

NURSES COMPETENCIES IN THE IMPLEMENTATION OF PROGRAMS IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

ABSTRACT:

The Family Health Strategy (ESF) was a significant change for Brazilian health policy, as it aims to reduce pressure in public hospitals through constant care with the patient who should go first in primary care, therefore, primary care began to serve as a gateway to the SUS practicing primary care activities and health promotion constantly. **Objective:** To identify the main educational actions of nurses in the implementation of the Family Health Strategy Program. **Method:** This is an Integrative Review, conducted from August to November 2019, the study included publications of scientific articles, selected and published in the period from 2014 to 2018, available electronically in full text, in the languages Portuguese, English and Spanish in the said Databases Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library (SciELO), BDENF (Nursing Database), PUBMED (International Literature on Health Sciences). For the development of this review, the following steps were taken: establishment of the guiding question; selection of articles and inclusion criteria; extraction of the articles included in the review; evaluation of the included studies; interpretations of the results, and presentation of the integrative review. The critical reading of the studies that composed the sample was performed and, with the help of a form made by the researchers themselves, it was possible to extract the relevant information for the study, being validated by the researchers. **Result:** A total of 17 articles were part of this study. In the SciELO database, 06 articles were identified in LILACS identified 05 articles, in BDENF 5 articles were identified and in the PUBMED database 01 article was selected. The number of articles eligible for the survey was 07 articles. **Conclusion:** Nursing within the fhs context is extremely important, they work with a focus on preventing the implementation of health education actions and home visits, are also responsible for working a link between health professionals and users of the Family Health Strategy, being an important link to ensure such approximation.

Keywords: Family health strategy, nurse, health education.

INTRODUCTION

The National Primary Care Policy (PNAB) Ordinance MS/GM No. 2,488, of October 21, 2011, was a pact made by the Ministry of Health at the meeting of the Tripartite Intermanagers Commission held in September 2011 as a way of reorganizing primary care. In Brazil following the precepts and adapted to the reality experienced by the SUS, reviewing guidelines and standards, and also aiming to implement the Family Health Strategy (ESF) and the Community Health Agents Program (PACS) programs (FIGUEIREDO, 2012).

The Family Health Strategy (ESF) was a significant change for Brazilian health policy, as it aims to reduce pressure on public hospitals through constant care for patients who should first go to primary care, thus, Primary care began to serve as a gateway to the SUS, constantly practicing primary care and health promotion activities (MV, 2018).

Basic Health Units – installed close to where people live, work, study and live – play a central role in guaranteeing the population access to quality healthcare (BRASIL, 2011).

Under the vision of promoting health in Basic Health Units, primary care and the ESF carry out essential actions for the health of the population, which are: vaccines, dental care, consultations, routine exams, guidelines and educational campaigns for health promotion (BRAZIL, 2015).

The ESF is made up of a multidisciplinary team, which must have at least: 1 generalist doctor or specialist in family and community health, 1 generalist nurse or specialist in family and community health, 2 nursing assistants or technicians, 5 community health agents health, dental surgeon and oral health assistant (JUNQUEIRA, 2008).

The multidisciplinary team works in a given territory covering a group of up to a thousand families carrying out health promotion actions. It is important that they know the reality of the place where they work and the needs of the community in order to promote a bond between the team and families met (JUNQUEIRA, 2008).

The National Primary Care Policy in its guidelines also provides for the duties of professionals in the primary care team, but they must still act in accordance with the legal provisions that regulate the exercise of their professions. According to Annex I of the Ordinance, the nurse is responsible for:

I - Provide comprehensive assistance (health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance) to individuals and families at the USF and, when indicated or necessary, at home and/or in other community spaces (schools, associations etc.), at all stages of human development: childhood, adolescence, adulthood and old age;

II - According to protocols or other technical regulations established by the manager municipal or Federal District, observing the legal provisions of the profession, carry out a nursing consultation, request complementary exams and prescribe medications;

III - Plan, manage, coordinate and evaluate the actions developed by the ACS;

IV - Supervise, coordinate and carry out continuing education activities for CHWs and the nursing team;

IN - Contribute and participate in the Permanent Education activities of Nursing Assistants, Dental Assistants (ACD) and Hygiene Technicians Dental (THD);

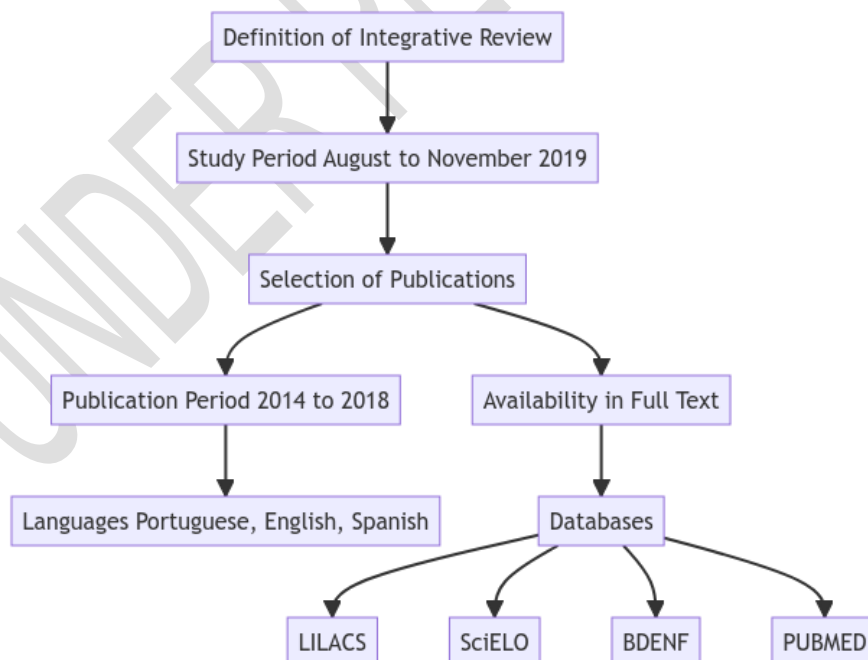
VI - Participate in the management of the inputs necessary for the proper functioning of the USF (BRASIL, 2017).

We realized that nurses in this context in which they were inserted are committed to the bond between users and the community and their access to basic care and its programs, and also have a responsibility for continuous care with patients beyond the care provided basic. Therefore, the proposed objective was to identify the main educational actions of nurses in the implementation of the Family Health Strategy Program. To better design the research, the following guiding question was asked:

What are the nurse's practices in the context of the Family Health Strategy Program and their relationship with health education actions?

METHOD

This is an Integrative Review, carried out from August to November 2019, the study included publications of scientific articles, selected and published in the period from 2014 to 2018, available electronically in full text, in Portuguese, English and Spanish in the referred to databases Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library (SciELO), BDNF (Nursing Database), PUBMED (International Literature in Health Sciences), flowchart in Figure 1.



Source: Authors, (2023).

Fig 1. Flow chart showing study protocol

In this flowchart, it is possible to visualize the Integrative Review process carried out in the months from August to November 2019. The study included the selection of publications of scientific articles published in the period from 2014 to 2018, available electronically in full text in Portuguese, English and Spanish in the LILACS, SciELO, BDEF and PUBMED databases.

To develop this review, the following steps were taken: establishment of the guiding question; selection of articles and inclusion criteria; extraction of articles included in the review; evaluation of included studies; interpretations of results, and presentation of the integrative review. The studies that made up the sample were then critically read and, with the help of a form created by the researchers themselves, it was possible to extract the relevant information for the study, which was validated by the researchers.

RESEARCH PROBLEM

What are the nurse's practices in the context of the Family Health Strategy Program and their relationship with health education actions.

PVO STRATEGY

P – Nurses

IN -Family Health Strategy, Health Education.

O -Identify which nurse's educational actions are necessary for the effectiveness of the Family Health Strategy Program.

AIM:Identify the main educational actions of nurses in the implementation of the Family Health Strategy Program.

RESULT

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Table 1 - Distribution of the number of studies found and selected in the Databases, according to the search strategies with Boolean operators. São Paulo, 2019.

PRESEARCH	DATA BASE	ARTICLES NO FILTER	ARTICLES WITH FILTER
Family health strategy AND nurse	SCIELO	102	44
Health education AND nurse	SCIELO	280	83
AND family health strategy AND strategy	SCIELO	102	44
TOTAL ARTICLES	SCIELO	484	171
Family health strategy AND nurse	LILACS	418	134
Health education AND nurse	LILACS	1.385	280
AND family health strategy AND strategy	LILACS	418	134
TOTAL ARTICLES	LILACS	2.221	548

Family health strategy AND nurse	BDEFN	354	139
Health education AND nurse	BDEFN	1,232	333
AND family health strategy AND strategy	BDEFN	354	139
TOTAL ARTICLES	BDEFN	1,940	611
Family health strategy AND nurse	PUBMED	794	165
Health education AND nurse	PUBMED	70,887	4,146
AND family health strategy AND strategy	PUBMED	794	165
TOTAL ARTICLES	PUBMED	72,475	4,476

Table 2- Characterization of selected articles according to title, year of publication, place of study, design and level of scientific evidence. São Paulo-SP, Brazil, 2019.

No.	ARTICLE TITLE	YEAR	STUDY LOCATION	DESIGN
1	Critical thinking as a competence for nurse practices in the family health strategy	2018	Rio de Janeiro	Theoretical-reflective study
2	Continuing health education from the perspective of nurses in the family health strategy	2015	São João del-Rei, Minas Gerais	Descriptive study with a qualitative approach
3	Features of the work process of family health strategy nurses	2014	Paraná	Descriptive search of a qualitative nature
4	Skills for educational action of family health strategy nurses	2018	São Paulo	Exploratory, descriptive research with a qualitative approach
5	Nurse care practices in the Family Health Strategy	2016	Bahia	Qualitative research
6	Characterization of nurses' work and professionals from the Health Support Center Family in Primary Care	2018	Campina Grande, Paraíba	Cross-sectional study
7	Interrelationship of health education actions in the context of the family health strategy: nurses' perceptions	2017	Maranhão	Qualitative study with an descriptive-exploratory approach

DISCUSSION

Nursing is essentially guided by care, from which we seek to fragment it to cover the human being in its subjective and social aspects, therefore, the practice of care requires ethical, humanitarian and supportive values from nurses so that it is possible the construction of comprehensive care that values and respects the user of the health service. The nursing care process includes the execution of technical procedures that must be associated with adherence to attitudes that are based on humanitarian principles and that ensure the maintenance of respect, dignity and responsibility towards people who are involved with care, establishing a link with them (DIAS et al.; 2018).

Nursing stands out as the profession that acts directly or indirectly in the management and implementation process of the single health system (SUS) and is also included in the multidisciplinary team of the Family Health Strategy (ESF), (DIAS et al.; 2018).

The Family Health Strategy (ESF) proposes to represent a care model for Primary Health Care (PHC) that serves as a form of reorganization of health services and reorientation of professional practices, it is implemented throughout the country and represents the gateway to the Unified Health System (SUS), (DANUZA et al.; 2015).

“The Family Health Strategy (ESF) is made up of a multidisciplinary team, which must have at least: 1 generalist doctor or specialist in family and community health, 1 generalist nurse or specialist in family and community health, 2 assistants or nursing technicians, 5 community health agents, a dental surgeon and an oral health assistant”, (JUNQUEIRA, 2008).

Within this vision, the nurse has an indispensable role in the multidisciplinary team as he maintains the consolidation of the ESF as an integrative and humanized policy, as the nurse's duties include supervision and expansion of the activities of community health agents and assistants nursing (DANUZA et al.; 2015).

Health care is based on comprehensiveness and equity, which directly implicate the practices of teams in the ESF whose object of care is families in a given territory, requiring concern with the health needs of these families, with the creation of a user-professional bond that contributes to the continuity of care, welcoming and autonomy, enabling comprehensive and continuous care centered on users (DIAS et al.; 2018).

Carrying out home visits are essential activities in CHAs, allowing nurses to carry out their activities more closely with users, providing them with greater conditions to identify their health needs and the needs of the community, contributing to actions that can be taken. are consistent with the reality experienced by users (DIAS et al.; 2018).

The Family Health Support Centers (NASF) were created with the aim of supporting and providing greater coverage, regionalization and resolution to the work of family health teams, expanding actions and skills related to community problems (DANUZA et al.; 2015).

Nurses have been developing their practices based on technical-scientific knowledge, appropriating ethical and humanitarian values to contribute to the construction of new ways of acting and providing effective and resolute care for the community and users of the health service (PAULA et al.; 2014).

Within the ESF, the nurse has several very important responsibilities, among them are the organization of activities and direct assistance to the user and the community, within these responsibilities this professional also carries out educational, assistance and administrative activities (in the administrative nature are the management, supervision, planning, organization, monitoring and evaluation activities of actions that serve the health needs of the community (PAULA et al.; 2014).

The nurse who is inserted in the community context performs actions and practices of direct or indirect care in individual or collective ways based on the values and culture in which they are inserted, therefore, it becomes necessary to adopt practices based on pre-established schemes, for example protocols, standards, regulations, among others (PAULA et al.; 2014)

In the organizational sense, the nurse is responsible for carrying out administrative activities such as planning, coordination, supervision, meetings and team training, organization of the therapeutic space and also needs to relate the educational work to the assistance offered so that the identification of problems is effective. Users health needs, thus building a relationship that facilitates attention, listening and dialogue with them (PAULA et al.; 2014).

The nursing visit is a recurring practice of the professional who works in the ESF and is based on attention, dialogue, intervention and formation of bonds with the family or user served. These visits allow the professional to understand the social context and the health needs of the patients users and families served at the ESF (PAULA et al.; 2014).

Health Education is an important element in the Family Health Strategy, it has two dimensions: the care dimension and the management dimension, within the care dimension we have some activities to be developed by the nurse, which are: developing pedagogical strategies for approaches to group, practice intersectorality, identify the health needs of users, families and communities and the training/education of health team professionals, value the experiences of users, families and communities and health professionals, encourage the flow of communication between team

professionals and users, families and the community and encourage social control and its articulation with the health team (PAULA et al.; 2014)

Educational practice is essential to any nursing care practice as it aims to trigger various possibilities for changes that are significant to facilitate social transformation. It must be done in a way that encourages users to become critically aware of both of themselves and of the world and the community in which they are inserted, making them active subjects who take care of their health and exercise their citizenship (PAULA et al.; 2014).

The theme of education has three aspects: in-service education (ES), continuing education (CE) and continuing health education (EPS). In-service education was the first concept used as a form of training for professionals linked to health services. Continuing education is an extension of the school and academic model, based on technical and scientific knowledge with a focus on courses and training, based on in the transmission of knowledge and does not need to be linked to the reality of services. Continuing health education was recommended by Ordinance No. 198/GM by the Ministry of Health with the purpose of transforming and qualifying actions and services in the health sector, contributing to the provision of comprehensive health care to users (LEONELLO et al.; 2018).

Therefore, the health educational model is based on the level of learning of professionals, through experiences in the ESF and according to the needs of the services and the population (LEONELLO et al.; 2018).

In a study that aimed to understand Continuing Health Education from the perspective of ESF nurses, it was pointed out that Continuing Health Education as a strategy that includes different knowledge and that must be developed for personal improvement in the face of work demands and is prepared based on doubts from health professionals that arise daily in the service (LEONELLO et al.; 2018).

Continuing Education is important for implementing changes in health practices in a targeted way that contributes to improving the quality of services (LEONELLO et al.; 2018).

Health work requires nurses to have specific skills for professional practice in a way that places professionals in a daily and permanent search for updates (LEONELLO et al.; 2018).

Within the competences of the nurse in the ESF we have the nursing consultation, it is supported by Law no. 7,498/198615 which regulates the professional practice of nursing and by Resolution no. nurse and is an important moment for carrying out educational practices where ESF users are guided and also a moment where they are heard and helped in their difficulties in both the social

and emotional context and in their family relationships, helping them to acquire autonomy and strengthening their bond with the healthcare professional (PAULA et al.; 2014).

It is clear, therefore, that nursing professionals have to carry out their care practices based on innovation so that their care is enhanced, thus contributing to the establishment of relationships between different forms of knowledge and practices, helping them in their integrated care (PAULA et al.; 2014).

To achieve this, the professional needs to retain essential characteristics such as responsibility, honesty, curiosity, creativity, autonomy, discipline, trust, discernment, intuition, tolerance, proactivity, justice, practicality, respect for diversity, courage, patience, persistence, flexibility, empathy, being reflective, among others, without these characteristics this professional will never be able to carry out care practices effectively, whether in a technical or organizational sense (PAULA et al.; 2014).

Having a set of skills is extremely important as it contributes to the work having criteria for guidance so that actions can be developed effectively, reaching the user/client of the health service and reaching them in a positive way, elevating the work of nursing beyond basic health units (PAULA et al.; 2014).

CONCLUSION

The Family Health Strategy (ESF) is the model of primary health care in Brazil and plays a fundamental role in promoting health and preventing diseases. Nurses who work in the ESF have competencies based on two essential dimensions: care and managerial. These general competencies are crucial for the effectiveness of their actions, and to achieve them, nurses must possess several distinctive characteristics.

This article represents a significant contribution, as it summarizes several studies on the role of nurses in the Family Health Strategy. Furthermore, it allows a deeper understanding of the importance of health education actions in promoting health.

In summary, nursing plays an extremely important role in the context of the Family Health Strategy. Nurses work with a focus on prevention, implementing health education actions and home visits. Furthermore, they play a fundamental role in building links between health professionals and ESF users, playing a vital role in bringing these groups together.

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