



NURSE CARE MANAGEMENT IN THE FAMILY HEALTH STRATEGY: INTEGRATIVE REVIEW

GERÊNCIA DO CUIDADO DO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

ADMINISTRACIÓN DE LA ATENCIÓN DEL ENFERMERO EN LA ESTRATEGIA SALUD DE LA FAMILIA: REVISIÓN INTEGRADORA

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It is an integrative review, in order to identify the theoretical national production about the nurse care management in Family Health Strategy (FHS), between 2001 and 2011. Data were collected in databases of National Library of Medicine, Latin American Literature and Caribbean Health Sciences and Scientific Electronic Library Online. After the analytical reading of the works, 15 articles were selected for analysis into three thematic categories: Nursing care actions in the FHS; Management practices of nurses in the FHS and Nurse care management within the FHS. The literature was strongly influenced by the traditional model of health care, with ambivalent actions of care and managements, and the gap in knowledge regarding nurse care management in the FHS. It is expected that the nurse care management makes possible the deconstruction and construction of new practices of nurses.

Descriptors: Public Health Nursing; Nursing Care; Management; Family Health Program.

Trata-se de uma revisão integrativa, com objetivo de identificar a produção teórica nacional acerca da gerência do cuidado do enfermeiro na Estratégia Saúde da Família (ESF), entre 2001 e 2011. Os dados foram coletados nas bases de dados National Library of Medicine, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Scientific Electronic Library Online. Após a leitura analítica das obras, foram selecionados 15 artigos para a análise em três categorias temáticas: Ações de cuidado do enfermeiro na ESF; Práticas gerenciais do enfermeiro na ESF e Gerência do cuidado do enfermeiro no âmbito da ESF. Percebe-se na literatura forte influência do modelo tradicional de atenção à saúde, com ações ambivalentes do cuidar e gerenciar, além da lacuna no conhecimento sobre a gerência do cuidado do enfermeiro na ESF. Espera-se que a gerência do cuidado viabilize a desconstrução e construção de novas práticas do profissional enfermeiro.

Descritores: Enfermagem em Saúde Pública; Cuidados de Enfermagem; Gerência; Programa Saúde da Família.

Se trata de una revisión integradora, con objetivo de identificar la producción teórica nacional acerca de la administración de la atención del enfermero en la Estrategia Salud de la Familia (ESF), entre 2001 y 2011. Los datos fueron colectados en las bases de datos *National Library of Medicine*, Literatura Latino-Americana y del Caribe en Ciencias de la Salud y *Scientific Electronic Library Online*. Fueron seleccionados 15 artículos para análisis en tres categorías: Acciones de la atención del enfermero en la ESF; Prácticas de gestión del enfermero en la ESF y Administración de la atención del enfermero en el ámbito de la ESF. Hay fuerte influencia del modelo tradicional, con acciones ambivalentes del cuidar y de gerenciamiento, además de la laguna en el conocimiento sobre la administración de la atención del enfermero en la ESF. Se espera que la administración de la atención produzca la desconstrucción y construcción de nuevas prácticas del profesional enfermero.

Descritores: Enfermería en Salud Pública; Atención de Enfermería; Gerencia; Programa de Salud Familiar.

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INTRODUCTION

The nurse, a member of the health team, presents the possibility of acting in different practical dimensions, which involves the actions of caring/providing assistance, manage/administrate, educate, research and political matters in which all of them are related frequently and almost always simultaneously⁽¹⁾.

These dimensions allowed the nurse to act in health, teaching and research organizations. Among the health services it is important to point out Family Health Strategy (FHS), which was created by the National Policy of Basic Attention, as a priority strategy in order to enhance and consolidate attendance at this level of attention.

The FHS makes the access of the user to the Sistema Único de Saúde, the Unified Health System (SUS) feasible, consolidating the proposal of actions of the Basic Attention and stimulating changes regarding work relationships, established between the health professionals and the users besides promoting the reorganization of the model of attentions to health.

Consequently, through the aspects of its process of work and collective and social practice, the FHS establishes a series of group relations when developing their daily activities, once they maintain relations with the nursing workers in the area of health and, directly, with social actors who search the establishment of health assistance aiming attendance.

In this scenario of the FHS, the nurse presents as main activities the care and management. In the former, the nurse has as object of intervention the needs of nursing care having as a final result the complete care, and in the latter, the nurse has as object the organization and planning of the work, besides the human resources in nursing, in order to develop and

implement adequate conditions of care to the users and development for the workers⁽²⁾.

When the articulation and integration between the actions of care and management occur, the nurses develop their best professional practices called care management. At this point, the interrelationship in complementation of caring (direct care) and management (indirect care) is noticed, forming a dialectic and non-dichotomic relation between these actions, thus resulting in the integrality of the nurses' activities⁽³⁾.

Considering that caring is the trademark and the nucleus of the nursing work, we understand that the nurse management actions should present the quality of this care as the final goal so that rupture between the caring and management dimensions jeopardizes this quality and provokes conflicts in the work of the nurse, both as a professional in his own practice, as well as in this relationship with the nursing and health teams⁽⁴⁾.

It should be pointed out that the discourse of the nurses, in some health institutions, on what they perform as a process of work and with they would like to perform showed to be dichotomous in their daily activities, once at the same time they want to act focusing in care, they end up widening the range of their activities, trying to act in all the fronts, solving and responding to all problems and conflicts, assuming not only managerial actions imposed by the institution, but also the functions of other professionals, resulting in distancing of his own function regarding care management which may bring about feelings of discontentment and frustration, once the care developed, also inside of FHS, shows to be succinct, without planning and systematization⁽⁵⁻⁶⁾.

Therefore, it is considered important to widen the discussions on the practice of work of the nurses in the two dimensions, caring and management, both regarding consumptions and representations of the professionals involved with care, as well as the organizations in the daily work of the FHS.

In this sense, the following question is necessary: what does the current literature present on the care management of the nurse within the FHS? Thus, the present study has as objective to identify the theoretical production regarding the care management of the nurse in the FHS, evaluating the present discussions in these primary investigations as a way to perceive ceasing or approximation between the care and management activities performed by the nurse in the Basic Attention.

METHOD

The method of integrative reviews was chosen in order to reach the objectives of this research, once this strategy may reduce obstacles in the use of knowledge, making the results of the researches more accessible. A well elaborated and integrative review contributes to science, helps with the development of the theory and presents direct applications in the practice and health policies⁽⁷⁾.

Although there are varieties in the way the integrative reviews are elaborated, there are certain patterns to be followed. Throughout the development of this review, the following steps were taken: identification of the problem with the clear definition of the purpose of the review: search in the literature with the delimitation of key words, data bases and application of the criteria defined by the selection of

articles; evaluation and analysis of obtained information and presentation of the results⁽⁷⁾.

In the bibliographic survey taken place in December, 2011, using data bases of the National Library of Medicine (MEDLINE), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) and Scientific Electronic Library Online (SciELO), considered the main ones in the area of Brazilian health.

In order to perform the search, a combination among the following key words was used, considered descriptors in the DeCS (Descriptors in Health Science): Nursing Care; Nursing in Public Health; Program of Family Health and Management.

The criteria used for the selection of the sample were: articles published in the last 10 years (2001 to 2011), in Portuguese, available on line entirely, which presented in their discussions considerations on the management of the care of the nurse in the FHS and indexed in the MEDLINE, LILACS and SciELO data bases. The criteria of exclusion were articles which have been repeated in more than one data basis and which did not cover the objectives of this study.

In this search 48 scientific articles were identified in the MEDLINE data basis, 41 in LILACS and 87 in SciELO basis. An exploratory reading of the briefings were made and then 5 were selected in MEDLINE basis, seven in LILACS basis and nine in SciELO basis, which were entirely read. After the analytic reading of these articles, 15 were selected as object of this study, once they presented aspects which responded to the guideline question.

The thoughts of the authors were completely respected, according to what is established in the copyrights, the literal and non-literal fragments of the primary work with its respective authors were identified.

The analysis of the contents through reading and re-reading of the results of the studies was used, in order to identify relevant characteristics which were repeated or highlighted which made possible the organizations of the data in thematic categories.

RESULTS

Characterization of the Publishing

In Figure 1 the following data are presented: the authors, the publishing and the year of publishing, the title and the place where all the researches were made. The articles under study were presented in publishing with Qualis/Capes having meaningful importance for nursing, it is highlighted that A2 has nine and B1 has four, besides a publishing with Qualis A1 and another one with B3. Figure 1 still highlights that 60% of the

publishing happened between 2007 and 2011 and 40% between 2001 and 2006.

Regarding the most frequent investigate publishing delineated in the research it was observed that 12 used qualitative methodological approach, two developed studies with quantitative methods and one used the qualitative and quantitative approach.

From the analysis of the contents of 15 articles, which followed the criteria of inclusion of this integrative review, the following thematic categories were elaborated to understand this study more thoroughly: Actions of care of the nurse in the FHS; Managerial practices of the nurse in the FHS and management of the care of the nurse within FHS.

Authors	Publishing	Year	Title	Place
Fracolli LA, Zoboli ELP, Granja GF, Ermel RC	Rev Esc Enferm USP	2011	Concept and practice of the integrality in the Basic Attention: the perception of the nurses	State of São Paulo
Baratieri T, Marcon SS	Rev Enferm UERJ	2011	Identifying facilities in the work of the nurse for the development of longitudinality of the care.	State of Paraná
Rocha FCV, Carvalho CMRG, Figueiredo MLF, Caldas CP	Rev Enferm UERJ	2011	The care of the nurse to the elderly in the family health strategy	Teresina-PI
Kawata LS, Mishima SM, Chirelli MQ, Pereira MJB, Matumoto S, Fortuna CM	Rev Esc Enferm USP	2011	Attributes used by the nurse in the family health: getting closer to the development in the elaboration of managerial competence.	Ribeirão Preto-SP
Jonas LT, Rodrigues HC, Resck ZMR	Rev APS	2011	The managerial function of the nurse in Family Health Strategy: limits and possibilities	Alfenas-MG
Araújo JL, Paz EPA, Moreira TMM	Esc Anna Nery	2010	Hermeneutics and the care of health in arterial hypertension made by nurses in the Family Health Strategy.	Pau dos Ferros-RN
Fernandes MC, Barros AS, Silva LMS, Nóbrega MFB, Silva MRF, Torres RAM	Rev Bras Enferm	2010	Analysis of the performance of the nurse in the management of the health basic units.	Fortaleza-CE
Weirich CF, Munari DB, Mishima SM, Bezerra ALQ	Texto Contexto Enferm	2009	Managerial work of the nurse in the Basic Health Net.	Goiânia-GO
Oliveira RG, Marcon SS	Rev Esc enferm USP	2007	Work with families in the Program of Family Health: the practice of the nurse in Maringá-Paraná	Maringá-PR
Ermel RC, Fracolli LA	Rev Esc Enferm USP	2006	The work of the nurses in the Program of Family Health in Marília/SP	Marília-SP
Peterlini OLG, Zagonel IPS	Texto Contexto Enferm	2006	The system of information used by the nurse in the management of the caring process	Curitiba-PR
Benito GAV, Becker LC, Duarte J, Leite DS	Rev Bras Enferm	2005	Managerial knowledge required from the nurse in the Program of Family Health	State of Santa Catarina
Nascimento MS, Nascimento MAA	Ciênc Saúde Coletiva	2005	Practice of the nurse in the Program of Family Health: the interface of health vigilance versus the programmatic actions in health.	Jequié-BA
Pereira CMO, Alves M	Rev Bras Enferm	2004	Participation of the nurse in the implementation of the Program of Family Health in Belo Horizonte	Belo Horizonte MG
Fracolli LA, Egry EY	Rev Latino-Am Enfermagem	2001	Process of work in management: a powerful tool to operate changes in health practices?	Marília-SP

Figure 1 - Distribution of the publishing included in the integrative review, family name of the authors, publishing, year of publishing, title and place where the study was made. MEDLINE, LILACS, SciELO, 2011.

Actions of care of the nurse in the FHS

Three publishing⁽⁸⁻¹⁰⁾ approach FHS as strategy to re-orientations of the attention of health, strengthening SUS from Basic Attention. The care of the nurse is pointed out with a more widened perspective of the

assistance to health⁽⁸⁾ and the approximation and partnership with the population affiliated in FHS⁽¹¹⁾

The humanized⁽¹²⁾ care is highlighted, besides the link, the responsibility and the team work as fundamental characteristics for the continuity of the care

and the follow-up of the family care^(10,13). Three articles⁽¹⁴⁻¹⁶⁾ describe the traditional care exemplifying with the nurse daily activities in the FHS.

Managerial practices of the nurse in the FHS

Two articles^(13,17) describe the managerial actions of the nurse in the FHS, especially emphasizing the organization of the unit and the planning of the care rendered. The traditional managerial activities of the nurse and the reflex of his process of work in FHS^(13, 18-19) is highlighted.

Management of the care of the nurse within FHS

Three researches approach^(13,20-21) the characteristic, in a succinct way of the management of care of the nurse in FHS. A more critical vision and details of the difficulties to make the management of the care of the nurse in Basic Attention feasible where found in two studies^(19, 22).

DISCUSSION

Throughout the analyzed works it was possible to notice that the care and the management are the most frequent actions in the professional practice of the nurse inside the FHS. This strategy was quite highlighted and described as an attempt to consolidate SUS, thus providing the reorganizations of the assistance to health which is still strongly influenced by the prevailing private doctor model. These transformations occurred from the Basic Attention, with practices no longer fragmented, centered on the diseases and on the medicine treatment, but providing a complete, equanimous and humanized assistance, emphasizing promotion, prevention to avoid the treatment to get worse, recovery

of the collective and individual health, by means of multi-professional team⁽⁸⁻¹⁰⁾.

In this new model of attention to health, the care of the nurse does not give priority only to biological or pathological characteristic of the social actors, but also to the social and interactions phenomena⁽⁸⁾. There is a greater approach to the population affiliated to the FHS, which favors a better knowledge of the people, both individually, as well as in his family, environment and his own community⁽¹¹⁾.

The humanized care is incentivized, with respect, sympathy, worrying, feeling and living the problems together with the users⁽¹²⁾. The link and the responsibility are considered the main point of the change in attendance, able to guarantee the continuity of the care and the follow-up of the family⁽¹⁰⁾.

In this literature it is also observed the team work as a possibility of enhanced care, once it favors the health professionals to expose their knowledge, evaluate risks and priorities, provides care in order to reach continuity, inter-sectoriality and integrality by means of a collective elaboration of this team⁽¹³⁾.

However what is still noticed in the study, with a great incidence, is the care of the nurse set by the traditional model, curative and individual of assistance, which makes the implementation of ways to take care in a particular way more difficult as well as the dialogical ways which help the real needs of health of the users who look for FHS⁽¹⁴⁾.

This traditional care is exemplified with a Home Visit (HV), Nursing Appointment (NA) and activities of education in health. Regarding HV, the intervention is turned to the sick person, showing many times the HV has not helped in a more widened comprehension of the health-disease process⁽¹⁵⁻¹⁶⁾.

The care taken at the moment of the HV has an essential curativist character and limited to the procedures of nursing such as medication, checking vital signs and appointing examinations. The nurse, during the HV, does not try to identify the family dynamics nor does he discuss the changes in the life of the family decurrent from the problems of health of one of his members. In the HV, the social and financial aspects are understood as factors which impede therapeutics⁽¹⁵⁻¹⁶⁾.

Regarding the NA, the nurse does not bring into this scenario of care the social dimension and ends up adopting a prescriptive posture. It is not a dialogical position of recognition and intervention on the problem of health. The NA is presented as a way to relieve the doctor's agenda e does not approach the family. In the NA the guilty for not following the proper treatment is transferred to the user, while the social and economical issues are not discussed and they are determinant in the health of the family⁽¹⁶⁾.

Moreover, the conception of education in health in the care of the nurse is traditional when the transmission of knowledge occurs vertically with a passive user who must modify his behavior, according to what is recommended⁽¹⁵⁾.

Therefore, the actions of care of the nurse in FHS remains linked to a limiting and fragmented philosophy regarding the conception of the process health-disease, which makes it difficult and impossible the actions of care which help the real needs of the social actors enlisted in the territory of the Basic Attention.

Among the managerial actions of the nurse in the context of the FHS it is important to point out his participation on the elaboration, coordination and articulation of the planning of the unit of health. The nurse can identify the resources (demographical and

epidemiological profile of the population described) related to the planning of FHS⁽¹³⁾.

Still regarding the managerial actions in the context of the Basic Attention, the nurse promotes integration and the good relationship of the health teams under his responsibility, invests in the interpersonal relationships, valuing the performance of the health professionals having as objective the quality of the care rendered⁽¹⁷⁾.

The nurse also provides the elaboration of activities in order to reach the purpose of the action of the unit of health, giving priority to the families according to the classification of risks and present deterioration, focusing on the risk groups, the increase of the clinic and acting together with the other team health professionals. It reflects on the prediction of situations and possible alternatives for the best decision to be taken with responsibility and ethics. He identifies potential problems, builds up possible scenarios in order to agglutinate subsidies to act in order to avoid interferences in the organization of the service and present support in case they might happen⁽¹³⁾.

The same way the care of the nurse suffers influence from the traditional model, the managerial actions presents the same characteristics of ambivalence in the FHS scenario. It should be pointed out that the managerial activity of control, as a supervision dimension has limited action, that is the focus now turns to the work to be developed according to the planning procedures and strictly following the rules previously established ⁽¹³⁾, especially in the supervision of vaccination rooms, outpatient facilities, preventions and dressings, as well as in the supervision of the community agents. The interpersonal reactions are impersonal with the other members of the health team,

vertical dialog and the exclusion in the participation of the users in the elaborations of managerial activities⁽¹⁸⁾.

These management traditional actions taken by the nurse in the FHS follow the Taylor, Ford and Weber models of classic administration. Soon, the knowledge used by the nurses strengthen the bureaucracy, division of work, productivity, alienation of the health professional, emphasize activities of supervision and control, leaving to a second plan the planning and evaluation of the practices of care⁽¹⁹⁾.

The managerial actions of the nurse as an essential tool for the organization of the work environment planning the techniques of care in coordination of the members of the health team in the FHS are not implemented with efficiency and efficacy, once the traditional administrative models are frequent, according to the discussions of the authors, and this is a limiting factor for the integrality of the practices of the nurse within the Basic Attention.

It is observed that the management of care, that is the integration and articulation between the actions of care and the management of the nurse in FHS is not yet a thoroughly discussed theme in the literature, having been quoted in a succinct way, with few reflections and discussions, in three studies^(13, 20-21).

Only in one research there was a problem regarding the thematic of care management. In this investigation, it was observed, that the reduction of the management to bureaucracy tends to make the dimension of the nurse's work process mechanic. With this, the management of the care rendered to the user in the FHS is jeopardized due to bureaucratic activity⁽²²⁾.

In this same study it is shown that it still co-exists the role imposed by institutions of health that direct the nurse to essentially technical-administrative functions,

and its is a limiting factor in the development of the managerial work centered on care.

In the core of the process of work developed by the nurse in basic units of health, the attention, the tension between taking care and managing seems like opposite poles and not as intercessors and inter-complementary actions⁽¹⁹⁾, thus making the implementation of care management difficult.

The managerial practice is an activity considered as a means for the execution of the work, once the final activity is the assistance and the care based on a quality standard provided, recognized by the service as desirable and fundamental for the good practices of the nurse⁽²²⁾, based on total, ethic and human care, together with the flexible, dynamic and contemporary management.

Therefore, the work of the nurse in FHS, although having as reference the theoretical structure which constitutes the SUS with principles, legislation and several technical and assistential models to implement its action of health, can not incorporate such vision and it keeps ingrained to the normative and traditional process of doing and thinking the health actions in FHS, which makes it hard to implement the actions of care management, that is, the integration and the articulation between the actions of care and management in a critical and reflexive manner.

FINAL CONSIDERATIONS

With the analysis of the works reviewed, it is possible to state that there are few researches on the management of the nurse care in FHS, a high number of studies approaching actions of care and management is evident, but separately. It is believed that the low

number of publishing is also related to the subject of care management for being a recent concept for nursing

It was possible to notice throughout the studies that the actions of care and management of the nurse in the FHS attempts to elaborate new practices, following the proposal of re-orientation of assistance to health of the SUS, but it still suffers influence of the traditional model with fragmented activities, hierarchized, individualist and with a positive view of the process health-disease, providing a scenario of intense ambivalences, where, once again, care and management do not articulate.

So, with this research, the objective is to offer alternatives so that the nurse can identify the process of work in the dimension of management of care as a tool not only to organize practices, but also use it as an expression of a specific project of health and the nursing itself, besides inducing the consolidation of care technology such as reception, responsibility, link and autonomy, in the daily assistance of the nurse in order to assist to the real needs of health of the social actor within FHS.

Under this perspective, the management of care is not structured as an end for itself, implying with the characteristics of this activity, but as a means, an instrument of deconstruction and construction of new practices of the professional nurse and, consequently, benefit the users of the health services, with ethical, flexible, human, political and efficient actions.

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