

Reflection of Practice: The Roles and Responsibilities of The Nurse in Primary Health Care

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ABSTRACT

The nurse has a fundamental role for the elaboration of health strategies in primary care, capable of understanding the population scenario and reorganizing the work plan with the multidisciplinary team, to prevent injuries, promote health and refer to other levels of care, those conditions that limit the sequence of care in primary care. The transition of care between levels of health care is a challenge in Brazil. Coordination of the care of the population is the responsibility of primary care with the participation of other levels of care in a complementary way. Even with the segregation of public and private health care, coordination of care is not well established in both structures. The construction of coordination of care by nurses through the development of management strategies and interrelation with other levels of health care is an alternative for better clinical results for the population. Therefore, the objective of this study was Describe the roles and responsibilities of nurses in the Qmentum IQG Certification Program in Primary Health Care.

Keywords

Primary health care, Nurses, Professional role

Introduction

The survival of several organizations is challenging today and requires proper articulation with productivity, quality of the work environment, raw materials and tools, management and everyone involved in the production system [8]. The growth in costs of healthcare organizations and the need for investment management to implement performance improvements tend to be out of step [9].

There are countless segments and activities within the health services which deserve more attention, in order to guarantee a better financial management of these systems, through the analysis of all aspects that impact costs and investment in the segment.

One of these points of great imbalance that needs more attention is the connection between the different levels of health care in Brazil and in the world [1-3]. Care at the tertiary level is much more expensive than at the primary and secondary levels. These costs are even greater and even incalculable when this system is deeply

analyzed, where a significant part of the patients treated in hospitals seek treatment for aggravations of chronic health conditions [3-5], which could be avoided if care in primary care were effective and planned in a timely and appropriate conditions.

These chronic conditions are caused in part by the increase in people's life expectancy and their longevity, imposing new challenges for the provision of health care [5], with increasing demands for new technologies. Science has contributed strongly to new strategies for the distribution of resources among the levels of health care, although little implemented today, or with uneven distribution.

It should also be considered in the epidemiological profile of the Brazilian population, the persistence of diseases characteristic of underdeveloped countries, such as those related to the lack of access to basic sanitation, treated water and adequate nutrition [6]. Diseases considered preventable still plague the population, without considering the associated risk factors that aggravate the situation, such as chronic diseases and other social determinants [5,6,11].

There is a considerable increase in life expectancy at birth in Brazil in the last 50 years [5,11], generated by the improvement of sanitation conditions, the progress of medical technology and the improvement of the attention to communicable diseases, mainly by the expansion of immunization, reduction of infant mortality rates, with greater expansion of prenatal care and perinatal care [5].

Cardiovascular diseases and cancers have a high impact on health services, demanding a reorganization of the health care network, including preventive measures, for early diagnosis, and ensuring access to adequate treatment of these pathologies [15,16]. Strategies for primary health care in the public health system in Brazil have been showing a significant impact in reducing infant mortality rates, both post-neonatal and neonatal, demonstrating primary care as an important tool capable of interfering in the social determinants of the population [17].

In general, the health costs of citizens have increased, unbalancing the entire existing health resource as disease prevention is underused. The alternative for the functioning of the health system in Brazil to happen properly depends on its sufficient financing and the adequate management of the resources obtained for this purpose [5].

In recent studies, it is highlighted that health financing is predominantly centered on the private health system, which about 23% of the population has access. Spending on private health is representative of the Brazilian family budget [12], however, there is an important reduction in the role of the State as a provider and financier of public health services.

To meet all these needs and make health systems more efficient, the organization of health care in Health Care Networks is essential. The Health Care Network (HCN) is considered as a set of health services, organized, in a non-hierarchical way, linked together [6]. The Health Care Network has broad significance in the organizational arrangements in health services in search of integral care. With the HCN, a systemic integration between the levels of health care is expected so that the population can access the necessary resources for their health promotion, disease prevention and rehabilitation [6].

The horizontal relations of health care between the other levels of care start from Primary Health Care (PHC), due to the centrality in the needs of a given population, through integral and continuous care, multiprofessional planning, through the sharing of objectives and commitments to health outcomes and economic [6].

Primary health care (PHC), within the HCN, aims to be the preferred gateway to the health system, in order to prevent diseases and treat simple conditions, being the major supplier for secondary and tertiary care, organizing the flow of services in the health care network [5,11]. The organization of health in this way is associated with greater user satisfaction, in addition to the promotion of health services with higher quality, in addition to a better relationship

between effectiveness and costs [5,6,8].

Thus, the aim is to expand access, continuity of care, quality of care, patient satisfaction, in addition to greater effectiveness in the use of available financial resources. Due to its characteristics, PHC is considered essential for the management of chronic diseases, the population is highly benefited by prevention and promotion actions.

The nurse has a fundamental role for the elaboration of health strategies in primary care, capable of understanding the population scenario and reorganizing the work plan with the multidisciplinary team, to prevent injuries, promote health and refer to other levels of care, those conditions that limit the sequence of care in primary care.

The transition of care between levels of health care is a challenge in Brazil [1,3,5]. Coordination of the care of the population is the responsibility of primary care with the participation of other levels of care in a complementary way. Even with the segregation of public and private health care, coordination of care is not well established in both structures [12,15,16]. The construction of coordination of care by nurses through the development of management strategies and interrelation with other levels of health care is an alternative for better clinical results for the population.

The primary health care certification proposal of IQG - Health Services Accreditation [17], aims to centered care on the individual, understanding their social environment and available resources. The coordination of care is a premise of the program so the reorganization of the strategy can produce positive effects in the control of worsening chronic conditions of the population. The aim of this study was to highlight the role of nurses in the coordination of care in Primary Care and to establish a bridge between the other levels of care for resolving health care.

Objective

Describe the roles and responsibilities of nurses in the Qmentum IQG Certification Program in Primary Health Care (PHC).

Method

The Qmentum IQG Certification Program in PHC aims to redefine patient-centered care from a collaborative construction of work processes, implementation of access management guidelines and communication as local decision makers.

Coordination of care is essential for the continuity of assistance between the different levels of care, articulating communication between the different systems, essential for the management of public policy change.

The nurse is a professional capable of redirecting PHC actions in order to provide coordinated and resolute care. Strategies for establishing care coordination are proposed, such as the definition of communication flows, the creation of work teams and the redesign of processes. Thus, it is proposed the design of roles and

responsibilities of nurses and an instrument for the integration of PHC teams, through the attribution of responsibilities.

The definition of roles and responsibilities in the nurse's practice is essential for clarity in their daily tasks, allowing their repositioning in front of the multidisciplinary work team and the development of their activities according to their skills and abilities.

It is not uncommon in the practice of this professional, the uncertainties regarding their duties, bringing great confusion to the practice of the teams, hierarchically distributed and notably confused among its members [18,19].

These divisions intend to bring to the practice of nurses the adaptation to the current health scenario in Brazil, making this professional able to understand their important role in PHC.

Results

It is expected, during the program construction, the structuring of a high-performance team to discuss systemically the health problems of the population, which aims at the integration of services and integrality of care; in addition to creating effective collective decision-making and governance structures in line with the responsibilities of the member services. Thus, it is understood that the network management team as a management tool, in which each unit of the HCN is represented by a member, whose figure may be a nurse.

The role of nurses in PHC provides for prevention and health promotion actions and its main challenge is to articulate with the different levels of health care. Pre-defined programs for health care in PHC without a pre-understanding of what is the epidemiological profile served do little to contribute to the reality of the population, leading to a disconnection from what is perceived by the population and PHC, which becomes ineffective.

Resuming patient-centered care is one of its main tasks, including, in addition to promoting continuous care and the appropriate transition of care, respect for patient preferences, promoting coordination and integration of care, the use of information and education and information for patients and families, physical comfort, emotional support, involvement of family and friends.

The integrality of care is another concern of the PHC team, which aims to strengthen the relationship between patients and their families with the health team; in this way it is able to manage and supervise the activities of the team, with added value to the patient and his family for health promotion.

The redefinition of workflows for a integral and resolute approach should encompass one more function of the nurse. For this assignment, it is necessary to take a holistic view of its tasks, leaving aside its curative vision. Thus, the aim is to analyze the evolution of the health-disease context in addition to preventing injuries. This will be allowed through the integration of the team, through their cooperation in activities, identification of new

needs and rescheduling of the activities course for greater team effectiveness. Thus, it plans to use the workforce, as well as the expected result for this interaction.

Thus, a model of description of roles, attributions and responsibilities is proposed, according to Table 1, aiming to clearly establish the activities to be performed by nurses.

Roles	Attributions	Responsibilities
Organizes the flow of care in PHC as an integral part of the network	Understands the needs of stakeholders: market demand, customer portfolio, organizational need, methodology and socioeconomic needs. Understand the population profile of the customer portfolio.	It develops and implements appropriate measures to achieve well-defined business results and monitors progress in meeting goals and objectives.
Develops the strategy for the transition of care between levels of health care	Establishes partnerships and commitments between stakeholders. Involve and guide the network's different levels of care towards collaborative work.	Establishes and supervises the necessary processes for effective network operation.
Monitors and controls the development of actions	Guides method for building an integrated information system. Coordinates the interdependence of the different levels of health care that make up the network.	Ensures the provision of reports, tools, support and guidance needed by participating team members and providers. It helps to ensure that financial and clinical data are accurate, accessible and reportable.
Coordinates patient-centered care	It guides the team towards patient-centered care. Scales resources for care; It analyzes the results of PHC regarding the care provided and proposes improvements with a focus on prevention and health promotion.	Manages material and human resources for work. Coordinates the team's daily work by assigning roles and responsibilities

Table 1: Roles, attributions and responsibilities to be performed by nurses.

Conclusion

From the stage of structuring the network management team, it is expected, within the activities of the program, the alignment of the roles, attributions and responsibilities of each PHC member.

The nurse is a fundamental part for the alignment and integration between services, improving the collection and analysis of network information and narrowing the communication channels, aiming at improving access to care for the population, the quality of information obtained, optimization of operational capacity, standardization of processes, adequate use of resources and operational effectiveness.

The next stages of Certification aim at analyzing the roles, attributions and responsibilities built by the institutions themselves, aiming at the evolution of the project for the remodeling of PHC

in the current health system. The success of the project depends on building internal and external health system relationships, in addition to well-defined organizational structures. For this, nurses are expected to have knowledge, skills and attitudes capable of effectively translating information and ideas to different public; as well as managing the quality of health care. These are still challenging that aim to achieve greater consistency in the quality of services and will determine the survival of health systems.

References

1. Macedo LM, Martin STF. Interdependência entre os níveis de atenção do Sistema Único de Saúde SUS significado de integralidade apresentado por trabalhadores da Atenção Primária. 2014; 18: 647-660.
2. Erdmann AL, Andrade SR, Mello ALSF, et al. A atenção secundária em saúde: melhores práticas na rede de serviços. Rev. Latino-Am. Enfermagem. 2013; 21: 131-139.
3. https://repositorio.ufscar.br/bitstream/handle/ufscar/10987/Disserta%C3%A7%C3%A3o_Nayara_2019-02-12.pdf?sequence=3&isAllowed=y
4. CARNEIRO JRN, ELIAS PEA. reforma do Estado no Brasil as organizações sociais de saúde. Rev Admin Publ. 2003; 7: 201-26.
5. SALDIVA, Paulo Hilário Nascimento VERAS, Mariana. Gastos públicos com saúde: breve histórico, situação atual e perspectivas futuras. Estud. av., São Paulo. 2018; 32: 47-61.
6. Brasil. Ministério da Saúde MS. Portaria 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de Atenção à Saúde no âmbito do Sistema Único de Saúde SUS. Diário Oficial da União 2010.
7. Hudon C, Chouinard MC, Diadiou F, et al. Case Management in Primary Care for Frequent Users of Health Care Services With Chronic Diseases: A Qualitative Study of Patient and Family Experience. Ann Fam Med. 2015; 13: 523-528.
8. Esteves WLS. A Aplicação do Lean Manufacturing nas Indústrias. X Congresso Nacional de Excelência em Gestão. 2014.
9. Jericó MC, Castilho V. O investimento financeiro em recursos humanos uma experiência em hospital. Rev. Latino-Am. Enfermagem. 2014; 12.
10. Almeida ND. A saúde no Brasil, impasses e desafios enfrentados pelo Sistema Único de Saúde – SUS. Revista Psicologia e Saúde. 2013; 5: 01-09.
11. Miranda GMD, Mendes ACG, Silva ALA. O envelhecimento populacional brasileiro desafios e consequências sociais atuais e futuras. Rev. bras. geriatr. gerontol. 2016; 19.
12. Figueiredo JO, Prado NMBL, Medina MG, et al. Gastos público e privado com saúde no Brasil e países selecionados. Saúde Debate | Rio de Janeiro. 2018; 42: 37-47.
13. Teixeira MG, Costa MCN, Carmo EH, et al. Vigilância em Saúde no SUS-construção, efeitos e perspectivas. Ciênc. saúde colet. 2018; 23.
14. Brasil. Portaria nº 3.992, de 28 de dezembro de 2017. Altera a Portaria de Consolidação nº 6/GM/MS, de 28 de setembro de 2017, para dispor sobre o financiamento e a transferência dos recursos federais para as ações e os serviços públicos de saúde do Sistema Único de Saúde. Diário Oficial da União. 2017; 28.
15. Boccolini, CS. Morbimortalidade por doenças crônicas no Brasil: situação atual e futura Cristiano Siqueira Boccolini. – Rio de Janeiro: Fundação Oswaldo Cruz. 2016.
16. Barreto LM, Carmo EH. Padrões de adoecimento e de morte da população brasileira os renovados desafios para o Sistema Único de Saúde. Ciência & Saúde Coletiva. 2007; 12: 1779-1790.
17. IQG. Manual da Certificação de Atenção Primária. 2019.
18. Wiles R, Robison J. Teamwork in primary care: the views and experiences of nurses midwives and health visitors. Journal of Advanced Nursing. 1994; 20: 324-330.
19. Petersen P, Sieloff C, Lin LS, et al. Understanding the Roles, Responsibilities and Competencies of Advanced Practice Registered Nurses Instrument Development and Psychometric Testing. Journal of Nursing Measurement. 2019; 27: 33-48.