



Competences of nurses in the Family health Strategy

Competências dos enfermeiros na estratégia Saúde da Família Competencias de los enfermeros en la estrategia Salud de la Familia

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ABSTRACT

Objectives: To analyze the professional competencies of nurses of the Basic Health Units with Family Health teams of a municipality of southern Minas Gerais and the strategies used to develop these skills. **Method:** This is an exploratory study with a qualitative approach, in which 19 nurses who work in the Basic Health Units with Family Health teams participated. For data collection, semi-structured interviews were conducted from May to June 2018. For data analysis, inductive content analysis was used. **Results:** Eight competencies required for nurses were identified: leadership; permanent education; ethic; communication; people and material resource management; teamwork; health care; decision making – as well as organizational and individual strategies to develop them. **Conclusions and implications for practice:** The identification of a competency profile for nurses should provoke reflection among health managers and training centers for the elaboration and implementation of essential institutional strategies that promote the improvement of these professionals, in order to guide their work.

Keywords: Professional Competence; Local Strategies; Family Nurse Practitioners; Family Health Strategy.

RESUMO

Objetivos: Analisar as competências profissionais de enfermeiros das Unidades Básicas de Saúde com equipes de Saúde da Família de um município do Sul de Minas Gerais e as estratégias utilizadas para o desenvolvimento dessas competências. **Método:** Trata-se de um estudo exploratório, de abordagem qualitativa, do qual participaram 19 enfermeiros que atuam nas Unidades Básicas de Saúde com equipes de Saúde da Família. Para a coleta de dados, foram utilizadas entrevistas semiestruturadas, realizadas no período de maio a junho de 2018. Para a análise dos dados, foi utilizada a análise de conteúdo indutiva. **Resultados:** Identificaram-se oito competências necessárias ao enfermeiro, tais como: liderança; educação permanente; ética; comunicação; gestão de pessoas e de recursos materiais; trabalho em equipe; cuidado à saúde; tomada de decisão – bem como estratégias organizacionais e individuais para desenvolvê-las. **Conclusões e implicações para a prática:** A identificação de um perfil de competências para o enfermeiro deve provocar reflexão dos gestores em saúde e centros formadores para a elaboração e implementação de estratégias institucionais essenciais que promovam o aprimoramento destes profissionais, a fim de nortear o seu trabalho.

Palavras-chave: Competência Profissional; Estratégias Locais; Enfermeiras de Saúde da Família; Estratégia Saúde da Família.

RESUMEN

Objetivos: Analizar las competencias profesionales de enfermeros de las Unidades Básicas de Salud con equipos de Salud de la Familia de un municipio del sur de Minas Gerais y las estrategias utilizadas para desarrollar estas competencias. **Metodología:** Este es un estudio exploratorio con un enfoque cualitativo, en el cual participaron 19 enfermeros que trabajan en las Unidades Básicas de Salud con equipos de Salud de la Familia. Para la recopilación de datos, se realizaron entrevistas semiestructuradas de mayo a junio de 2018. Para el análisis de datos, se utilizó el análisis de contenido inductivo. **Resultados:** Se identificaron ocho competencias necesarias al enfermero, como: liderazgo; educación continua; ética; comunicación; gestión de personas y recursos materiales; trabajo en equipo; cuidado de la salud; toma de decisiones – así como estrategias organizacionales e individuales para desarrollarlas. **Conclusiones e implicaciones para la práctica:** La identificación de un perfil de competencias para el enfermero debe provocar reflexión de los gestores en salud y centros formadores para la elaboración e implementación de estrategias institucionales esenciales que promuevan el perfeccionamiento de estos profesionales, con el fin de orientar su trabajo.

Palabras clave: Competencia Profesional; Estrategias Locales; Enfermeras de la Familia; Estrategia Salud de la Familia.

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INTRODUCTION

The human resources model in the current job market is changing and this scenario is linked to people management by organizational and professional competencies, so that contributions and development of the institution can be obtained. Thus, seeking an independent, reactive, entrepreneurial professional profile generated the need to develop professional skills related to the various health contexts, according to the requirements requested for each area of activity.¹

In the field of Primary Health Care (PHC), many practices have been developed through the Basic Health Units (BHU) with Family Health teams (FHT), which is a proposal for reorienting the health care model, from primary care, in line with the principles of the Unified Health System (UHS), focusing on the consolidation of this model to meet the transformations of the health scenario.²

Given this, the Family Health Strategy (FHS) proposes a new way and new manners of working health, with the family as the center of attention, through a humanized vision in the process of intervention to users, expanding comprehensive health care, acting preventively.³

BHU with FHT are inserted in increasingly complex scenarios, permeated by various interests, and environments, including political, economic and social interests. In this direction, this premise underscores the need for professionals prepared by means of appropriate skills to build and lead their teams, so that it can help create visionary processes, both to meet the expectations of users and the development of this field.⁴

In this context, competencies are related to human capabilities to perform a specific task and are considered essential elements that allow companies to focus on the essentials of their business and thus have a human talent that has the knowledge, skills and attitudes to develop their work effectively and meet the challenges of the globalized world.⁵

There are many skills that are necessary for nurses in their professional practice, since this worker needs to be qualified to act effectively in the consolidation of the principles of the current health system, especially in managerial, care and educational activities, which require systematization and commitment to individual and collective needs. Therefore, this professional requires constant mobilization of skills for their practice in order to consolidate, expand and transform the BHU with FHT.⁶

In the scope of the FHT, the nurse has a relevant role, being assigned to this professional tasks such as: planning, managing and executing actions in the context of individual and collective health, supervising direct assistance to the population, carrying out promotion, prevention, cure and rehabilitation, articulating intersectoral actions, managing health services, developing health education and continuing education, as well as leading these teams.⁷ And for this, it is crucial that this professional has skills in his or her praxis that fit the demands of his work process at the BHU.

From this perspective, the FHS has a multiplicity of characteristics capable of instigating the development of competencies for professional nurses, as well as different ways to developing

them. In addition, identifying the profile of competencies that are essential to their performance can help in the organization of the work process, prepare them for unexpected demands in care planning, and provide knowledge exchange and reflection of service practices. It is noteworthy that the literature is scarce regarding the identification of nurses' professional skills in the FHS.

In this sense, this study presents the following questions: What are the skills that nurses must have to work at the BHU with FHT? Has the institution or the worker him/herself used strategies for skills development?

Regarding the relevance of this research, in order for the FHS to actually consolidate itself, it is necessary professionals who undertake the expanding of their core of knowledge and that, in addition to technical competence, develop the ethical-political and management dimensions of work in health, assuming the role of protagonist in this scenario for the quality of care and management with excellence⁸. Still, one cannot forget the educational actions carried out by nurses, which require constant expansion of their knowledge.

From this perspective, this study should also provide managers and training centers in nursing with reflection on skills gaps of these professionals that are permeated by their knowledge, skills and attitudes. In addition, it should allow rethinking necessary and appropriate strategies for employee improvement in response to organizational and individual needs.

The objective of the study was to analyze the professional competencies of nurses from BHU with FHT from a city in southern Minas Gerais and the strategies used to develop these competencies for their performance.

METHOD

It is a qualitative exploratory study. The scenario consisted of BHU with FHT from a municipality of southern Minas Gerais. The sample consisted of nurses working directly in care for more than three months and the nurse managers were excluded from the research.

Data collection took place from May to June 2018. After institutional authorization, the nurses were personally invited to participate in the research, and the data collected individually through semi-structured interviews held in a place available to each participant, lasting approximately 20 minutes. The interview script was composed of two parts: the first, containing socio-professional identification data, such as: age; sex; marital status, time of nursing practice; time at the institution and postgraduate courses. The second part contained guiding questions related to the competencies of the nurse who works at the BHU with FHT and the organizational and individual strategies to develop them. The interviews were recorded and later transcribed by the researcher.

For data analysis, inductive thematic analysis was used according to the following steps: transcription and reading of data; coding of interesting data characteristics systematically throughout the dataset; search for themes by grouping codes; review of themes that verify whether they respond to coded extracts; analysis to improve the specificities of each theme

and final analysis of the selected excerpts related to the guiding question of the research, generating an academic report of the analysis.⁹

This study was approved by the Research Ethics Committee of the Universidade de São Paulo at the School of Nursing of Ribeirão Preto (EERP-USP), according to Opinion No. 150/2018, CAAE: 86700918.4.0000.5393. In order to preserve the anonymity of the participants of this research, we chose to use the letter "I" of interviewee, followed by the numeral, according to the increasing chronological order of the interviews, taking as an example, I1 (Interviewee 1) and so on.

RESULTS

Participant Characterization

Nineteen nurses participated in the study. The data revealed a predominance of females, being 17 (89.05%) of the total against two (10.05%) males. Regarding the time since graduation, it can be observed that seven (36.84%) completed the graduation about 16 to 20 years ago, followed by six (31.57%) between six and 10 years, and another six (31.57%) in the period between zero and six years.

In this sense, another variable that stood out in the study was the nurse's time in the FHS. Eight (42.10%) nurses worked in the FHS between 11 and 15 years. Regarding postgraduate training and qualification, 17 (96.77%) nurses took postgraduate courses, some at the *lato sensu* level, such as two (06.80%) of Public Service Management, nine (30.60%) of Family Health and one (03.04%) of Public Health. Regarding postgraduate *stricto sensu*, the respective areas were informed: one (03.04%) of Health Sciences, two (06.08%) of Fundamental Nursing and one (03.04%) of Collective Health, totaling 34 titles.

The inductive content analysis was used to interpret the data of this study and, for this, we opted for the thematic analysis, which allowed the identification of professional competencies of nurses of the BHU with FHS, such as: leadership, permanent education, ethics, communication, teamwork, people management and material resource management, health care and decision-making. Also, organizational and individual strategies for the development of these professional competencies were identified, which will be presented below:

Professional Competencies of nurses in the FHS

Leadership

Leadership was one of the essential skills pointed out in this study as important for nurses' working praxis. Participants attributed this competence to some individual characteristics of professionals, such as a guide, conflict mediator, broader view, motivative, empathetic and respectful.

The first competence that the FHS nurse has to be is a leader, so a good leader is one who knows and understands each other's work. (I7)

Leadership competence in work processes is very important, because he/she (the leader) must guide the team, give direction, see possibilities of other leaderships also in the team, motivate, resolve conflicts, be empathetic, acknowledge with praise when the team achieves proposed objectives and value each professional. (I8)

Permanent education

The analysis of the statements of the FHS nurses also elected the permanent education competence as indispensable, and may help to understand new demands, as well as reconstruct and give new meanings to the processes already established:

The competence permanent education for me did not make much sense, I thought it was a waste of time, I could only realize after some problems and demands that were arising in the FHS... without permanent education I cannot develop work responsibly and creatively... There is no motivation, permanent education allows us to discuss and innovate work processes. (I17)

To work in the FHS, if there is no permanent education competence, work is compromised... we have more activities, responsibilities and permanent education helps to understand these processes. (I5)

Ethics

Ethics, professional competence identified by the FHS nurse, showed interrelationship with other competencies, being significant for their work, especially considering the aspects of confidentiality and respect:

Ethics runs through all competencies. To exercise all competencies, the nurse must be guided first by the ethical competence... Our nursing code of ethics guides that the nurse has to respect, has to keep confidentiality, cannot expose, we have to respect the patient. (I9)

Ethical competence comes first than all others... it is very wide... the nurse has an obligation to be ethical... ethics is a sum of many influences, since you are born... school... college... work routine. (I1)

Communication

In the FHS, communication is a competence that is essential for nurses to develop their role effectively with their team and other professional categories, allowing to relate to the diversity of subjects acting in a clear and objective way:

Nurses' competencies in the family health

Lopes OCA, Henriques SH, Soares MI, Celestino LC, Leal LA

Communication is a very important competence for nurses to work within the unit; It is through it that we standardize the same language. (I1)

The competence of communication is very important, because it standardizes the language in the work process, so that there are no biases in the speeches... and everyone on the team provides users with correct information, avoiding wasting time and with efficient resolution. (I13)

People and material resource management

The management of people and materials has been shown to be a necessary competence to conduct the work process effectively, as well as to achieve the desired results, and it has been widely demanded by the FHS nurse:

We at FHS also have to manage, for example, material resources and equipment; we verify the need in the unit and pass the demand to the coordination; we also inform the broken, the losses and repair request... inputs I always do the advanced prediction so that nothing is missing, but if need be, I always contact other units for support.. (I13)

We, nurses, have a responsibility to manage all who are here on the team... matter of schedules, working hours, time off, vacation ... always looking to ensure quality of service. (I16)

Teamwork

The competence of teamwork was also identified among the statements of FHS nurses, being highlighted as a challenge in their daily work, surpassing the idea of collective only, valuing the individuality and differences of each professional, to achieve the proposed objectives:

For the FHS nurse, having the teamwork competency is paramount... we have to lead these different professionals through the knowledge of different skills, praise or even exercise constructive criticism to achieve the goals set. (I2)

The nurse is the main actor of the FHS... so it is necessary the competence of teamwork to lead them to the achievement of goals, respecting their differences, listening, articulating, encouraging, understanding each other's time... it is a challenge every day. (I19)

Health care

The care provided to the user is perceived as an inherent competence of the nurse's activity in the FHS:

The competence health care is very important for the nurse of the FHS... must be performed responsibly, humanized, with attention and ethics, because we serve everyone, such as: elderly, children, mental health, women, worker health. (I4)

Attention and care is a necessary skill for us, nurses of the FHS... every day we attend on our agenda, different health conditions and I believe that the well-performed care of nursing generates a reduction of future harm (I7)

Decision-making

Decision-making is a competence required and expected of nurses, especially in the FHS, due to the demand for activities and unexpected situations in the health reality, requiring assertive deliberation:

Decision-making competence is crucial for the FHS nurse during the workday, as we face situations that we need to analyze, think about, decide which will be the best choice for both users and staff. (I5)

For the FHS nurse, decision-making competence is very important... it is used in almost every demand that comes up, and the nurse must think hard, know the situation in order to make the right decision or the closest to it. (I14)

Organizational and individual strategies for the development of professional skills in the FHS

The institution has offered some strategies to improve nurses' skills, highlighting courses, lectures and meetings:

The management has provided strategies such as meetings, committees... encourages attendance at seminars and pays whenever it can; there are also lectures as strategies for new knowledge, exchanges of experiences... and it is always very good, because they update us, we exchange information, all to improve community service and work with the team. (I11)

The strategies used by management to develop skills to work in the FHS are meetings, FHSC [Family Health Support Center] groups, partnership with hospitals and universities for permanent education, permanent education guide, committee and conversation circles... all to exchange information with experiences. (I17)

In addition, there are strategies performed by professionals themselves for their development. Another participant listed individual strategies focused on training and counseling, such as:

As individual strategies I always advise my FHS colleagues to look for courses, trainings, congresses, play activities or conversation circles; it is very important to be aware of the very rapid changes that occur in healthcare. (112)

DISCUSSION

The data made it possible to verify the predominance of females, historical particularity of the profession.¹⁰ Likewise, it was observed that most participants had completed their degree between 16 and 20 years, portraying a period of professional maturity. Then, the data indicated a period of work between 11 and 15 years, which may reveal a professional capable of making assertive decisions, with greater autonomy, besides demonstrating a lasting and close relationship with the community, with consequent development of comprehensive care.¹¹

It was also observed that the participants of this study have sought to improve knowledge, with a total of 34 postgraduate titles among *lato sensu* and *stricto sensu* level. This represents a large number of participants concerned with improving knowledge and thus developing new skills by adjusting to the work environment effectively.

In this regard, eight nurses' competencies were identified: leadership, permanent education, ethics, communication, teamwork, people and material resource management, health care and decision-making.

In the field of nursing, leadership has been discussed in several studies as one of the main skills for performing their tasks. From this perspective, to perform leadership, it is necessary to understand it as a competence that permeates all dimensions of the nurse's work process: caring, assisting, managing, teaching and researching.¹² Still in this reflection, it is emphasized that leadership, specifically, requires education and additional experience.

When it comes to acquiring new skills, it is crucial to associate permanent education as a strategy for nurses' learning, while being one of the activities performed by this professional for the development of his/her team; in this regard, the participants attributed it as a facilitating competence, of unique responsibility, which can construct and deconstruct meanings in the search for new proposals aimed at strengthening PHC.

Given this premise, in the context of national health policies, permanent education presents itself as an innovative model, transforming reality, and pedagogical and care practices; thus, broad teaching-learning is sought from everyday life with the community and service.¹³ Permanent education and the challenges posed by the various PHC goals, represented by the FHT, converge with the construction of democratizing values, methods and practices of work management in the UHS, aiming at the qualification and enrichment of professionals, especially nurses.

In this sense, it is essential to associate permanent education as a nurse's competence in the FHT, while it enables the accomplishing of changes in health practices aimed at improving

the quality of service, personal improvement and updating in the face of the demands at work.¹⁴

Still, the work of nurses at FHT, the close contact with the population, requires that this professional be ethical in all tasks. Being ethical is vital and should be the pillar for decision-making, always driven by conscious reflection, respecting their professional Code of Ethics. The role of ethics is to provide bases that aim to guide people's actions, from critical evaluations and reflections on values and principles accepted by society. And, when it comes to health praxis, ethical issues should guide actions in order to enable professional practice with quality and respect for human values.¹⁵

Regarding this premise, the code of nursing ethics standardizes the duties of the professional nurse and guides what should and should not be done. The Code of Ethics of Nursing Professionals (CENP) is a legal tool that governs the principles, rights, responsibilities, duties and prohibitions pertaining to the ethical conduct of its professionals.¹⁶ Thus, it is evident that ethical competence constitutes itself needed for the effective work process of the BHU nurse with FHT.

Considering that the nurse in his/her work process is a dynamic professional, who must be attentive and assertive in his/her conduct, communication is remarkable for the development and implementation of all activities, and should be performed appropriately in order to reduce noise and distance between staff and community. In this sense, communication can be considered fundamental for nursing care and, through verbal and nonverbal language, as well as the use of effective communication techniques; nurses will perceive signs, gestures and movements that express the true needs of users, providing a clear and objective sharing of ideas, thoughts and feelings.¹⁷

On the other hand, evidence indicates that nurses still have difficulty in developing and applying this skill in practice, and attribute important strategies for assertive communication, such as offering seminars, tutorials and feedbacks.¹⁸ The nurse needs to establish ways of working the competence of communication with the other team members, given the complex and constantly changing scenario of PHC. Courses and communication programs can improve this competence in the daily life of professionals, improving interactions with different audiences and in different situations. Thus, the incorporation of communicative competence in the FHS scenario should provide integral and humanized care.

From this perspective, we see the relevance of a management model that has assertive strategies for the development of professionals. Managing people and material resources is associated with coordinating and organizing the rules and routines of their work process. In line with this premise, the Nursing Professional Exercise Law provides that nurses should administer and manage nursing services, as well as their staff, always prioritizing the quality of services offered.¹⁹

In agreement with the above, the nurse's responsibility for managing the unit with regard to human and material resources has already been identified as an essential part of his/her work process. Therefore, analyzing and recognizing the unit in which

they work as a whole and the resources available, supervising staff, providing rationing and containing waste is crucial for care.²⁰

Thus, in the FHS, the nurse is the professional responsible for organizing the work process of the nursing team, having to guide and conduct their tasks, dimension human resources for work and manage conflicts. In addition, nurses have been asked to articulate the work of other FHS professionals, which is also revealed in the role of a personnel manager.

Another extremely important competence pointed out by nurses is teamwork, which has been developing as a fundamental practice, requiring a broad approach based on common sense, listening, cooperation, respect and empathy. In this sense, teamwork is a work organization strategy that simultaneously contemplates the articulation of actions and knowledge of various professional categories in search of consensus and which translates into quality in the integral attention to the health needs of its clients. Achieving collaborative interprofessional teamwork is vital to the safety and satisfaction of the user and of the professionals themselves.²¹

In the field of nursing practice, teamwork is one of the most prominent skills, as it values the form of collective and multiprofessional work, which, through the interrelationships between the actions performed by the various subjects, affects positive results in the health and disease process of individuals and, consequently, for the team that implements care.²² In this sense, it can be stated that the teamwork competence of the FHS nurse presupposes ensuring cooperation, knowing how to listen, integrating the different actors, making a shared work with excellence, aiming to reach the objectives and proposed goals and, therefore, the nurse should use it in his/her work process. Thus, teamwork requires changes in the work organization and performance standards of each worker, favoring greater integration between the various professionals and the actions they develop.

In continuity, in this context, it was possible to identify another skill for the professional nurse, that is, to provide health care to the population in a humanized manner, respecting the individuality of each user in all life cycles. Health care, perceived as a competence inherent to the nurse's activity in the FHS, should not only be understood as a result of the technical-scientific process, centered on procedures, but rather guided by the ethical dimension and the centrality of the relationship with the other, in accordance with contributing to the construction of subjective and transformative relationships that provide quality of life to users from the perspective of the totality of care.²³

In this sense, besides integrating every holistic aspect of the individual, nurses must be able to make decisions at all times, in an agile, creative, innovative way, so that this care happens effectively, responding to the needs of the population assigned to the FHS. In continuity, decision-making competence in the nursing environment is a complex process, integral to this profession and can affect the outcomes expected of users.²⁴ Nurses must make judgments and make person-centered, evidence-based decisions. They should evaluate their care to improve clinical decision-making as well as their outcomes, using a variety of methods and changing the care plan as needed.²⁵

Given these considerations, it is possible to say that the nurse of the FHS has been constantly challenged due to the multiplicity of demands of their work, which requires precise skills, based on their professional experience and values, and that meet the purposes of managers and primary health care.

Thus, according to scientific evidence, for the development and enhancement of skills in FHS nurses, organizational and individual strategies can contribute to the construction of knowledge, with the purpose of developing professionals and qualifying the care provided. Hence, there are some strategies that can be performed by organizations, such as: investment in meetings; permanent education; courses and training.²⁶

With regard to PHC, one of the challenges to be overcome is related to the workforce. It is highlighted the need for political prioritization of the investment, capable of enforcing the management tools and the expansion of the FHS. Regardless of the strategy used, organizations should be concerned with the development of their workers, aiming at professional adaptation articulated with the context of services responding to the needs of managers and workers.²⁷

However, it is known that nursing professionals are lacking information and learning in their practice scenarios and, especially, with difficulties in changing established caregiver standards.²⁸ In this sense, it is necessary to overcome and modify the professional development strategies, often because, the courses, training and other forms of education occur inarticulate with the reality of professional practice.

Consequently, individual strategies can complement professional development, favoring changes in their working praxis. It is relevant to remember that individual strategies must be planned and pursued by the workers themselves, but encouraged by the service managers. Thus, FHS managers and coordinators should reflect on the competency profile for nurses' performance, in addition to using a people management model that presents strategies to aggregate and train professionals, so that they can perform their tasks in a committed manner and with a view to meeting the real needs of PHC users.

CONCLUSIONS AND IMPLICATIONS FOR THE PRACTICE

The present study pointed out that in order to act in the FHS scenario, different knowledge and practices are necessary to cope with all demands. The evidenced nurses' professional skills offer subsidies for the construction of the PHC nurse's profile, enabling these professionals to support them in the execution of multiple jobs.

The results of this study identified essential competencies that allow nursing professionals subsidies to perform a certain task through the mobilization of knowledge, skills and attitudes, answering the demands assertively and efficiently, facing the complexity of PHC.

The nurses' professional competencies are revealed as fundamental and may represent progress in the professional's performance, based on changes in health conceptions and

practices, allowing them to act with knowledge on the complexity of care, advancing towards integrality and humanization in services.

Skills enhancement can be initiated during the academic education of professionals by use of active methodologies, using critical-reflective thinking that takes into account the health needs of the population. In continuity, it is up to the nurse to constantly seek knowledge for their performance. Health managers also need this understanding and should propose to develop teaching-learning strategies that sensitize their professional nurses in the relentless pursuit of qualification. It is essential to establish a training model that promotes comprehensive health care and thus respects the subjectivity of the user. These strategies enable the transformation of the work process, can produce changes and reflections, as well as improve their practice and have more qualified professionals.

It is noteworthy that the study has limitations; since the method used does not allow the generalization of data and that there is a need to expand the study so that other professional centers that make up the BHU with FHT are contemplated.

It is also emphasized that this study had no ambition to limit or exhaust the reflection on the skills of nursing professionals and the strategies to acquire them, but to contribute to their working praxis, giving greater visibility to professional competencies for their performance in the face of the multiplicity of duties and tasks that are being required, as well as identifying gaps in care, knowledge and management that need to be developed in order to guide the work of these professionals.

AUTHORS' CONTRIBUTIONS

Conception of study design. Data acquisition. Analysis and critical interpretation of the results. Writing and critical review of the article. Approval of the final version of the published content. Responsibility for the accuracy or completeness of any parts of the article. **Olívia Cristina Alves Lopes. Sílvia Helena Henriques.** Analysis and critical interpretation of the results. Writing and critical review of the article. Approval of the final version of the published content. Responsibility for the accuracy or completeness of any parts of the article. **Mirelle Inacio Soares. Lázaro Clarindo Celestino. Laura Andrian Leal**

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