nurse, their role.⁽¹⁰⁾ It is noticed that this has several care, managerial attributions^(31,32) and administrative that, at times, there are interfering factors for the realization of these and preventive.

As this is a cross-sectional study, it caused limitations due to the fact that it did not provide a longitudinal and causality assessment. However, the results contribute to Public Health as it becomes evident the importance of

the professional nurse's role in the face of legislation on Primary Health Care, with a view to providing comprehensive care for the human being, as well as suggesting the carrying out of new research related to the new Primary Care Ordinance (PNAB 2017) in this same scenario, in order to compare how the ordinance has currently been operationalized from the reality of 2011, providing support for action planning.

CONCLUSION

In view of the proposed objectives, it was observed that professional nurses developed the practices proposed by the Ministry of Health and that these were extensive and continuous. The municipality developed regarding the Ordinance, being important reflections

inherent to its operationalization. There was a predominance of curative activities, following unique actions of nurses such as the Nursing Consultation. Participation in Permanent Education of Nursing Assistant and Dental Assistant was highlighted. Intermediately, the participants described developing with more conditions the activities of managing material inputs and medications, planning, supervising and managing the actions of the CHA and the Nursing Team.

As for the activities that they did not perform, the prescription of medications according to established protocols was highlighted. In the municipality there were no pre-established protocols, protocols from the Ministry of Health were used. Therefore, due to

the complexity of the work process of the Family Health Strategy Nurse, the insertion of a Coordinator Nurse was encouraged, as seen in other locations, favoring the performance of prevention and health promotion actions. The operationalization of Continuing Education meetings in an interdisciplinary way was also suggested. The relevance of the theme of this research at the national level is highlighted, as Brazilian health is recent, based on the principles and guidelines of Primary Care. The moment is for reflection, so the authors will currently carry out new research to verify how this context presents itself after the study has been carried out and contribute to the study municipality in the operationalization of this Policy. 🐦

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