

Management Skills Developed by Primary Health Care Nurses

Habilidades Gerenciais Desenvolvidas por Enfermeiros da Atenção Primária à Saúde
Habilidades de Gestión Desarrolladas por Enfermeras de Atención Primaria de Salud

RESUMO:

Objetivo: Analisar as habilidades gerenciais produzidas pelo enfermeiro da atenção primária à saúde. **Métodos:** Trata-se de um estudo descritivo-exploratório com abordagem qualitativa, realizado em Boa Vista - Roraima. A coleta de dados foi realizada com 25 enfermeiros, por meio de uma entrevista semiestruturada. **Resultados:** Os resultados desta investigação direcionam para o conhecimento de duas dimensões que correspondem as habilidades gerenciais produzidas pelos enfermeiros da atenção primária a saúde, sendo a primeira dimensão liderança como habilidade humana gerencial produzida pelo enfermeiro na Atenção Primária à Saúde e a segunda dimensão Planejamento estratégico situacional como habilidade gerencial técnica e conceitual produzida pelo enfermeiro da Atenção Primária à Saúde. **Conclusão:** Os profissionais enfermeiros que atuam como coordenadores da estratégia saúde da família possuem um papel fundamental no gerenciamento de enfermagem da atenção primária à saúde, gerir uma equipe vai muito além de apenas delegar funções, é um trabalho em equipe.

DESCRIPTORIOS: Organização e Administração. Enfermeiras Administradoras. Atenção Primária à Saúde.

ABSTRACT

Objective: To analyze the management skills produced by primary health care nurses. **Methods:** This is a descriptive-exploratory study with a qualitative approach, carried out in Boa Vista - Roraima. Data collection was carried out with 25 nurses during the, through a semi-structured interview. **Results:** The results of this investigation lead to the knowledge of two dimensions that correspond to the management skills produced by nurses in primary health care, the first dimension being leadership as a human managerial skill produced by nurses in Primary Health Care and the second dimension Strategic planning situational as a technical and conceptual management skill produced by the Primary Health Care nurse. **Conclusion:** Professional nurses who act as coordinators of the family health strategy have a fundamental role in nursing management of primary health care, managing a team goes much further of just delegating functions, it's teamwork.

DESCRIPTORS: Organization and Administration. Nurse Administrators. Primary Health Care.

RESUMEN

Objetivo: Analizar las habilidades de gestión desarrolladas por el personal de enfermería en atención primaria de salud. **Métodos:** Estudio descriptivo-exploratorio con enfoque cualitativo, realizado en Boa Vista, Roraima. La recolección de datos se realizó con 25 enfermeros mediante una entrevista semiestruturada. **Resultados:** Los resultados de esta investigación orientan el conocimiento de dos dimensiones que corresponden a las habilidades de gestión desarrolladas por el personal de enfermería en atención primaria de salud: el liderazgo, como habilidad de gestión humana, y la planificación estratégica situacional, como habilidad de gestión técnica y conceptual. **Conclusión:** El personal de enfermería que coordina la estrategia de salud familiar desempeña un papel fundamental en la gestión de enfermería en atención primaria de salud; gestionar un equipo va mucho más allá de la simple delegación de funciones; es trabajo en equipo.

DESCRIPTORIOS: Organización y Administración. Enfermeros Administradores. Atención Primaria de Salud.

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INTRODUCTION

The choice to investigate the managerial skills that primary health care (PHC) nurses perform on a daily basis invariably places this research in challenging fields of knowledge and expertise. This is because they encounter many organizational and interpersonal dilemmas when they implement actions to provide care that encompasses health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance for individuals, families and communities⁽¹⁾.

Managing, assisting and teaching are three attributes that go hand in hand with PHC nurses. Actions relating to management will always have an impact on the care provided by these professionals, as they carry out various activities that produce care as an instrument in the various dimensions of the work and nursing process. In this way, nurses are agents for transforming health practices, who through management seek to integrate: care, prevention, promotion and health interventions⁽²⁾.

The nurse who manages care processes in PHC needs to have decision-making skills. The ability to make assertive decisions enables professionals to resolve both care and management conflicts. This nurse must have critical,

analytical, judgmental and evaluative skills, among other attributes, since they are responsible for managing the conditions and resources of the health service⁽¹⁻⁴⁾.

Nurse managers have autonomy when it comes to making decisions. However, studies show that these professionals have difficulty in developing the role of management, since they have inadequate material, human and financial resources in the context of PHC²³.

In addition, nurses involved in management are directly impacted in the exercise of their professional activities by the lack of specific knowledge about management, lack of motivation and work overload. Specifically, the year 2020 accentuated these dilemmas, especially when nurses in family health teams were impacted by the scarcity of material resources and lack of personal protective equipment, which contributed to a mass contamination of the nursing category by the new coronavirus^(2,4).

It is important to note that PHC nurses have the role of planning the activities to be carried out, in addition to promoting training, health education, conflict management, exercising the role of leader, knowing how to negotiate, manage time and space, always having a critical view in making the right decisions that are guided by the use of ethical principles⁽⁵⁻⁷⁾.

Identifying the managerial skills produced by primary health care nurses is extremely important in order to improve the services offered to the team and the community in PHC. Thus, this study aims to analyze the managerial skills produced by primary health care nurses.

METHODOLOGY

This is a descriptive-exploratory study with a qualitative approach, carried out in Boa Vista, capital of the state of Roraima, located in the Legal Amazon. The study was guided by the consolidated criteria for reporting qualitative research⁽⁸⁾. This study made it possible to identify the managerial skills developed by PHC nurses, which are human-managerial and technical-managerial.

The study was carried out with nurse coordinators who make up the family health strategy team. These teams are located within the Basic Health Units (UBS), which are part of the Primary Health Care Network (RAPS), which in Boa Vista is organized into eight macro-areas and has 34 fully functioning UBS. It is important to note that some UBS are made up of more than one family health strategy team. A total of 24 UBS that had a complete family health strategy team were selected for

convenience. Of this total, three units refused to take part in the study, giving a total of 21 UBS included in this investigation, a number representative of the saturation of qualitative data after analyzing the interviewees' discourses.

Nurses working in the Family Health Strategy (FHS) team who had at least one year's experience in team coordination were included in the study. Newly graduated nurses, supervisors of compulsory supervised internships linked to higher education institutions, foreign nurses (as they would have a different view of the health system), nurses who were away and/or on sick leave at the time of data production were not considered.

The social group was made up of 25 nurses with experience in managing nursing care in the UBS of Boa Vista/RR, i.e. those who work as nurse coordinators in the unit, with a tactical management role. At each UBS, the researcher asked for the cooperation of nurses who met the inclusion criteria for this study, totaling 25 nurses who took part in the study. It is important to note that there were BHUs with more than one nurse interviewed.

Data was collected during the months of May and June 2022 by means of a semi-structured, individual interview, recorded and conducted by one of the researchers, who was a nurse and had received training to do so. The semi-structured script was made up of guiding questions about the technical skills, human skills and conceptual skills developed by nurse coordinators when managing care in the basic health unit.

Before the interview took place, the participants signed two copies of the Informed Consent Form (ICF) and the Voice Recording Authorization Form (VARF). One was kept by the interviewee and the other by the researcher. In addition, the purpose of the study was explained and the interviewees' doubts were answered. According to the participants' requests, priority was

given to the nurses' free time, so as not to compromise their professional activities. A reserved room was selected in the workplace, free from noise, in order to obtain the best data.

The statements were classified by the identifying word Nurse, followed by an increasing ordinal number according to when the data was collected. The 25 interviews resulted in 760 minutes of voice recording.

The transcribed data was analyzed manually by two researchers, following the theoretical-analytical framework of content proposed by Bardin. Content analysis is divided into three stages: 1) pre-analysis, 2) exploration of the material, 3) data treatment, inference and interpretation. The units of records from the analytical process were organized into two categories entitled: Leadership as a human management skill produced by nurses in Primary Health Care and situational strategic planning as a technical and conceptual management skill produced by nurses in Primary Health Care. In addition to the categories, a word cloud was created, generated by Wordle, which contains the representation of the competencies mentioned by the interviewees about nursing management in PHC. It should be noted that no software was used to analyze the data.

The study was approved by the Research Ethics Committee of the Federal University of Roraima under CAAE No. 45126221.4.0000.5302.

RESULTS

The results of this investigation are aimed at identifying the managerial skills produced by ESF nurse coordinators. The data was divided into two dimensions: Leadership as a human management skill produced by nurses in Primary Health Care and situational strategic planning as a technical and conceptual management skill produced by Primary Health Care nurses.

Leadership as a human management skill produced by nurses in Primary Health Care

This investigation made it possible to identify the managerial skills related to leadership as a human managerial skill produced by the nurse coordinator of the ESF. Among the managerial actions related to leadership that are related to human skills are: being malleable, being democratic, being flexible, being empathetic, being a partner, being humble, being calm, being a friend, knowing how to listen to criticism, being close, having a horizontal relationship, not being imposing. All these characteristics are related to the democratic leadership style. Another leadership style identified in the testimonies relates to authoritarian leadership, when the nurses signal the need to be authoritarian according to the situations they are managing.

[...] I'm kind of this more malleable, democratic boss (leader), they have a voice, not much, but they do [...]. (Nurse 1).

[...] I like to have a leader's relationship [...] as much as there is a hierarchy, I have a horizontal relationship [...] I'm (a leader) empathetic [...]. I'm (a leader) a good partner [...] so I'm a very calm leader [...]. (Nurse 2).

[...] I'm (a leader) very flexible, I always try to listen to all the components, we have very good communication [...] I'm a very partnered leader [...]. (Nurse 7).

I try to be a friend to the team (Nurse 11).

[...] I'm a mixture of leader, authoritarian when necessary, when nobody wants to do it, and democratic, because when it comes to decisions I like everyone's opinion [...]. (Nurse 16).

I'm a flexible leader [...]. I listen to

criticism and I'm (a leader) very open to letting them speak [...]. (Nurse 20).

Situational strategic planning as a technical and conceptual management skill produced by Primary Health Care nurses

This investigation also made it possible to identify managerial skills related to situational strategic planning as a technical and conceptual managerial skill produced by ESF nurse coordinators. Among the skills that are related to technical-managerial skills in the planning of activities in the UBS, the nurses point out the need to map the region, outline the difficulties, plan activities in weekly, monthly, six-monthly and annual periods, set goals, set objectives, outline strategies, plan, put together an action plan, plan and hold meetings, make a roster, divide up assignments, inform the team of the planning objectives and schedules, set deadlines, enforce deadlines, enforce goals, supervise the team, monitor services, resolve pending issues, bring in and evaluate the results.

[...] making service schedules, mapping the region [...] planning [...]. (Nurse 3).

[...] planning actions, our calendar, our activities [...] we plan every six months [...] to see what our objectives are, what the schedules are going to be. (Nurse 5).

We do a monthly and an annual plan. In the monthly plan, we set objectives that we want to achieve during the year. (Nurse 9).

We meet at the beginning of every month to plan actions [...] we divide up roles and carry them out, and the following month we evaluate the results. (Nurse 12).

We plan every month [...] we plan and set deadlines for implementation

and monitor whether the deadlines are being met. (Nurse 15).

[...] planning actions and targets for the unit [...] identifying our difficulties at the moment [...] and from there we start to outline actions, strategies and targets. We do this planning on a monthly basis. (Nurse 20).

[...] we always meet on a weekly basis to plan, resolve any pending issues [...] we hold biannual meetings [...] and we put together an action plan [...] we divide roles between the team [...] we evaluate progress, the results and draw up strategies. (Nurse 25).

DISCUSSION

The nurse's leadership in the PHC management plan is fundamental, since this field is very dynamic and has a lot of user traffic. Nurses in this role must also have a set of skills aimed at the well-being of the population they assist, with responsibility, communication, commitment and caution when making decisions⁽⁹⁻¹⁰⁾.

Leadership is a human managerial skill developed by the nurse coordinator in the ESF. It is present in all fields of nursing and is much more noticeable in ESF team coordination. However, studies show that being accepted by the team and captivating those led is still a difficulty. Initially, there are several obstacles that may be interfering with this acceptance, including age, inexperience of the professional, interpersonal relationships, among others^(9,11).

The style of leadership exercised in the workplace has great power in the management of nurses, since this management will influence interpersonal relationships, the performance of teamwork and communication. Today, in our daily lives, we see various models of leadership, and sometimes professionals themselves don't know how to define their leadership according to styles, but rather by characteristics⁽⁷⁾.

Being a leader is a challenging process for nurses. Since graduation, the subject of management has been included in the curriculum, where concepts and styles of leadership are covered, but not in much depth, and in practice, especially in the FHS, nurses are required to lead a team where sometimes they don't feel properly prepared to perform this role or even don't consider themselves a team leader^(9,12).

Leadership requires nurses to influence the members of their team in their actions, playing the role of facilitator and motivator, providing a dynamic in the team, all of which reflects directly on the care provided to users. Today, the leadership styles used by nurse managers in the ESF are democratic and autocratic, although they show traits of other styles such as situational, liberal and coach. These styles still need to be discussed so that they can be better practiced by professionals^(7,13).

Leadership is one of the difficulties encountered by professionals in management, because not everyone is born a leader, it's something that is built up over time, some develop it during graduation and others only after years of practice. To lead is to learn from the team every day, to be creative and motivated in order to lead and motivate your health team, to influence the service, to be flexible when necessary, to work as part of a team and always recognize the importance and uniqueness of each person you lead⁽¹⁴⁾.

The challenge of the new when joining the ESF as a nurse team coordinator means that the nurse is pressured to extremes, the professional is in a constant process of change, their relationship with the team can be somewhat more changeable, but at the beginning of their career autocratic leadership is common, but over the years it is being changed when it is seen that this is not a wise strategy for resolving demands and conflicts⁽⁹⁾.

Autocratic leadership is characterized by a professional who centralizes

decision-making power in himself, has difficulty in interpersonal relations, lacks or does little teamwork, makes decisions and imposes them on the team without giving the team a chance to speak, and criticizes personally^(10,15).

Democratic leadership, on the other hand, is defined by a horizontal relationship with the team in which everyone participates in decision-making, flexibility in actions, building trust over time between those involved, as well as respect despite differences, and fair attitudes, bringing benefits to the collective. This style of leadership is the most common among ESF nurses, although they don't possess all the traits⁽⁷⁾.

It is important to emphasize that leadership is a managerial action produced by the nurse, and that it can be considered an inherent skill of the nurse or can even be developed by the nurse over the years of work and with the professional experiences acquired during this period, based on theoretical knowledge and technical ability⁽⁹⁾.

With regard to the technical and conceptual skills of the nurse coordinator of the ESF team, planning was identified, which was associated with the achievement of objectives. However, the lack of planning is still a problem in some health units due to the demand for work in the unit or even because of the professionals themselves who do not embrace it as a working methodology, and end up doing it anyway, directly reflecting on management and contributing to the failure to achieve objectives⁽⁹⁾.

The nurse coordinator of the ESF usually uses Situational Strategic Planning (PES) to organize his activities. This planning is divided into four phases, in which the first phase is defined as explanatory (problem identification), normative (the action plan for solving the problem and scenario is drawn up), strategic (the action strategy is put together, with potentialities and difficulties, analysis of the necessary resources), and finally the tactical-op-

erational (schedule and division of the plan's functions, execution of the plan and evaluation of the results)⁽¹⁶⁾.

Planning is carried out with the ESF team at meetings, which can take place weekly, monthly, every six months or annually, depending on the unit's nurse. At the meetings, the problems in the unit are identified, all team members are important in this process, then the team and the coordinating nurse draw up the plan and strategies, draw up the timetable, and division of duties (according to the uniqueness of each team member), finally the execution and evaluation of the results, and at the meeting they list suggestions for improving the activities⁽¹³⁾.

Shared management or co-management is considered to be a new way of managing, characterized by team participation in all these processes, including planning. It has the capacity to create power-sharing environments and the whole team gets involved in the learning process and in decision-making, producing and sharing collective knowledge. It is a strategy for quality teamwork, breaking down competitiveness and complexity, providing the summation of care management⁽¹⁷⁾.

CONCLUSION

The final results of this investigation made it possible to identify the managerial skills produced by the nurse coordinator of the ESF in primary care, which were configured in this study in accordance with the skills provided for in administration, in terms of human skills, leadership was identified, and in terms of technical and conceptual skills, situational strategic planning was identified.

One of the managerial skills produced by ESF nurse coordinators in PHC in the human dimension identified in this investigation was leadership, which is an inherent function of nurses, with two types of leadership being signaled in the interviewees: democratic and autocratic, with democratic leader-

ship being predominant.

Management skills relating to planning were identified as technical and conceptual-managerial skills produced by the coordinating nurses of the ESF in PHC. Among the actions that make up this category, it was possible to identify the difficulties experienced in planning, as well as weekly, monthly and six-monthly planning, mapping, setting objectives, targets, putting together action plans and strategies, schedules, dividing up duties among team members, setting deadlines, seeking to fulfill what was proposed, supervising, evaluating and monitoring the team, services, results and finally resolving any pending issues.

A limitation of this study was the nurses' resistance to being invited to take part in the interviews or to schedule the interviews, as well as their inability to take part in the study.

Finally, we believe that professional nurses who work as coordinators of the family health strategy play a fundamental role in the management of primary health care nursing, managing a team goes far beyond just delegating duties, it is teamwork. Many are the challenges encountered when carrying out this work, some varying according to location, others common in the units. Developing the skills to deal with these challenges is important, as the nurse's management will directly influence the health care offered by the unit to users.

It is hoped that this study will contribute to the management of primary health care, as well as serving as a basis for further studies in this area in other states and municipalities.

REFERENCES

1. Mildenberg R, Santos BA, Dalmolin IS, Brusamarello T. Práticas Integrativas e Complementares na atuação dos enfermeiros da Atenção Primária à Saúde. *Esc Anna Nery*. 2023;27(1):1-8. Available from: <https://doi.org/10.1590/2177-9465-EAN-2022-0074pt>
2. Coutinho AF, Medeiros HÁ, Andrade LDF, Ribeiro LCS. Gestão em enfermagem de pessoal na estratégia saúde da família. *Rev Enferm UFPE*. 2019;13(1):137-147. Available from: <https://doi.org/10.5205/1981-8963-v13i1a237019p137-147-2019>.
3. Sá SCM, Santos EAC, Silva, NB, Chaves BSC, Lira, SCS. Desafios e potencialidade da atuação da equipe multiprofissional na atenção primária em saúde. *Saúde Coletiva (Barueri)*. 2021;11(61):4918-4923. Available from: <https://doi.org/10.36489/saudecoletiva.2021v11i61p4918-4929>
4. Cardoso HM, Lucietto GC, Silva RA, Oliveira JM, Maciel MM. Percepção do enfermeiro da atenção primária à saúde frente a atribuição de gestor da unidade. *Rev Enferm Atenção Saúde*. 2020;8(2):3-17. Available from: <https://doi.org/10.18554/reas.v8i2.3601>
5. Martins MM, Trindade LL, Vandresen L, Amestoy SC, Prata AP, Vilela C. Conflict management strategies used by Portuguese nurse managers. *Rev Bras Enferm*. 2020; 23(6):1-8. Available from: <https://doi.org/10.1590/0034-7167-2019-033>
6. Mazza DAA, Carvalho BG, Carvalho MND, Mendonça FDF. Práticas colaborativas em núcleos ampliados de saúde da família e atenção básica. *SaudPesq*. 31 de janeiro de 2022;15(1):1-18. Available from:
7. Morais, RLGL, Santana GL, Silva, JM, Oliveira JS. Processo de trabalho gerencial da estratégia de saúde da família sobre o olhar dos gerentes: revisão integrativa. *Revista saúde.com*. 2022;18(2):2750-2758. Available from: <https://doi.org/10.22481/rsc.v18i2.10838>.
8. Souza VR, Marziale MH, Silva GT, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. *Acta Paul Enferm*. 2021;34:eAPE02631. Available from: <https://doi.org/10.17765/2176-9206.2022v15n1.e9566>
9. Peruzzo EP, Marcon SS, Silva IR, Matsuda LM, Haddad MCFL, Peres AM. Essential management competencies of nurses: actions and interactions in the context of the Family Health. *Rev Bras Enferm*. 2020; 73(6):1-10. Available from: <https://doi.org/10.1590/0034-7167-2019-0511>
10. Pinheiro FMFM, Santos OC, Silva JCB, Barbosa LAL, Carvalho LV, Mota SMA. O perfil de liderança dos enfermeiros na Atenção Básica à Saúde. *REAS [Internet]*.2020;(43):e2793. Available from: <https://doi.org/10.25248/reas.e2793.2020>
11. Silva IS, Mininel VA, da Silva JAM. Nursing supervision: interfaces with power relations in family health . *Rev esc enferm USP [Internet]*. 2022;56:e20220034. Available from: <https://doi.org/10.1590/1980-220X-REEUSP-2022-0034en>
12. Lopes OCA, Henriques SH, Soares MI, Celestino LC, Leal LA. Competências dos enfermeiros na estratégia Saúde da Família. *Esc Anna Nery*. 2020;24(2):1-8. Available from: <https://doi.org/10.1590/2177-9465-EAN-2019-0145>
13. Bica MC, Cremonese L, Barreto CN, Rodrigues ALM, Alves FQ. Gerenciamento do cuidado em estratégias saúde da família na percepção na percepção de enfermeiros. *Rev Enferm UFSM*. 2020;10(1):1-18. Available from: <https://doi.org/10.5902/2179769242518>
14. Oliveira C de, Santos LC dos, Andrade J de, Domingos T da S, Spiri WC. Leadership in the perspective of Family Health Strategy nurses. *Rev Gaúcha Enferm [Internet]*. 2020;41:e20190106. Available from: <https://doi.org/10.1590/1983-1447.2020.20190106>
15. Oliveira IB de, Peres AM, Martins MM, Bernardino E, Haddad M do CFL, Lowen IMV. Innovative actions developed by nurses in primary health care. *Rev Bras Enferm [Internet]*. 2022;75(1):e20200782. Available from: <https://doi.org/10.1590/0034-7167-2020-0782>
16. Barroso SG, Oliveira JM, Silva JVM, Caldeira FID, Silva KCG. Planejamento Estratégico Situacional na atenção primária: aplicação da metodologia em uma Unidade Básica de Saúde. *Comunicação em Ciências da Saúde [Internet]*, 2022; 33(04):1-10. Available from: <https://doi.org/10.51723/ccs.v33i04.1101>
17. Silva GF, Sousa NCB, Oliveira TKM, Costa ABO, Teixeira CBA, Silva PS. Fatores que interferem no gerenciamento do cuidado realizado pelo enfermeiro na atenção primária. *SaudPesq*. 2024;17(3):e12513. Available from: <https://doi.org/10.17765/2176-9206.2024v17n3.e12513>