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Dimensions of care management in primary care nurses' practice: integrative review

Dimensões da gestão do cuidado na prática do enfermeiro na atenção primária: revisão integrativa

Dimensiones de la gestión de la atención en la práctica de enfermeros de atención primaria: revisión integradora

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ABSTRACT

Objective: to highlight dimensions of care management in the practice of Primary Health Care nurses. **Method**: this integrative review searched the SCOPUS, LILACS, BDENF, MEDLINE, CINAHL, and Web of Science databases for full-version original articles published in Portuguese, English or Spanish between 2012 and 2018. Content analysis was used considering the six dimensions – individual, family, professional, organizational, systemic and corporate – of care management. **Results**: the 24 studies analyzed were predominantly Brazilian and qualitative. All the dimensions were present in the nurses' practice. **Conclusion**: the organizational dimension was most prominent, underlining the nurse's role as manager or coordinator, exercising leadership, planning and managerial activities integrated with care. Attention is drawn to the importance of nurse's engaging in continuous development of care management skills.

Descriptors: Health Management; Primary Health Care; Nursing; Nurse's Role; Organization and Administration.

RESUMO

Objetivo: evidenciar as dimensões da gestão do cuidado na prática do enfermeiro na Atenção Primária à Saúde. **Método**: revisão integrativa nas bases de dados: SCOPUS, LILACS, BDENF, MEDLINE, CINAHL, e *Web of Science*. Foram incluídos artigos originais disponíveis on-line na íntegra, publicados em português, inglês ou espanhol, entre 2012 e 2018. Utilizou-se a análise de conteúdo considerando as seis dimensões da gestão do cuidado: individual, familiar, profissional, organizacional, sistêmica e societária. **Resultados**: entre os 24 estudos analisados, predominaram estudos qualitativos e nacionais. Todas as dimensões estão presentes na prática do enfermeiro. **Conclusão**: sobressaiu-se a dimensão organizacional, ressaltando a atuação do enfermeiro como gestor, gerente ou coordenador, por meio do exercício da liderança, planejamento e desenvolvimento de atividades gerenciais integradas à assistência. Pontua-se a importância da busca do enfermeiro pelo desenvolvimento contínuo de competências para a gestão do cuidado.

Descritores: Gestão em Saúde; Atenção Primária à Saúde; Enfermagem; Papel do Profissional de Enfermagem; Organização e Administração.

RESUMEN

Objetivo: destacar las dimensiones de la gestión asistencial en la práctica del enfermero de Atención Primaria de Salud. **Método:** esta revisión integradora buscó en las bases de datos SCOPUS, LILACS, BDENF, MEDLINE, CINAHL y Web of Science artículos originales en versión completa publicados en portugués, inglés o español entre 2012 y 2018. Se utilizó el análisis de contenido considerando las seis dimensiones: individual , familiar, profesional, organizativa, sistémica y corporativa - de gestión asistencial. **Resultados:** los 24 estudios analizados fueron predominantemente brasileños y cualitativos. Todas las dimensiones estuvieron presentes en la práctica de las enfermeras. **Conclusión:** la dimensión organizacional fue la más destacada, destacando el rol de la enfermera como gerente o coordinadora, ejerciendo el liderazgo, planificación y actividades gerenciales integradas con el cuidado. Se llama la atención sobre la importancia de que la enfermera participe en el desarrollo continuo de las habilidades de gestión de la atención.

Descriptores: Gestión en Salud; Atención Primaria de Salud; Enfermería; Rol de la Enfermera; Organización y Administración.

INTRODUCTION

The nurse's work in Primary Health Care (PHC) is focused on managerial and assistance actions, by means of the production of care, and management of the health services and of the Nursing team[1-6]. These activities occur in an integrated manner and can be defined as care management, a term that has been used to refer to the articulation between the managerial and assistance spheres, such as in the nurse's work[1,4-6]. From the ethical-legal point of view of the profession, care management is related to the exclusive activities of the nurse in relation to planning, executing, coordinating, supervising and evaluating Nursing care[7].

In PHC, by means of care management, the nurse contributes to the qualification of the assistance provided and to the development of comprehensive care[1]. In this sense, nurses have an important position acting both in the

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articulation and integration of actions, as well as in teamwork to solve the health problems of patients and communities, which requires actions based on technical-scientific rationality, without disregarding the unpredictability of human interactions[8,9].

Care management employs health technologies, targeted at the singular needs of each person for the different moments of their life, seeking to promote their well-being, develop their autonomy, and attain a happy and productive life. It involves know-how in six interrelated dimensions: individual, family, professional, organizational, systemic and societal[9,10].

The individual dimension refers to self-care, autonomy, and making choices, being able to lead one's own life, and producing new and full ways of living. The family dimension includes family, neighbors and friends, and involves support, closeness and the world of life. In the professional dimension, there is an encounter between the professional and the user, conceiving technical competence, ethical posture, and building bonds. The organizational dimension refers to the technical and social division of labor, the organization of the team work process and the managerial function itself. The systemic dimension considers formal, regular and regulated connections between health services, composing lines of care, and also dealing with health financing. In the societal dimension, civil society and the State dispute or collaborate in search of a better life[10].

Previous studies on care management have focused mainly on the hospital context and on theoretical-conceptual discussions[4,6,7,9,11]. In this way, the need was identified to broaden the discussion about care management considering its multiple dimensions[10] in the professional practice of the nurse in PHC. Consequently, the objective of this study was to evidence the dimensions of care management in the practice of the nurse in PHC.

METHOD

An integrative review was adopted, with six stages: (1) definition of the research question; (2) definition of the criteria for the selection of the studies; (3) representation of the selected studies in tables; (4) evaluation of the studies and critical analysis of the results; (5) discussion and interpretation of the results, and (6) reporting the review with its diverse evidence found[12].

From the panorama presented above, the following was defined as research question: How are the care management dimensions present in the practice of nurses in PHC?

The strategy for the identification and selection of the studies was searching for publications indexed in six databases: SCOPUS; Latin American Literature in Health Sciences (*Literatura Latino Americana em Ciências da Saúde*, LILACS); Bibliographical Data Database Specialized in the Nursing Area (*Base de Dados Bibliográficos Especializada na Área de Enfermagem*, BDENF); Medical Literature Analysis and Retrieval System Online (MEDLINE); Cumulative Index to Nursing and Allied Health Literature (CINAHL); and Web of Science. The following descriptors were used with the Boolean operator *and",* as well as their combinations in the Portuguese, Spanish and English languages: "Management in Health"; "Primary Health Care"; and "Nursing".

Data collection was conducted in November 2019. The inclusion criteria for the selection of the studies were as follows: complete original articles, with free access, and deriving from research studies that addressed the theme in question from 2012 to 2018. The year 2012 was established as an initial time frame due to the validity of the second version of the National Primary Care Policy (*Política Nacional de Atenção Básica*, PNAB) in Brazil and its reissues, whose content stands out as a historic landmark for the establishment of the Family Health Strategy (FHS) as a priority health care model[13]. The search considered articles published until 2018 in order to include only full years in the review. Those articles that did not meet the research objective were excluded from the study.

A total of 92 articles were obtained with the initial filter, namely: 32 articles in Web of Science; 23 in LILACS; 18 in MEDLINE; nine in CINAHL; seven in BDENF; and three in SCOPUS. Content analysis by means of pre-analysis, exploration of the material and treatment of the results[14] was used to identify the key concepts related to the care management dimensions[9-10].

In the pre-analysis, the title and abstract of the article were read, as well as a floating full-reading was conducted, seeking to identify the care management dimensions present in the text. In this stage, of the 92 aforementioned articles, 65 were excluded, with the pre-inclusion of 27 articles, of which, after full-reading, three were excluded for not meeting the review objectives (Figure 1). The next stage was treatment of the results by means of an in-depth reading of the articles, enabling the interpretation of the findings and the confirmation or not of the previously listed categories[10]. The material was organized with the aid of Excel® 2013 and ATLAS.ti®, version 8.

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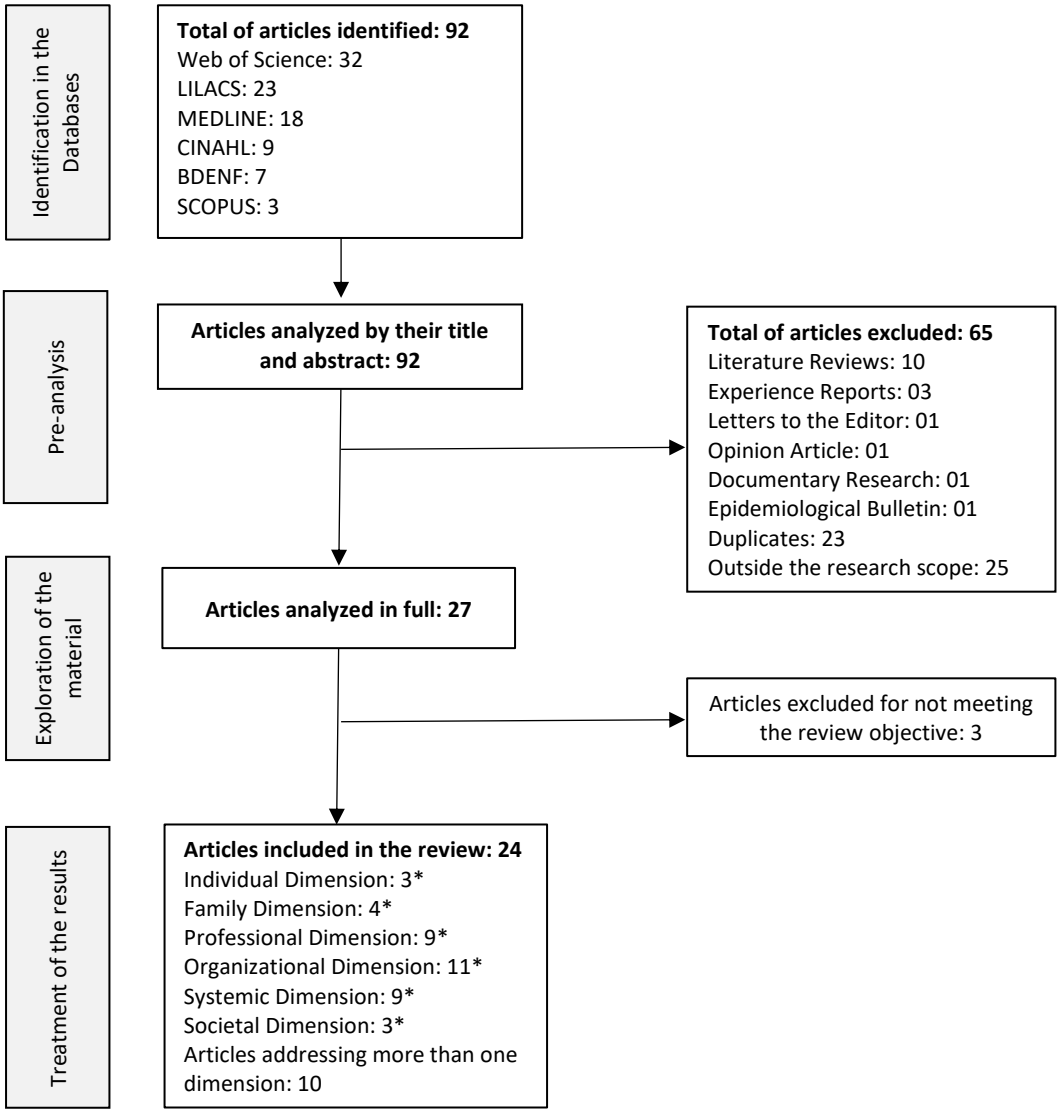

Note: *The total number of articles for this dimension included some that addressed more than one dimension.
FIGURE 1: Flow diagram of the synthesis of the selection and analysis stages. Florianópolis, Santa Catarina, Brazil, 2019.

RESULTS

In total, 24 articles[15-38] comprised the final sample, with the years 2016 and 2013 standing, with nine and five articles, respectively (Figure 2).

Most of the journals presented only one publication, except for Population Heath Management, *Revista da Escola de Enfermagem da USP*, *Revista Enfermagem UERJ*, and *Revista Gaúcha de Enfermagem*, with two publications each.

The study locus of the national articles according to the Federation State were the following: Rio Grande do Sul with four articles; Ceará and São Paulo with three each; Goiás, Paraíba, and Minas Gerais, two each; and Paraná, with one publication. The international studies were from Finland, England, Bosnia and Herzegovina, Albania, Rwanda, and the United States.

In general, the studies analyzed actions developed by nurses in conjunction with other participants, being that: six (25%) involved the multidisciplinary team; six (25%) contemplated nurses exclusively; four (17%) were performed with patients; two (8%) with nurses and patients; two (8%) with nursing professionals in general; two (8%) with nurses and physicians; one (4%) with nurses and administrators; and one (4%) with managers. The studies of a qualitative nature totaled 15 (63%), followed by quantitative with eight (33%), and mixed approach with one (4%).

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Year	Journal	Title
2012	*Revista da Rede de Enfermagem do Nordeste*	*Trabalho do Apoiador Matricial na estratégia de saúde da família*[15]
	Revista Gerencia y Políticas de Salud	*Análise do processo de trabalho dos gerentes no território da Estratégia Saúde da Família*[16]
	Revista Enfermagem UERJ	*Cuidado ao adolescente: contribuições para a enfermagem*[17]
2013	BMJ	Implementation of self-management support for long term conditions in routine primary care settings: cluster randomized controlled trial[18]
	Population Health Management	Effects of Guided Care on Providers' Satisfaction with Care: a Three-Year Matched-Pair Cluster-Randomized Trial[19]
	Revista Gaúcha de Enfermagem	*Trabalho do apoiador matricial: dificuldades no âmbito da atenção básica em saúde*[20]
	Revista Gaúcha de Enfermagem	*Coordenação de unidades de saúde da família por enfermeiros: desafios e potencialidades*[21]
	Revista Enfermagem UERJ	*Comissão de saúde mental: estratégias na busca de espaços na atenção básica*[22]
2014	*Revista da Escola de Enfermagem da USP*	*Supervisão dos Agentes Comunitários de Saúde na Estratégia Saúde da Família: a ótica dos enfermeiros*[23]
2015	*Revista Brasileira de Enfermagem*	*Percepção dos enfermeiros gestores da atenção primária sobre o Processo de Enfermagem (PE)*[24]
2016	*International Journal of Circumpolar Health*	Adherence to health regimens among frequent attenders of Finnish healthcare[25]
	Revista da Escola de Enfermagem da USP	*Formação de médicos e enfermeiros da estratégia Saúde da Família no aspecto da saúde do trabalhador*[26]
	International Nursing Review	Improving the safety and quality of nursing care through standardized operating procedures in Bosnia and Herzegovina[27]
	Journal of Nursing Scholarship	Provider Perspectives on Safety in Primary Care in Albania[28]
	Revista de Enfermagem da UFPE on line	*A coordenação da assistência no controle da tuberculose na visão da equipe de enfermagem*[29]
	Revista de APS	*Gestão da atenção a usuários com dependência de cuidados por sequelas de acidente vascular cerebral*[30]
	Ciência, Cuidado & Saúde	*Gerenciamento em saúde: o olhar de trabalhadores da saúde da família rural*[31]
	Population Health Management	Collaborative Depression Care in a Safety Net Medical Home: Facilitators and Barriers to Quality Improvement[32]
	Texto & Contexto Enfermagem	*Gestão do cuidado da tuberculose: integrando um hospital de ensino à atenção primária à saúde*[33]
2017	*Investigación y Educación en Enfermería*	*Perfil de diagnósticos de enfermagem em pessoas hipertensas e diabéticas*[34]
	Revista de Enfermagem da UFPE on line	*Gestão do trabalho em unidades básicas de saúde*[35]
2018	*Enfermagem em Foco*	*Desafios da gestão do cuidado na atenção básica: perspectiva da equipe de enfermagem*[36]
	BMC Health Services Research	Process evaluation of a National Primary Eye Care Programme in Rwanda[37]
	Ciência & Saúde Coletiva	*Notificação da violência infantil, fluxos de atenção e processo de trabalho dos profissionais da Atenção Primária em Saúde*[38]

FIGURE 2: Characterization of the studies included in the sample in the period from 2012 to 2018. Florianópolis, Santa Catarina, Brazil, 2019.

Figure 3 shows the synthesis of the main findings of this review. Findings were grouped according to similarities in the care management dimensions: individual; family; professional; organizational; systemic; and societal.

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Care Management Dimension /total of references included.	**Main results involving the Nurse's practice in Primary Health Care**
Individual /18,25,32.	- self-management[18,32] - self-care[25] - lifestyle choices[32]
Family /19,25,30.32.	- support for family caregivers[19] - support from relatives and friends[25,30] - family therapy[32]
Professional /19,20,24,26,27,28, 31,34,35.	- integrality of care[34] - Nursing Consultation and Nursing Process[24,34] - evidence-based practice and care plan[19,34] - standardized procedures[27] - developing professional competences[26-27,35] - workload[28] - bond between nurses and patients and concern with the provision of care[27] - discussion of topics in the face of dissenting opinions[28] - relationship between the nurse and the health team[20,31,35]
Organizational /15,16,17,19,20,21, 24,29,30,31,35.	- nurse administrator of the health system[16-17,24,30,35] - managing or coordinating nurse[16,21,29-31,35] - planning of actions[16,29,35] - leadership role[21,35] - member of matrix support[15,20] - management representative with the team[15,21] - role of the team's articulator vis-à-vis management[15,21,30] - indispensable member for inter-professional work[30] - aggregates assignments beyond their professional nucleus[21] - develops co-management[15,30-31] - articulation between the team and the population[31] - develops managerial activities in interface with assistance[21,35] - training of the Nursing team[29,35] - care management[19] - assumes various functions simultaneously[20,35] - performs the division of tasks of the team according to the professional group[29-30]
Systemic /19,27,29,30,32,33, 36,37,38.	- integrality of the assistance provided[29-30] - exchange of knowledge between reference and counter-reference[29-30] - communication system between the health services[30,36] - care transition[33] - notification process[38] - collaborative care network[32] - context of the health system[36] - adequate use of resources[19] - integration of the services and reorientation of the care focus[37] - presence of regulatory bodies[27]
Societal /22,23,32.	- health policies[32] - changes in the care model[23] - health commission[22]

FIGURE 3: Synthesis of the findings in the studies included in the sample for the period from 2012 to 2018. Florianópolis, Santa Catarina, Brazil, 2019

DISCUSSION

Care Management Dimensions present in the Nurse's practice in PHC

The temporal cut does not make it possible to characterize a growth pattern of publications, although it is possible to infer an increase in production in 2016. The predominance of qualitative studies can be related to the importance of understanding the subjective dimension of care management. However, it is possible to point out the need to invest in studies with other methodological approaches that address issues covering different care management dimensions, especially the individual, family, and societal, and that objectively evaluate the results obtained from the nurses' performance in care management.

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The predominance of national studies can be associated with the adoption of a Brazilian historical landmark for the selection of articles, that is, the PNAB[13]. In addition, the nomenclature "care management" is used mainly in the national scenario. In other countries, for example, "clinical management" is used to refer to the managerial practices aiming at safe, efficient, equitable and humanized care[39].

Based on the analysis of the selected studies, in the nurses' practice in the context of PHC it was identified that the organizational dimension stood out, followed by the professional and systemic dimensions, respectively. The in-depth analysis of the articles allowed identifying characteristics that could be related to more than one care management dimension in ten studies[19-20,24-25,27,29-32,35]. The role of the nurse in the health team stood out in the studies, showing the multiplicity of activities that this professional undertakes simultaneously in relation to the management of the team and the organization of work.

The articles focus on the managerial work of nurses in PHC, leaving their influence on the autonomy of patients and their world of life, financing and social policies in the background. The presence of few studies involving the individual and family dimensions may have contributed to the scarcity of results related to this area, since only four studies involved patients. Likewise, in the societal dimension, only two studies specifically included administrators and managers.

In the individual dimension, the studies illustrate taking care of oneself by feeling responsible for self-care and being able to perform daily activities. The development of skills for self-care is evidenced by the self-management of chronic diseases and the choice of lifestyles[18,25,32], and the nurse manages patients with long-term diseases[18].

In the family dimension, the studies point to the support from relatives and friends as a factor that contributes to adherence to treatments in people with chronic diseases and to health rehabilitation[25,30]. The family plays an important role in caring for the users, but it also needs education and support and, in this sense, family therapy is part of the treatment[19,32].

In relation to the professional dimension, the assistance practice of the nurse by means of the Nursing consultation or process contributes to the integrality of care[34], even if some administrators point to the Nursing process as a practice which hinders care due to its complexity and specificity[24].

The technical competence is identified by evidence-based practice and by the search for care safety and quality, being exemplified by the development of care plans[19,34] and standardized procedures[27]. In spite of this, there are factors that interfere with the professional skill of the nurse, such as: not having received or sought training to develop the necessary skills for a certain type of care[26], excessive workload, and fatigue[28]. Thus, the need to fill gaps in formal education through training and specialization courses aimed at the development of professional skills is highlighted[27,35].

In addition to technical training, the professional dimension includes bonds and ethical aspects. The bond is established in the relationship between nurses and patients due to their proximity, and the ethical aspect lies in the concern with the provision of care[27]. In the relationship between nurses and physicians, it is difficult to discuss certain topics when opinions are at variance[28]. The nurse's relationship with the health team is permeated by obstacles such as the misunderstanding about their role and the inappropriate conduct of some team members, such as inadequate ethical posture, lack of commitment and lack of motivation[20,31,35].

In the organizational dimension, the studies discuss the formal and informal roles that permeate the managerial work of the nurse. The formal roles refer to the role of the nurse as administrator of the health system[16-17,24,30,35], and as a manager or coordinator responsible for conducting the health unit[16,21,29-31,35] , through actions involving planning, control and evaluation of work processes[16]. Regardless of the formal exercise of a managerial position, the nurse's work involves the practice of leadership vis-à-vis the health team, conflict management, delegation of tasks[21,35]; member of matrix support, following the work processes of each sector[15,20]; management representative with the team[15,21]; and articulator of the team in front of management, working with the users and with the multidisciplinary team[15,21,30].

In this way, the nurse is seen by the team as an indispensable member for inter-professional work[30], adding duties beyond their professional nucleus[21]. The role of the nurse also involves the construction of co-management spaces[15,30-31] that facilitate teamwork, as they enable the articulation between team members and the population in the implementation of actions[31].

The managerial practices are inserted in the training and performance of nurses, which contributes to them being the professionals most connected to the coordination of the health service[21,31,35]. However, these practices require skills that are poorly developed during training, suggesting that this complementation is offered by health management[21].

Nurses perform managerial activities in an interface with assistance[21,35]. This integrated performance requires simultaneously assuming functions related to the team, service, assistance and action planning. Nurses are also

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responsible for training the Nursing staff for care and administrative issues[29,35] and develop care management for chronic patients[19]. Nurses are recognized by the team in view of the diversity of activities they perform[20.35].

Team meetings make it possible for nurses to conduct work together with the multidisciplinary team and develop new processes aimed at comprehensive care. However, a number of studies point to lack of systematization of the nurses' exclusive care actions, resulting in fragmented and isolated management[17,30].

The technical division of work, also included in the organizational dimension, allows observing the emphasis attributed to the division of tasks by the team according to the professional nucleus. The work is discussed collectively, but is restricted to the decision of who does what, fragmenting coordination and continuity of care[29-30]. Despite this, Nursing takes on most of the activities, absorbing those of other professionals and failing to recognize the need for division of tasks. In addition, a centralizing posture of nurses, as in communication activities with other sectors, generates occupational stress and limits technicians and assistants to care practices[29].

The systemic dimension of care management refers to the lines of care and to funding. In this sense, comprehensive care can be obtained by the health team through the exchange of knowledge between reference and counter-reference between different points in the network, promoting an interdisciplinary and resolving practice[29-30]. Thus, an effective communication system between the health services can be an option for solving obstacles in the care network[30,36], especially at the moment of care transition between PHC and the hospital[33]. Adequate communication is essential in the notification process, as well as to overcome difficulties in the care network related to inter-sectoral actions and professional training[38].

The collaborative care network enables integration between primary care and mental health services, focusing on leadership, the team, program design, challenges related to organizational and clinical culture, improving quality of care, information technology in health, and funding[32]. Understanding the context of the health system allows nurses to direct the resolution of care considering the relationship between resources, structure and management model[36]. Knowledge about funding and the appropriate use of resources provides the opportunity to reduce costs, so that they are sufficient to offset the cost of resources and additional personnel[19].

In this sense, a study is pointed out about the implementation of an eye health system which resulted in a significant increase in the number of eye exams offered by nurses trained in PHC, integrating and reorienting the focus of care in hospitals and health centers[37]. Therefore, nursing and health policies are necessary to organize a functioning institutional framework, and the educational systems favor the development of nursing skills, in addition to contributing to regulatory bodies[27].

In the societal dimension of care management, health policies guarantee the sustainability of programs, reduce barriers to the development of innovative strategies for the reimbursement of services, valuing the management and coordination of care[32]. Changes in the care model require the review of professional attitudes and the expansion of knowledge, views, work and power relations among the health team, with a view to overcoming established attitudes that do not comply with the guidelines recommended by the public health policies[23]. The health commission is an example of a dialog strategy for the search of democratic spaces in PHC, promoting social control and permanent health education[22].

Study limitations

As limitations, it is considered that the adopted descriptors may have contributed to the identification of few findings related to the individual, family and societal dimensions of care management. In addition, the time frame in line with the year in which PHC is reorganized in Brazil through its Policy, without considering this temporality in other countries, may have influenced the concentration of national studies.

CONCLUSION

It was verified that all the care management dimensions are present in the nurse's practice in PHC, with the organizational, professional and systemic dimensions standing out. In the organizational dimension, the importance of the managerial role of the nurse as administrator, manager or coordinator is reinforced, through the exercise of leadership, action planning and development of managerial activities integrated with care.

The professional dimension is present in the nurse's practice especially in activities such as the Nursing consultation or process, evidence-based practice, elaboration of the care plan, in the bonding with the patients, and in the relationship with the health team. The systemic dimension punctuates comprehensive care, requires the exchange of knowledge between reference and counter-reference, and the communication system between the health services.

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The individual, family and societal dimensions appear less in studies, but they are also present in the practice of nurses in PHC, refer to people's self-management in the face of chronic situations, the support offered by relatives and friends, and changes in the care model, respectively.

The studies point out the need for the continuous development of skills by nurses during their professional trajectory, being necessary to apprehend new and different knowledge, including that which goes beyond their knowledge core, which constitutes an opportunity for improving their performance in the context of PHC, as well as for their position-taking in the face of dissenting opinions, contributing to the relationship between the team, management and population.

For the continuity and strengthening of the care management dimensions in the nurses' practice in PHC, innovations and the adoption of different methodological approaches in future research studies are suggested, since most of the studies analyzed were qualitative. In addition, it is important to address other issues, such as: nurse's role in promoting patient autonomy, involving family and friends in care, effects of the implementation of communication systems, funding and social policies.

REFERENCES

1. Soder RM, Santos LE, Oliveira IC, Silva LAA, Peiter CC, Santos JLG. Healthcare management practices in primary care. Rev. Cubana Enferm. [Internet]. 2020 [cited 2020 Oct 20]; 36(1):e2815. Available from: http://www.revenfermeria.sld.cu/index.php/enf/article/view/2815.
2. Souza GRM, Cazola LHO, Pícoli, RP. The work of primary health care nurses in oncology care: an Integrative review. Cogitare Enferm [Internet]. 2018 [cited 2020 Oct 20]; 23(4):e58152. DOI: http://dx.doi.org/10.5380/ce.v23i4.58152.
3. Dias FA, Gama ZAS, Tavares DMS. Primary health care to the elderly: a conceptual model of nursing. Cogitare Enferm. [Internet]. 2017 [cited 2020 Oct 20]; 22(3):e53224. DOI: http://dx.doi.org/10.5380/ce.v22i3.53224.
4. Mororó DDS, Enders BC, Lira ALBC, Silva CMB, Menezes RMP. Concept analysis of nursing care management in the hospital context. Acta Paul. Enferm. [Internet]. 2017 [cited 2020 Oct 20]; 30(3):323-32. DOI: https://doi.org/10.1590/1982-0194201700043.
5. Lucca TRS, Vannuchi MTO, Garanhani ML, Carvalho BG, Pissinati PSC. The meaning of care management attributed by nursing faculty members from the viewpoint of complex thinking. Rev. Gaúch. Enferm. [Internet]. 2016 [cited 2020 Oct 20]; 37(3):e61097. DOI: https://doi.org/10.1590/1983-1447.2016.03.61097.
6. Santos JLG, Pestana AL, Guerrero P, Meirelles BSH, Erdmann AL. Nurses' practices in the nursing and health care management: integrative review. Rev. Bras. Enferm. [Internet]. 2013 [cited 2020 Oct 20]; 66(2):257-63. DOI: https://doi.org/10.1590/S0034-71672013000200016.
7. Andrade SR, Schmitt MD, Schittler ML, Ferreira A, Ruoff AB, Piccoli T. Configuration of the management of nursing care in Brazil: a documentary analysis. Enferm. Foco [Internet]. 2019 [cited 2020 Oct 20]; 10(1):127-33. DOI: https://doi.org/10.21675/2357-707X.2019.v10.n1.1926.
8. Peduzzi M, Leonello VM, Ciampone MHT. Trabalho em equipe e prática colaborativa. In: Kurcgant P (coord.). Gerenciamento em enfermagem. Rio de Janeiro: Guanabara Koogan; 2016. p. 103-13.
9. Siewert JS, Rodrigues DB, Malfussi LBH, Andrade SR, Erdmann AL. Management of integral care in nursing: reflections under the perspective of complex thinking. Reme, Rev. Min. Enferm. [Internet]. 2017 [cited 2020 Oct 20]; 21:e1047. DOI: http://www.dx.doi.org/10.5935/1415-2762.20170057.
10. Cecílio LCO. Theoretical and conceptual notes on evaluative processes taking the multiple dimensions of healthcare management into account. Interface (Botucatu) [Internet]. 2011 [cited 2020 Oct 20]; 15(37):589-99. DOI: https://doi.org/10.1590/S1414-32832011000200021.
11. Treviso P, Peres SC, Silva AD, Santos AA. Nursing skills in care management. Rev. Adm. Saúde [Internet]. 2017 [cited 2020 Oct 20]; 17(69). DOI: http://dx.doi.org/10.23973/ras.69.59.
12. Ganong LH. Lawrence H. Integrative review of nursing research. Research Nursing in Health [Internet]. 1987 [cited 2020 Oct 20]; 10(1):1-11. DOI: https://doi.org/10.1002/nur.4770100103.
13. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 2.488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). Brasília, DF: Ministério da Saúde, 2011. [cited 2020 Oct 20]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html.
14. Bardin L. Análise de Conteúdo. Trad. de Luís Antero Reto, Augusto Pinheiro. São Paulo: Edições 70; 2011.
15. Barrêto AJR, Romera AA, Oliveira AAV, Sá LD, Almeida SA, Nogueira JA. The matrix supporter's work in the family health strategy. Rev Rene [Internet]. 2012 [cited 2020 Oct 20]; 13(1):166-77. Available from: http://www.repositorio.ufc.br/bitstream/riufc/12868/1/2012_art_ajrbarreto.pdf.
16. Neto FRGX, Coelho SJJ. Analysis of the workíng process of family health strategy territory managers. Rev. Gerenc. Polit. Salud [Internet]. 2012 [cited 2020 Oct 20]; 11(22):76-91. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1657-70272012000100007&lng=en&tlng=en&gathStatIcon=true.
17. Costa RF, Queiroz MVO, Zeitoune RCG. Care to adolescents: contributing to nursing. Rev. Enferm. UERJ [Internet]. 2012 [cited 2020 Oct 20]; 20(2):197-202. Available from: https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/4045/2809.

DOI: http://dx.doi.org/10.12957/reuerj.2020.51457

18. Kennedy A, Bower P, Reeves D, Blakeman T, Bowen R, Chew-Graham C, et al. Implementation of self-management support for long term conditions in routine primary care settings: cluster randomised controlled trial. BMJ [Internet]. 2013 [cited 2020 Oct 20]; 346:f2882. DOI: https://doi.org/10.1136/bmj.f2882.
19. Marsteller JA, Hsu YJ, Wen W, Wolff J, Frick K, Reider L, et al. Effects of guided care on providers' satisfaction with care: a three-year matched-pair cluster-randomized trial. Popul. Health Manag. [Internet]. 2013 [cited 2020 Oct 20]; 16(5):317-25. DOI: https://doi.org/10.1089/pop.2012.0091.
20. Romera AA, Barrêto AJR, Sá LD, Almeida AS, Nogueira JA, Sá CMCP. Matrix support work: difficulties in the scope of basic healthcare. Rev. Gaúch. Enferm. [Internet]. 2014 [cited 2020 Oct 20]; 35(1):140-47. DOI: https://doi.org/10.1590/1983-1447.2014.01.40141.
21. Melo RC, Machado ME. Coordination of family healthcare units done by nurses: challenges and potential. Rev. Gaúch. Enferm. [Internet]. 2013 [cited 2020 Oct 20]; 34(4):61-7. DOI: https://doi.org/10.1590/S1983-14472013000400008.
22. Ramos LS, Beck CLC, Freitas NQ, Dissen CM, Fernandes MNS, Colomé ICS. Mental health commission: strategies for creation of interface in primary care. Rev. Enferm. UERJ [Internet]. 2013 [cited 2020 Oct 20]; 21(esp1):581-6. Available from: https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/10002.
23. Silva JS, Fortuna CM, Pereira MJB, Matumoto S, Santana FR, Marciana FM, et al. Supervision of Community Health Agents in the Family Health Strategy: the perspective of nurses. Rev. Esc. Enferm. USP [Internet]. 2014 [cited 2020 Oct 20]; 48(5):899-906. Available from: https://www.researchgate.net/publication/273957042_Supervision_of_Community_Health_Agents_in_the_Family_Health_Strategy_the_perspective_of_nurses.
24. Diniz IA, Cavalcante RB, Otoni A, Mata LRF. Perception of primary healthcare management nurses on the nursing process. Rev. Bras. Enferm. [Internet]. 2015 [cited 2020 Oct 20]; 68(2):206-13. DOI: http://dx.doi.org/10.1590/0034-7167.2015680204i.
25. Hirsikangas S, Kanste O, Korpelainen J, Kynga H. Adherence to health regimens among frequent attenders of Finnish healthcare. International Journal of Circumpolar Health [Internet]. 2016 [cited 2020 Oct 20]; 75:30726. DOI: http://dx.doi.org/10.3402/ijch.v75.30726.
26. Mori EC, Naghettini AV. Medical training and nurses of Family Health strategy on worker health aspect. Rev. Esc. Enferm. USP [Internet], 2016 [cited 2020 Oct 20]; 50(spe):25-31. DOI: https://doi.org/10.1590/S0080-623420160000300004.
27. Ausserhofer D, Rakic S, Novo A, Dropic E, Fisekovic E, Sredic A, et al. Improving the safety and quality of nursing care through standardized operating procedures in Bosnia and Herzegovina. Int. nurs. rev. [Internet]. 2016 [cited 2020 Oct 20]; 63(2):208-17. DOI: https://doi.org/10.1111/inr.12237.
28. Gabrani JC, Knibb W, Petrela E, Hoxha A, Gabrani A. Provider perspectives on safety in primary care in Albania. J. Nurs. Scholars. [Internet]. 2016 [cited 2020 Oct 20]; 48(6):552-60. DOI: https://doi.org/10.1111/jnu.12236.
29. Almeida JB, Ponce MAZ, Wysocki AD, Santos MLSG, Vendramini SHF. The coordination of assistance in tuberculosis control in the nursing team's view. Rev. enferm. UFPE on line. [Internet], 2016 [cited 2020 Oct 20]; 10(Supl. 6):4727-34. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11250/12865.
30. Bandeira D, Weiller TH, Silveira TF, Damaceno AN, El Hodali NF. Attention users management with dependence of accident after-effects for care vascular brain. Rev. APS [Internet]. 2016 [cited 2020 Oct 20]; 19(4):575-81. Available from: https://periodicos.ufjf.br/index.php/aps/article/view/15684.
31. Borges FA, Ogata MN, Feliciano AB, Fortuna CM. Management in health: the workers look of a rural family health. Ciênc. Cuid. Saúde [Internet]. 2016 [cited 2020 Oct 20]; 15(3):466-73. DOI: https://doi.org/10.4025/cienccuidsaude.v15i3.31531.
32. Price-Haywood EG, Dunn-Lombard D, Harden-Barrios J, Lefante JJ. Collaborative depression care in a safety net medical home: facilitators and barriers to quality improvement. Popul. Health Manag. [Internet]. 2016 [cited 2020 Oct 20]; 19(1):46-55. DOI: https://doi.org/10.1089/pop.2015.0016.
33. Coelho APC, Larocca LM, Chaves MMN, Felix JVC, Bernardino E, Alessi SM. Healthcare management of tuberculosis: integrating a teaching hospital into primary health care. Texto Contexto Enferm. [Internet]. 2016 [cited 2020 Oct 20]; 25(2):e0970015. DOI: http://dx.doi.org/10.1590/0104-07072016000970015.
34. Castro-Sampaio F, Oliveira PP, Mata LRF, Moraes JT, Fonseca DF, Vieira VAS. Profile of nursing diagnoses in people with hypertension and diabetes. Invest. educ. enferm. [Internet]. 2017 [cited 2020 Oct 20]; 35(2):139-53. DOI: http://dx.doi.org/10.17533/udea.iee.v35n2a03.
35. Celedônio RM, Fé MCM, Mendes AHL, Mendes AHL, Chaves TLF. Management of work in basic health units. Rev enferm UFPE on line. [Internet]. 2017 [cited 2020 Oct 20]; 11(Suppl. 1):341-50. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11914.
36. Soder R, Oliveira IC, Silva LAA, Santos JLG, Peiter CC, Erdmann AL. Challenges for the care management in primary health care: perspective of the nursing team. Enferm. Foco [Internet]. 2018 [cited 2020 Oct 20]; 9(3):76-80. DOI: https://doi.org/10.21675/2357-707X.2018.v9.n3.1496.
37. Yip JL, Bright T, Ford S, Mathenge W, Faal H. Process evaluation of a National Primary Eye Care Programme in Rwanda. BMC Health Serv. Res. [Internet]. 2018 [cited 2020 Oct 20]; 18:950. DOI: https://doi.org/10.1186/s12913-018-3718-1.
38. Egry EY, Apostolico MR, Morais TCP. Reporting child violence, health care flows and work process of primary health care professionals. Ciênc. Saúde Colet. [Internet]. 2018 [cited 2020 Oct 20]; 23(1):83:92. DOI: https://doi.org/10.1590/1413-81232018231.22062017.
39. Mendes EV. As redes de atenção à saúde [Internet]. Brasília: Organização Pan-Americana da Saúde. 2011 [cited 2020 Oct 20]. Available from: https://www.paho.org/bra/index.php?option=com_docman&view=download&category_slug=servicos-saude-095&alias=1402-as-redes-atencao-a-saude-2a-edicao-2&Itemid=965.