

Management in the Family Health Strategy: nurses' perceptions

Gerenciamento na Estratégia Saúde da Família: percepção de enfermeiros

Gestión en la Estrategia de Salud de la Familia: percepción de los enfermeros

Lharissa Cristina Mateus¹ ; Pedro César Condeles¹ ; Carolina Feliciano Bracarense¹ ;
Bibiane Dias Miranda Parreira¹ ; Ana Lúcia de Assis Simões¹ ; Bethania Ferreira Goulart¹ 

¹Universidade Federal do Triângulo Mineiro, Uberaba, MG, Brazil

ABSTRACT

Objective: to investigate nurses' views of management in the Family Health Strategy. **Method:** in this qualitative, descriptive study, the participants were 31 nurses working in Family Health Strategy teams. Data were collected using a semi-structured interview script and analyzed by the thematic modality of content analysis. **Results:** three thematic categories emerged: management design; day-to-day management; and management challenges in nursing. Management is an important tool for organizing and administering the Family Health Strategy, and includes planning actions to be implemented, coordinating teamwork, forecasting and providing materials, and personnel management. The interviews also revealed a need to review the proposed nurse training curriculum. **Conclusion:** when management encourages the integration of actions and among personnel, this promotes integrated care consistent with social demands.

Descriptors: Organization and Administration; Primary Health Care; Family Health Strategy; Public Health Nursing; Health Management.

RESUMO

Objetivo: investigar a visão dos enfermeiros sobre o gerenciamento na Estratégia Saúde da Família. **Método:** estudo qualitativo, descritivo. Participaram 31 enfermeiros atuantes em equipes da Estratégia Saúde da Família. Coletaram-se os dados por meio de um roteiro de entrevistas semiestruturado. A análise dos dados foi feita por meio da análise de conteúdo, modalidade temática. **Resultados:** emergiram três categorias temáticas: Concepção de gerenciamento; Cotidiano do gerenciamento e Desafios para o gerenciamento na enfermagem. O gerenciamento representa uma importante ferramenta de organização e administração da Estratégia Saúde da Família, e inclui planejamento das ações a serem implementadas, coordenação do trabalho da equipe, previsão e provisão de materiais, e gerenciamento de pessoal. Além disso, emergiu nos discursos a necessidade de rever a proposta curricular da formação do enfermeiro. **Conclusão:** quando o gerenciamento incentiva integração das ações e dos próprios profissionais, isto promove a assistência integrada e coerente com as demandas sociais.

Descritores: Organização e Administração; Atenção Primária à Saúde; Estratégia Saúde da Família; Enfermagem em Saúde Pública; Gestão em Saúde.

RESUMEN

Objetivo: investigar la visión de las enfermeras sobre la gestión en la Estrategia Salud de la Familia. **Método:** estudio cualitativo, descriptivo. Participaron 31 enfermeras que trabajan en equipos de la Estrategia Salud de la Familia. Se recolectaron los datos mediante un guion de entrevista semiestructurado. El análisis de datos se realizó mediante análisis de contenido, modalidad temática. **Resultados:** surgieron tres categorías temáticas: Concepción de la gestión; Cotidiano de la gestión y Retos para la gestión en enfermería. La gestión representa una herramienta importante para la organización y administración de la Estrategia de Salud de la Familia e incluye la planificación de las acciones a implementar, la coordinación del trabajo del equipo, la previsión y provisión de materiales y la gestión de personal. Además, en los discursos, surgió la necesidad de revisar la propuesta curricular para la formación en enfermería. **Conclusión:** cuando la gestión fomenta la integración de las acciones y de los propios profesionales, se promueve una atención integrada y coherente con las demandas sociales.

Descritores: Organización y Administración; Atención Primaria de Salud; Estrategia de Salud Familiar; Enfermería en Salud Pública; Gestión en Salud.

INTRODUCTION

Management of the health services, mainly in primary care, is supported on the traditional managerial models, which emphasize work hierarchization^{1,2}. Hierarchical rigidity can lead to deficient assistance and impaired resolution of demands, producing overload in the Health Care Networks (*Redes de Atenção à Saúde*, RAS), in addition to dissatisfaction and devaluation of the professionals^{3,4}.

Currently, it is identified that training of the health professionals is still based on the biological, therapeutic, fractioned and medication-related model, compromising interdisciplinary work, collective management and qualified assistance^{2,3,5}. It is noted that professional training interferes in the managerial model, which directly influences the quality of care offered in reception and health care, humanization of care and the user's access to the service^{2,4,6}.

Corresponding author: Bethania Ferreira Goulart. E-mail: bethaniagoulart@yahoo.com.br
Scientific Editor: Cristiane Helena Gallasch; Associate Editor: Sonia Acioli Oliveira

However, in the routine of the health services, the managerial model is still based on the traditional paradigm, leading to low team participation in identifying and solving problems and in decision-making; weak communication between professionals and managers; low articulation between management and real situations; lack of interest and of motivation in the professionals; and work fragmentation; consequently producing actions that are not fully comprehensive and segmented service.

It is noted that proper management contributes not only to the organization of the administrative aspects of work, but also interferes in the relationships established between professionals, managers and users. The managerial model instituted in the service exerts an impact on the way in which the professionals perform their everyday duties and on the assistance provided.

In this scenario, FHS nurses represent an enhancing tool for management. They provide spaces for the exchange and discussion of doubts and coordinate care, being a mediating link between users and health professionals, as well as between professionals from different areas and various services in the care network⁷. This evidences the importance of FHS nurses, as their academic training enables the development of competences and skills for managing teams.

From this perspective, the question is: Which is the nurses' view about management and their practice in the FHS?

Given the above, studying the understanding of management in the FHS routine, from the nurses' perspective, becomes essential and may show potentialities and weaknesses in the practice, supporting the implementation of actions that enable participatory, dialogical and leading management by the professionals and, as far as it is known, this has not been researched in this scenario. The objective of the study was to investigate the nurses' perspective about management in the Family Health Strategy.

LITERATURE REVIEW

Contemporary managerial models point to the need for articulated and participatory work, which enables identification and resolution of problems, development of effective and qualified management plans and humanized and holistic care, which is based on the principle of comprehensive care, thus making the decision-making processes flexible and the professionals co-responsible for the actions and decisions^{4,8}.

From the perspective of more participatory work, the need for a continuous communication process between managers and Nursing professionals is emphasized, who carry out assistance-related activities for the prevention of diseases/health problems and for health promotion, in order to alleviate the disease process, as well as to promote managerial and administrative actions^{4,9}. The Nursing professionals' actions are also intended to collaborate in the organization and administration of the service and contribute to the development of intervention proposals to overcome fragmented care, envisioning collective decision-making and ensuring patient safety^{10,11}.

Recognizing the need for more participatory and collective management collaborates with new health practices, leading to the elaboration of proposals that enhance and improve the interventions and care provided¹² by nurses in the FHS^{2,6}. This is in line with the proposal to reorganize primary care by means of the FHS. This new modality of work in health requires nurses to act in a broader manner and together with users of the health services in the management, helping the manager to detect everyday problems, in coping with them and solving them⁷.

The actions of planning, managing and evaluating the activities carried out by the health team permeate the duties of the professionals who comprise the team, in addition to the nurse. In order to strengthen PHC, through the technical-managerial exercise, the role of the primary care manager emerges, who must monitor work processes, encourage interpersonal relationships and, together with other professionals, establish flows and organization criteria for the care provided¹³.

It is noted that management needs to be anchored in policies consistent with the problems experienced by the managers and nurses in their routines. In addition to the elaboration of such managerial policies, it is necessary to promote in-service education of the professionals and managers. In this regard, involvement of the entire team is essential for the quality of management and health care^{2,7,11,12,14}, being up to professionals and the manager to offer assistance based on new technologies and comprehensive care, so that the actions go beyond the purely curative dimension, considering users in all their dimensions, inserted in a complex scenario of life and health^{4,9}.

METHOD

A descriptive study with a qualitative approach, conducted with the urban zone FHS nurses, in a municipality from the inland of Minas Gerais. At the time of data collection, the municipality had 47 urban teams distributed across the three Health Districts, which took part in the study.

The research participants were 31 nurses, intentionally selected according to the following inclusion criteria: being a nurse and working in the FHS in the urban area for at least six months. Of the 47 teams, two did not have professional nurses. Of the remaining 45 teams, 14 nurses were excluded, of which 12 did not meet the inclusion criteria; one nurse refused to participate, alleging time unavailability/or difficulty/embarrassment in answering interviews; and one was distanced from work due to health problems.

Data collection was carried out from November 2017 to May 2018, through a semi-structured interview, guided by a script consisting of six questions that dealt with the management tasks carried out in the unit, their facilitating and hindering factors, and the influence of this management on the Nursing practice. The interviews were conducted face-to-face and digitally recorded in an environment that guaranteed privacy, lasting a mean of five minutes and 30 seconds, and were transcribed in full. To ensure confidentiality, the participants were identified as E1, E2, E3 and so on, up to E31, with the letter E used to represent the participant's interview (*"entrevista"* in Portuguese), and the numeral corresponding to the sequential order in which the interview was conducted.

Data analysis was based on the thematic modality of content analysis. Thematic analysis of the interviews followed these stages: pre-analysis, performing a floating reading of the material collected to generate an approximation with it and identify the context units that conducted the analysis; exploration of the material, with analysis of the categories that emerged and identification of the context units; and treatment and interpretation of the results, proceeding to inference and interpretation of the material, providing opportunities for dialog and communication between theory and reality¹⁵.

This study complied with Resolution No. 466/12 of the National Health Council, being approved by the Ethics Committee. It is part of a larger project entitled: "Management in the Family Health Strategy, from the perspective of nurses and managers". The research participants signed the Free and Informed Consent Term (FICF).

RESULTS AND DISCUSSION

Of the 31 participating nurses, 27 (87.1%) were female and four (12.9%) were male, and their age varied between 25 and 55 years old. As for complementary training, 22 (70.9%) professionals had some specialization, three (9.7%) had a master's degree, three (9.7%) had some specialization and a master's degree, and three (9.7%) had no additional training. The mean training time was seven years, with time working in the FHS varying from six months to five years and six months.

The results that emerged from the interviews were grouped, by content affinity, into three thematic categories: Conception of management; The routine of management; and Challenges for management in Nursing.

Conception of management

In the participants' perception, management represents an important tool for the organization and administration of the FHS, and includes planning of the actions to be implemented, teamwork coordination, forecasting and provision of materials, and staff management. This can be illustrated in the following statements:

[...] the service management for me encompasses everything, from human resource management, task management, task division, to forecasting and provision of material, material resources [...] (E06).

[...] I think that management guides you in all the development of your activities, from the programming of the very activities that will be developed, even the use of materials, all the supplies you will need, both material and professional [...] (E09).

[...] management is organization of the unit, organization regarding schedules, organization regarding materials, and even organization of the rooms [...] (E19).

These findings converge with another study, in which nurses consider management as a strategy for coordinating and administering the Nursing practice within the FHS, as it favors the development and improvement of unique and favorable actions for the professional performance in these units⁴.

A study with the objective of knowing the axes that comprise PHC management identified four axes, namely: organization, patients, human resources and decision-making¹⁶. Such findings converge with the encompassing and holistic view of the concept of management presented by the nurses interviewed.

Planning and management are indispensable in the Nursing work¹⁷ since, in addition to enabling interventions aimed at obtaining positive and adequate results, they allow administrating the service according to the real demands^{4,18}. The management contributes to administration and planning regarding the forecast and provision of material and human resources, organization of the unit's infrastructure, and qualification of the assistance in PHC⁴.

The interviewees perceive that management enables articulation of the actions between the team's professionals, with a view to assisting in the specific demands of the individuals and/or community, favoring the achievement of the purpose of the health work process, as evidenced by the following statements:

So, service management, it gives a foundation to develop our actions aimed directly at patient care, for the health strategies, so it's all the foundation we need, both in terms of material, infrastructure and guidelines, we need a very big apparatus to be able to really act [...] (E01).

[...] management is organization of the work and, without this entire organization, it wouldn't be possible, some would work more than others [...] we're not going to be able to meet the users' demands, which is our main focus (E05).

[...] the management in relation to the Family Health Unit is how we will structure all the service provided, both the assistance provided to the patient, and the care we will provide to the community [...] (E17)

In this research, it was verified that management represents a powerful instrument to achieve the purpose of the health work process, as it enables and encourages articulation of the actions and professionals, generating care consistent with the social reality. These findings converge with other studies, which highlight the relevance of the insertion and involvement of the entire Family Health team in the decision-making processes, enabling the constitution of teamwork and actions aimed at the needs experienced by the individuals and the community^{4,19}.

The routine of management

The participants highlighted task division in management, evidencing actions performed by the manager and those performed by the FHS nurse. They also revealed a hierarchy in this context, according to the reports:

[...] we have a manager, the administrative manager, he manages the unit as a whole, with good operation, scheduling of patients [...] the other management that is the FHP team [...] the one who provides this service is the Family Health Strategy nurse, so it is divided in this way [...] (E06).

[...] we [nurses] manage the planning service of the Strategy [FHS] itself, the community health agents; as nurses, we manage the planning of all our actions within the community. The manager is responsible for the part of the unit itself, maintenance, time schedule, human resources, that kind of things (E29).

It is noted that the managerial coordination activities of the Family Health Units (FHUs), which include the managerial functions of the nurses responsible for the teams, encompass actions related to care, clinical, educational, for the promotion of integration and good relationship with the health teams under their responsibility, and for the maintenance of material resources. The manager, on the other hand, is established as an important interlocutor between the FHU and the Municipal Health Secretariat, taking the demands of the FHS teams to that department^{2,20}.

The interviewees perceive that management is closely linked to the assistance provided to the user by the FHS team and they mainly identify that management is linked to the Nursing work. They emphasize that if proper planning of activities is not carried out, there may be a loss in the quality of the care provided:

[...] if your management is not adequate and you do not make a correct forecast, the [assistance] activity will be completely compromised [...] (E09).

[...] each person has their own reality, we say: "Oh, does it work in a restrained way?", it doesn't work, there's no way to work, you always end up having to move something to benefit the user (E27).

[...] I think that when we [nurses] know how to manage [...] we can make more effective actions together with the community [...] I think it would be fundamental, mainly within the Family Health Strategy, for us to know how to manage, plan and evaluate what we do here [...] (E29).

These findings are in line with another study which found that management is a crucial tool in the Nursing practice, being linked to the implementation of care. In this sense, management collaborates to the assistance provided by promoting care quality, conferring it satisfaction and efficacy⁴.

However, the fact that nurses prepare the forecast and provision of materials and plan the activities properly does not guarantee that the necessary resources are received by the teams at the right time. This compromises the work performed and the assistance provided:

[...] and there's no helping with the material [laughs], because we don't get it, we manage it as much as we can, but eventually it's over, when it's time to get it, we don't get anything we need [...] (E25).

The interviewees highlighted countless care and managerial duties developed by them in the FHS and exposed difficulties experienced in reconciling care with the various managerial actions they perform, as these require more time, which may interfere with the quality of the care provided.

From this perspective, other studies also evidenced the existence of obstacles for the professionals to reconcile care and managerial activities, as a result of the multiple duties and various functions performed by nurses, compromising care^{4,21}.

Challenges for management in Nursing

The participants reported certain weakness in the nurses' professional training from the perspective of the managerial practice, which is more targeted at direct assistance. The need to review the curricular proposal emerged in the speeches. The reports brought to light challenges to be faced and overcome:

[...] I think that we learn very little in college, we have a brief vision, and so, they require it and when you get to be a nurse, you have to be ready, you have to be graduated just to develop [...] (E07).

[...] I believe that it should be better, so the issue of management should be better addressed, I graduated 10 years ago, I wish I had learned a little more about management in undergraduate, to be able to do this better, because what do we keep doing? Putting out fires [laughs] [...] (E12).

[...] today, the pillar of public health in Brazil is primary care, so I think it's necessary to change the curricula of the undergraduate courses, to improve this part of management, because people are trained, they are not prepared, we learn a lot in the practice (E29).

These findings are consistent with other studies, which reveal that the managerial practice is directly linked to managerial knowledge and the use of tools that provide better performance in health. Deficient academic training in this dimension hinders management by nurses^{22,23}, leading to fragmented care. In addition, the specific characteristics and competences in the sphere of the management and administrative process in Nursing must be developed during training, being continuously produced in everyday experiences²⁴.

This can be the result of a technician academic training with an insufficient focus on the managerial dimension of health professionals. Only after the implementation of the Unified Health System (*Sistema único de Saúde*, SUS) was there a transformation in the curriculum of undergraduate health courses and the emergence of graduate courses in health management, with an emphasis on hospital care and, even so, it did not meet the demand for the contingent of SUS managers²⁵.

It is highlighted that Nursing, for being based on general training, is more adequate to assume management in health, considering that managerial and administrative knowledge was acquired, even partially, during the professional training^{23,26}.

The participants also reported work overload and interpersonal conflicts regarding management. Through the reports, it is verified that the interpersonal relationships of the team's professionals is weakened and based on negotiation behaviors. In this sense, the nurses disclosed the need to come to agreements so that the FHS professionals perform their own duties, as illustrated in the reports:

[...] it's a negotiation, you manage negotiating and they [FHS team] try to cheat us anyway (laughs)... all the time, managing people is not easy, you need to have a lot of psychology, you have to go back later in the subject matter to see if the person is not OK at that moment, you go back to the same situation [...] (E07).

[...] interpersonal relationships are very difficult [...] you work with people who think totally different [...] you have to do all the administrative, documentation bureaucratic part, you still have to manage several conflicts [...] you still play the role of coordinator of a unit, because we [nurses] end up absorbing most of the problems [...] (E08).

In PHC, there are two types of conflicts in the managerial aspects. The first corresponds to the microsocial space, linked to dynamic and relational elements imbued with the work routine. On the other hand, the second includes the macrosocial space, corresponding to systemic factors of the standardization, organization and operation of the SUS²⁷. Thus, it is considered that the conflicts evidenced in this research refer to the microsocial space.

Given the above, it becomes necessary that nurses are able to manage conflict situations, assume the role of articulators and advisors, and continually prepare their teams to deal with these situations²². In addition to that, meetings and permanent education represent opportunities to promote good team relationships, providing a space for dialog, in addition to building and agreeing on common goals for all team members, with a view to strengthening more democratic management.

Duplication of roles to be performed by the nurse is verified, since the manager works in several other units, and this requires that nurses perform, in addition to their specific activities, managerial actions. As an important cause of work overload, the interviewees reported the lack of training in the health area of some managers, who need help and support, generating additional demands for the nurses:

[...] nurses do a million things, they manage everything, they solve everything, they do everything all the time in the absence of the manager [...] so, you are prepared for the whole unit, everything ends up being the nurse's responsibility [...] (E07).

[...] regardless of whether we have a unit manager or not, this role will never leave us [nurses], because it turns out that whenever there is a problem in the unit, the one that everyone runs after is the nurse, there's no way [...] we have a manager who works here, but this manager is not from the health area, so, whether we like it or not, we, as nurses, offer all this support and help [...] generally, it is the nurse who handles management [...] (E10).

The findings above are convergent with other studies that also indicate certain accumulation of functions in PHC nurses, including both assistance-related and managerial functions^{7,26}. The choice of the professional who will assume the management function must be based on qualifications and skills consistent with the duties they will perform²⁸. Otherwise, in addition to the Nursing professionals' workload, this generates harms to the work environment and conflicts between the team's agents.

The literature evidences predominance of nurses in managerial positions in PHC^{7,24,27,29}. However, this is not the reality in the context of this research.

Study limitations

The limitation of this study is the fact that it has been conducted only with nurses and not with all the professionals working in the teams. Even though this is a limitation, this population was chosen because the intention was to reveal the meaning of management specifically for the nurse, since it is the professional identified by others as the one who solves the issues of work and user care. It is believed that studies of this nature can support future research studies and signal the need for curricular changes in the health courses, so that they incorporate aspects aimed at the organization and management of services.

CONCLUSION

The results point out that management, in the perception of FHS nurses, represents a potential tool for organizing both the unit and the team, and includes planning, management of material resources and staff. It was verified that, when management encourages integration of the actions and of the professionals themselves, integrated assistance and coherent with the social demands is promoted. In this sense, it is perceived that management is closely related to the Nursing work and to the care provided in PHC.

Interpersonal relationships exert an important influence on work and management in the FHS. Nurses need to have skills that favor facing conflicts. On the other hand, as challenges for management in Nursing, interpersonal relationships emerge as a promoter for an engaged and articulated team, favoring management and achievement of goals.

REFERENCES

1. Brito GEG, Mendes ACG, Santos Neto PM. Purpose of work in the Family Health Strategy. *Interface, comun, saúde*. 2018 [cited 2020 Sep 25]; 22(64):77-86. DOI: <https://doi.org/10.1590/1807-57622016.0672>.
2. Fermino V, Amestoy SC, Santos BP, Casarin ST. Family Health strategy: nursing care management. *Rev Eletrônica Enf*. [Internet]. 2017 [cited 2020 Sep 25]; 19:a05. DOI: <http://dx.doi.org/10.5216/ree.v19.42691>.
3. Oliveira C, Santos LC, Andrade J, Domingos TS, Spiri WC. Leadership in the perspective of Family Health Strategy nurses. *Rev. Gaúcha Enferm*. [Internet]. 2020 [cited 2021 Sep 25]; 41:e20190106. DOI: <https://doi.org/10.1590/1983-1447.2020.20190106>.
4. Jesus MA, Servo MLS. Technical context of the manager's work in primary health care. *J Nurs UFPE online* [Internet]. 2019 [cited 2020 Sep 25]; 13(3):614-23. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237206>.
5. Assad SGB, Valente GSC, Santos SCP, Cortez EA. Training and practice of nurses in Primary Care management: perspectives of Schön's Theory. *Rev. Bras. Enferm*. [Internet]. 2021 [cited 2020 Sep 25]; 74(3):e20200461. DOI: <https://doi.org/10.1590/0034-7167-2020-0461>.
6. Sousa SM, Bernardino E, Crozeta K, Peres AM, Lacerda MR. Integrality of care: challenges for the nurse practice. *Rev Bras Enferm*. [Internet]. 2017 [cited 2020 Sep 25]; 70(3):529-36. DOI: <https://doi.org/10.1590/0034-7167-2016-0380>.
7. Peduzzi M, Aguiar C, Lima AMV, Montanari PM, Leonello VM, Oliveira MR. Expansion of the interprofessional clinical practice of Primary Care nurses. *Rev. Bras. Enferm*. [Internet]. 2019 [cited 2020 Sep 25]; 72(Suppl 1):114-21. DOI: <https://doi.org/10.1590/0034-7167-2017-0759>.

8. Cucolo DF, Perroca MG. Factors involved in the delivery of nursing care. *Acta Paul. Enferm.* [Internet]. 2015 [cited 2020 Sep 25]; 28(2):120-4. DOI: <https://doi.org/10.1590/1982-0194201500021>.
9. Santos JC, Feitosa MGG. Health management: nurses' intraperson. *J. Nurs. UFPE on line.* [Internet]. 2015 [cited 2020 Sep 25]; 9(Suppl 2): 790-8. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/10401/11167>.
10. Correa VAF, Acioli S, Tinoco TF. The care of nurses in the Family Health Strategy: practices and theoretical foundation. *Rev. Bras. Enferm.* [Internet]. 2018 [cited 2020 Sep 25]; 71(Suppl 6):2767-74. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0383>.
11. Dalla Nora CR, Beghetto MG. Patient safety challenges in primary health care: a scoping review. *Rev Bras Enferm.* [Internet]. 2020 [cited 2020 Sep 25]; 73(5):e20190209. DOI: <http://dx.doi.org/10.1590/0034-7167-2019-0209>.
12. Moura AA, Hayashida KY, Bernardes A, Zanetti ACB, Gabriel CS. Charismatic leadership among nursing professionals: an integrative review. *Rev. Bras. Enferm.* [Internet]. 2019 [cited 2020 Sep 25]; 72(Suppl 1):328-34. DOI: <https://doi.org/10.1590/0034-7167-2017-0743>.
13. Ministério da Saúde (Br), Gabinete do Ministro. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2021 Aug 12]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html.
14. Harvey JB, Vanderbrink J, Mahmud. Y, et al. Understanding how health systems facilitate primary. care redesign. *Health Serv. Res.* [Internet]. 2020 [cited 2020 Aug 12]; 55(Suppl. 3):1144-54. DOI: <https://doi.org/10.1111/1475-6773.13576>.
15. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13th ed. São Paulo: Hucitec; 2013.
16. Budrevičiūtė A, Kalėdienė R, Petrauskienė J. Priorities in effective management of primary health care institutions in Lithuania: perspectives of managers of public and private primary health care institutions. *PlosOne.* [Internet]. 2018 [cited 2020 Aug 12]; 13(12):e0209816. DOI: <https://doi.org/10.1371/journal.pone.0209816>.
17. Hahtela N, Paavilainen E, McCormack B, Slater P, Helminen M, Suominen T. Influence of workplace culture on nursing-sensitive nurse outcomes in municipal primary health care. *J. Nurs. Manag.* [Internet]. 2015 [cited 2020 Aug 12]; 23(7):931-9. DOI: <https://doi.org/10.1111/jonm.12237>.
18. Galavote HS, Zandonade E, Garcia ACP, Freitas PSS, Seidl H, Contarato PC, et al. The nurse's work in primary health care. *Esc Anna Nery Rev. Enferm.* [Internet]. 2016 [cited 2020 Aug 12]; 20(1):90-8. DOI: <https://doi.org/10.5935/1414-8145.20160013>.
19. Duarte MLC, Boeck JN. Teamwork in nursing and the limits and possibilities of the family health strategy. *Trab. Educ. Saúde.* [Internet]. 2015 [cited 2020 Aug 12]; 13(3):709-20. DOI: <https://doi.org/10.1590/1981-7746-sip00054>.
20. Nunes LO, Castanheira ERL, Dias A, Zarili TFT, Sanine RR, Mendonça CS, et al. Importância do gerenciamento local para uma atenção primária à saúde nos moldes de Alma-Ata. *Rev. Panam. Salud Publica.* [Internet]. 2018 [cited 2020 Aug 12]; 42:e175. DOI: <https://doi.org/10.26633/RPSP.2018.175>.
21. Moreno CA, Ferraz LR, Rodrigues TS, Lopes AOS. Duties of nursing professionals in the family health strategy: a review of standards and practices. *Rev. Bras. Ciênc. Saúde* [Internet]. 2015 [cited 2020 Aug 10]; 19(3):233-40. Available from: <http://www.periodicos.ufpb.br/index.php/rbcs/article/view/23355/15075>.
22. Camelo SHH, Soares MI, Chaves LDP, Rocha FLR, Silva VLS. Nurse managers at a teaching hospital: training, responsibilities and challenges. *Rev. enferm. UERJ.* [Internet]. 2016 [cited 2020 Aug 10]; 24(3):e11637. DOI: <https://doi.org/10.12957/reuerj.2016.11637>.
23. Soares MI, Camelo SHH, Resck ZMR, Terra FS. Nurses' managerial knowledge in the hospital setting. *Rev. Bras. Enferm.* [Internet]. 2016 [cited 2020 Aug 10]; 69(4):631-7. DOI: <https://doi.org/10.1590/0034-7167.2016690409i>.
24. Weirich CF, Munari DB, Mishima SM, Bezerra ALQ. Managerial work of Brazilian Federal Health Care System nurses. *Texto Contexto-Enferm.* [Internet]. 2009 [cited 2020 Aug 10]; 18(2):249-57. DOI: <https://doi.org/10.1590/S0104-07072009000200007>.
25. Cunha MLS, Hortale VA. Characteristics of health management courses in Brazil. *Saúde Debate.* [Internet]. 2017 [cited 2020 Aug 10]; 41(113):425-40. DOI: <https://doi.org/10.1590/0103-1104201711307>.
26. Celedônio RM, Fé MCM, Mendes AHL, Mendes AHL, Chaves TLF. Management of work in basic health units. *J. Nurs. UFPE on line.* [Internet]. 2017 [cited 2020 Aug 10]; 11(Suppl 1):341-50. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11914/14403>.
27. Carvalho BG, Peduzzi M, Ayres JRCM. Conceptions and typology of conflicts between workers and managers in the context of primary healthcare in the Brazilian Unified National Health System (SUS). *Cad. Saúde Pública.* [Internet]. 2014 [cited 2020 Aug 10]; 30(7):1453-62. DOI: <https://doi.org/10.1590/0102-311X00134613>.
28. Cabral-Bejarano MT, Nigenda G, Arredondo A, Conill E. Stewardship and governance: structuring dimensions for Implementation Primary Health Care Policies in Paraguay, 2008-2017. *Ciênc. Saúde Colet.* [Internet]. 2018 [cited 2020 Aug 10]; 23(7):2229-38. DOI: <https://doi.org/10.1590/1413-81232018237.09242018>.
29. Ohira RHF, Cordoni Junior L, Nunes EFPA. Profile of Primary Health Care managers in small municipalities in the north of the state of Paraná, Brazil. *Ciênc. Saúde Colet.* [Internet]. 2014 [cited 2020 Aug 10]; 19(2):393-400. DOI: <https://doi.org/10.1590/1413-81232014192.21952012>.