

Shared Management In Basic Health Units

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Resumo:

Na atualidade, os profissionais de saúde exercem muitas atribuições no âmbito da gestão nas unidades de saúde, podendo, inclusive, implementar modelos de gerenciamento e coordenação que visem um melhor service e que motivem suas equipes para que as mesmas consigam atender a população, a família e a comunidade. Diante dos desafios é importante analisar como tem sido as ações de gestão compartilhada nas unidades básica de saúde, efetuadas por estes profissisonais. Nessa perspectiva, esta pesquisa tem por objetivo apresentar e analisar ações de gerenciamento em saúde, desenvolvidas pelos profissionais de saúde, no contexto das unidades básicas de na perspectiva da gestão compartilhada. Ao desenvolver este trabalho, foi efetuada uma pesquisa bibliográfica qualitativa, com fontes de autores brasileiros, com artigos publicados entre 2017 e 2022. Os resultados indicam que a gestão compartilhada requer um maior entrosamento dos profissioanis de saúde com todas as equipes da unidade básica onde atua, para alcançar a qualidade na assistência e nos cuidados. Ademais, o papel destes profissionais motivar a equipe para condutas mais humanizadas e efetivas desde o acolhimento, perpassando o diagnóstico até a construção do plano terapêutico singular. Infere-se que a formação universitária e os encontros formativos em serviço, bem como as decisões coletivas e compartilhadas é essencial para o exercício de uma gestão mais democrática e eficaz.

Palavras-Chaves: Gestão. Gerenciamento. Coordenação. Atenção Básica.

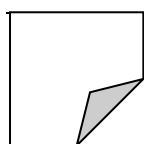
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I. Introduction

In public health management, Primary Care has emerged as the ideal organization for health assistance, care, and services, being the primary means of access for individuals and families to health care. In the management of primary care, the aim is to meet the needs of the clientele, taking into account the efficiency and comprehensiveness of actions aimed at health promotion.

Based on primary care units, more promising results have been achieved, highlighting greater community and population involvement in their own health care (PIRES et al, 2019). It's important to emphasize that the



guidelines for managing basic health units are developed by the Ministry of Health bodies, to be administered by states and municipalities, comprising the Unified Health System (SUS). These bodies, in coordination with municipal health management, fulfill the constitutional role of guaranteeing health care to the entire Brazilian population. However, depending on the configuration of the health system in municipalities, nurses may coordinate, maintain, and provide services, including through partnerships with the private sector (RAVIOLI; SODREZ; SCHEFFER, 2018).

Based on the Basic Operational Norm of SUS of 1996 (NOB/SUS 01/96), municipalities' responsibility in decision-making in health actions was expanded. To comply with this determination, nurses were faced with a new role, which was managing health information systems, with the need to produce reliable and readily accessible data more quickly to assist the work of managers, nurses, doctors, and other health professionals. In this view, health information management was implemented by municipalities, with the use of integrated data becoming mandatory in all states and municipalities (MORORÓ et al, 2017).

Another management model is shared management in primary care, where the nurse's work involves managing through democratic leadership, aiming for more effective actions to address health needs in a territory, by mobilizing professionals to achieve collectively established goals. In this perspective, shared, guiding, and decisive leadership becomes essential for building connections to mobilize actions for collective health promotion in each territory. Therefore, the role of the nurse is not simply to meet goals but also to provide organizational support, fostering creativity and efficiency from reception to final assistance to the population (PENEDO et al, 2019).

One model in the area of basic unit management is clinic management, which has influenced nurses in coordinating health services through the implementation of policies and guidelines to ensure the quality of clinical care for the population. In this clinic management model, according to the authors, the aim is quality and resolution, general objectives for all professionals involved, decentralization, autonomy, and shared responsibility in promoting and integrating basic health units (TREVISO et al, 2017).

Recently, another management model in primary care has been implemented to unify the management of public health services in the Brazilian context, to address access and availability issues for the entire population, subdivided into municipal health territories. Research indicates the need for partnerships between the public and private sectors for health care through primary care, termed Social Organizations of the Health Sector (OSS). These partnerships are presented as a response to the need to reduce notorious waiting lists by partially transferring care to ambulatory units of private entities. Thus, health social organizations become an extension of public management in primary care, reducing the workload of nurse-managers (PILOTO; JUNQUEIRA, 2017).

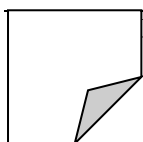
In the daily routine of primary care, the coordination of the unit cannot be separated from the management of the services offered in health care. Therefore, the present research on shared management approaches in health care for completeness in serving users of basic health units (UBS) is justified as a differentiated action, i.e., a connection between the manager, professionals, and those seeking assistance directly in basic units. It is important to develop research that examines the role of nurses in coordinating, managing, and/or administering healthcare services, which constitutes another model of comprehensive healthcare, aiming to promote quality of life directly in the territory of basic units. The objective is to present and analyze healthcare management actions developed by nurses in the context of basic units from the perspective of shared management.

II. Literature Review

In health management, in the daily routines of basic units, the organizational dimension of healthcare is one of the main responsibilities of the nurse manager, aiming to consolidate the quality and comprehensiveness of healthcare services. Models of healthcare management encompass the availability of services, environments, material and technological resources, general and specific knowledge in the healthcare field, and management of basic care units (ARAUJO et al, 2019).

Regarding nursing care and care management in hospital units, the remarkable and inspirational Florence Nightingale stood out as a pioneer of modern nursing, leading significant improvements in the realm of public health, serving as an example for the entire world. For Florence, healthcare management focused on the social dimension of care, not only due to her sensitivity to care during the Crimean War in a rescue context but also due to her initiative, determination, and political influence in transforming what was considered a precarious reality: nursing. She proposed the implementation of safety measures in care, namely: hygiene, sanitation, and comfort, which resonated in practices of excellence in health beyond the nursing field (NISHIO, 2020). Indeed, Florence became an international reference for her ability to "transcend prejudices related to activities carried out by women, to surpass the charitable and assistance-based idea of care, to give voice to the silence of many who dedicated themselves to informal care, and to highlight nursing as a profession and/or specialized occupation" (BACKES, 2020, p. 2).

She became a character of her own and a milestone for humanity, being considered one of the most influential women of her time, that is, in the 19th century. Furthermore, it is important to mention other



nursing professionals who, along with Florence Nightingale, were important both in the Brazilian and global contexts, between the 19th and early 20th centuries, although they did not always receive social recognition during their active period: the Brazilians Ana Nery and Wanda de Aguiar Horta. In this scenario, Ana Nery was the first Brazilian nurse, strengthened by her great humanitarian work in caring for Paraguayan and Brazilian soldiers in the Paraguayan War in 1865, through voluntary enlistment (BACKES, 2020).

In turn, Wanda de Aguiar Horta was recognized for her innovative nature in the process of consolidating nursing on scientific bases, by developing the Theory of Basic Human Needs, adding social and political professional values to nursing care (NISHIO, 2020). In this context, during the 20th century, the nurse began to gain greater professional and healthcare credibility, being attentive to the peculiarities of care preparation and management, in order to provide individual or collective assistance. Similarly, the implementation of management models evolved, requiring investments and shared management of available resources for both professionals and the population (FORTE et al, 2019). In the 21st century, significant changes were approved in the National Primary Care Policy, becoming the main guideline for population access and assistance to primary healthcare services.

Currently, basic health units are preferably coordinated by nurses who hold the role of manager and play an essential function in the development of public health policies (BRAZIL, 2021). In this management model, the authors present seven pillars as a reference for clinical administration: "clinical effectiveness, clinical auditing, risk management, use of information, education and training, people management, and patient/public involvement" (CARDOSO et al, 2019). To better understand the scope of nursing administrative practices, the theoretical framework begins with nursing management in its general and specific nature.

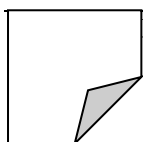
III. Nursing Management: Approaches And Scopes

Nursing Management: Approaches and Coverage In the daily routine of a basic health unit, the nurse's role can unfold into managerial and healthcare actions, combining coordination or leadership, which are directly linked to comprehensive care, transforming the professional into a care manager. Therefore, managerial competencies require more specific skills, namely the ability to articulate professional knowledge, multidisciplinary knowledge, skills, and attitudes necessary for efficient performance of healthcare activities by the nature of managerial professionalism to achieve quality goals in all services. (TREVISIO et al, 2017). It is important to note that in management or coordination, the work of the nurse, as a manager of a team and health services, integrates reception in all procedures: from reception, initial listening, and diagnosis to therapeutic development, prevention, and health promotion. In this perspective, the managerial assignment of the nurse is recognized in basic units at all levels of healthcare, with emphasis on primary care, where the nurse assumes leadership and coordination roles inherent in the health context, facing its peculiarities and daily demands (COUTINHO et al, 2019).

In the context of management, when articulating care and care management in health units, it is a complex approach, especially in its effectiveness, since faced with the management assignment, one must commit to these actions and interventions of quality, as well as solidarity to enable initial reception. Reception in nursing care management is of fundamental professional interest, since the dimensions involved in welcoming need to build bonds every time users of health services seek basic units (ANDRADE et al, 2019). In turn, in the initial consultation, it is of great relevance that all members of the team managed by the nurse know and carry out attentive listening to ensure qualitative nature in healthcare interactions, at which point the nurse-manager coordinates the team to seek solutions for all users. It is necessary for the sectors involved in consultations to work together with managers/coordinators, participating in the quality process in consultations and their resolution, expanding the channels of receptivity and initial listening for all who seek health services. One of the basic elements for efficiently conducted initial consultations is the recognition of users' complaints, to define which procedures should follow sequentially (MAIA et al, 2021).

Regarding the management of diagnosis, including the performance of exams, it can be indicated as a process: The terms management and leadership, in the work field, are conceptualized as health management functions that represent applied knowledge in managing organizations as a whole, in the ability to manage a larger system, where managerial aspects are considered that contemplate local situational diagnoses of networks, public spheres, hospitals, laboratories, clinics, and other health institutions and services (TENÓRIO et al, 2019, p. 2).

Therefore, nursing managers need to plan, execute, provide, and control human and material resources for optimal functioning of diagnostic and examination services; as well as develop care management with humanistic, analytical, behavioral, and effective capacity. Once the diagnosis is made, care management begins, and for integrated assistance to effectively occur, it is necessary to manage and lead the team so that collective and assertive decision-making is possible, including pharmacy workers, in an effective management process, through productive communication, transforming diagnosed evidence into care



practices. In the elaboration of the therapeutic plan, management inspires care adherence, clarifying to health users its importance in achieving excellence results in health rehabilitation and promotion of quality of life. Additionally, leadership for prevention and the necessary construction of trust and processes aimed at preventing illness through preventive management actions are highlighted (BERNARDES, 2018). Leading in health management implies shared actions for greater coverage of care, care, and assistance.

Shared Health Management and the Roles of Nurses Understanding that shared management is a competence and not a position is essential, as it is possible to propose strategies to maximize the fluency of health services, as well as their continuous development, both in hospital institutions and in basic health units. However, for this sharing approach to be effective, it is necessary for managers to adopt a model that is compatible with the daily practice of care and assistance, remembering that each health unit has its professional profile that is a matter of identifying with the team (PENEDO et al, 2019).

First, it is important to conceptualize shared management, which can present the following definition: It is understood that sharing and democratizing management allows the construction of a collective space and accountability among workers and managers, promoting professional autonomy, better satisfaction, and commitment in work practices. Shared management is a way of administering that includes collective thinking and doing, being, therefore, an ethical and political guideline that aims to democratize relationships in the health field to achieve health goals (ZORZAN et al, 2021, p. 2).

In the context of nursing, more specifically in the management of basic health units, the adoption of a new paradigm based on shared management demonstrates acting collectively to streamline all care processes, beyond the rescue model, but rather with a focus on integrality. It can be added that the proposal of shared management in clinics, care, family health, and assistance as a whole began with the extinction of the figure of the administrator who concentrated all responsibilities in his hands, that is, a unilateral management. Indeed, the concentration of management functions of the health unit only in a single professional reduces the very concept of manager that suggests democratic leadership with delegation of secondary tasks, aimed at the full functionality of basic units.

This new model of clinic and care management has been researched with its disseminated practice from health departments to the management of regional, matrix, and basic units in its practical application (CARDOSO et al, 2021). Regarding the reality of the nurse's managerial role, it is considered that shared management occurs due to democratic leadership, and the daily exercise of this type of leader needs to be activated together with other professionals so that the team participates in decision-making, including care.

The nurse-leader's and democratic roles are considered: managing the team, giving and receiving feedback, making strategic and operational decisions, among other activities, seeking to develop management as sharing, including professional knowledge and experiences for care excellence (FAGUNDES; BRAUN, 2017). Moreover, it can be considered that the collaborative and shared dimensions of management in basic units, the dimensions of education and health, and learning, since among the nurses themselves – coordinators or team leaders – the feedback and response power in face of urgent and emergent situations almost always demand delegation of responsibilities for quick and effective decision-making.

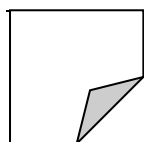
Partnerships in shared management define the co-responsibilities of each collaborative area, in a way that reduces internal competition, strengthening collective actions, valuing all professionals in health units (ZORZAN et al, 2021). It is worth mentioning that a partnership is built between professionals to constitute from a unit of competencies to respect local and regional differences, organize health actions together with families, inserting collegial decision-making of shared management and collective planning. It is essential, therefore, to qualify access to the human right to health, redefining joint strategies to program and implement technical cooperation between managers, in order to unify the various existing partnerships and stimulate and meet community demands in public health (BRAGAGNOLLO et al, 2017).

Research on the challenges of shared management in basic health units indicates that: The logic of health production proposed by the Unified Health System (SUS) includes the perspective of sharing between professionals and users in care production, so that the technical apparatus does not assume

IV. Methodology

In developing this research, a qualitative bibliographic approach was used, based on the methodological principles of literature review, through articles by scholars and researchers in the field of nursing management in primary health care. Bibliographic sources published from 2017 to 2022 were included, restricted to shared management models in healthcare units, conducted only by nurses, excluding articles whose basic units are managed by other healthcare professionals.

During the exploratory research, 78 bibliographic sources were selected, of which 29 articles were used, as they presented shared management models carried out by nurses, restricted to primary care, aligning with the specific objectives presented in this conclusion thesis. Out of this total, 49 were excluded because healthcare



management was carried out by other professionals, articles published before 2017, and sources in foreign languages.

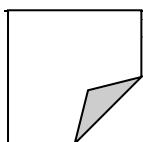
The following descriptors were used in the database query: management of primary care, shared management in health; the nurse/manager of primary care units. After reading and rereading the articles that meet the proposed objectives for the development of this research, the information was cataloged and distributed in tables, in the form of practical results, to then be analyzed and discussed, highlighting shared actions, relating the nurse's management in seeking collective decision-making and teamwork. After presenting the information and analysis, a conclusion was drawn regarding the final considerations of this research. After collecting the articles on shared management models by nurses, two tables were constructed, the first regarding shared management in healthcare systems and the second regarding the management/coordination of basic health units, carried out by nurses. In this context, the shared management practices described in the literature review were analyzed, highlighting the roles and actions of nursing professionals in managing healthcare teams in primary care.

V. Results And Discussion

In shared health management under the nurse's management, the articulation and integration between managing, coordinating, and caring, as well as interactivity through effective communication for decision-making, are essential to consolidate collective actions in terms of management in basic health units. Indeed, the interpersonal relationships built by the nurse with members of the multidisciplinary team seek a greater connection between different professionals and users of healthcare services. From this perspective, the application of shared guidelines in the nurse's managerial practice currently presents itself as an emerging need for professional development of a manager who links administrative excellence to the act of caring and assisting, through task sharing among team members. Although the focus is on comprehensiveness and sharing of actions and interventions, the results will be divided into two complementary tables. In the first table, the studies of the referenced authors focus on the experiences and practices of nurses in shared management in healthcare units.

Quadro 1 – Ações compartilhadas do enfermeiro em unidades de saúde.

Base de Dados	Título de Estudo	Autor	Ano	Resultados
Interface: Communication, Health, Education	Shared management: perceptions of professionals in the Family Health	Penedo et al	2019	Shared management is a participatory process, with democracy in health teams seeking to work towards a more horizontal management proposal. The nurse plays a decentralized managerial role, acting as a managerial mentor.
Digital Nursing Journal:	Care, Promotion, Health Experience report: Interfaces of Shared Nursing Management in the pediatric inpatient unit of a university hospital	Zorzan et al	2021	Shared management requires nurses to perform their managerial activities continuously and articulated, sensitively and consciously, in order to develop work guided by sectoral needs
Unisalle Management Journal Braun	The challenge of nurses facing shared and collaborative leadership Fagundes;	Fagundes; Braun	2017	As a practical implication, it is suggested to invest in organizational training that collaborates to understand shared leadership in order to overcome its barriers and encourage its qualified execution.
Uningá Journal	Organization and management in health and nursing in primary care: health pact	Bragagnollo et al	2017	The meetings promote dialogue among administrators, through shared management, implementing communication and information mechanisms, resulting in team autonomy and increasing the shared responsibility of all involved.
Physis: Journal of Collective Health	Challenges for shared care management in the relationship between caregivers and professionals in a	Bertagnoli et al	2021	Shared care management, a modality that aims to promote the resumption of autonomy and appropriation of the work process by nurses, tends to reduce



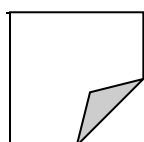
	Home Care Service team			fragmentation and favor interdisciplinarity and integration of those involved.
Nursing in Focus	Management of primary care in Brazil: an analysis from the perspective of specialists	Silveira et al	2021	Based on the perception of specialists, it was evident that the manager must be skilled to envision the gain when working in co-management, ensuring popular participation as another potential, bringing concepts of humanization to the manager
Brazilian Nursing Journal	Evaluation of the Nursing Management Model in hospitals	Cardoso et al	2021	Managers showed a perception of shared governance, although the current model is hybrid, in transition from traditional to shared management.

Source: Own authorship (2022).

After presenting the research conducted on the role of nurses in shared health management, Table 2 specifies the actions of nurse managers in basic health units.

Table 2 - The nurse as manager of basic health units.

Base de dados	Tipo de Estudo	Autor	Ano	Resultados
Anais do II Seminário de Produção Científica em Ciências da Saúde	The difficulties encountered by the nurse manager in primary care.	Alves et al	2019	The managerial work of the nurse in primary care is essential to maintain the proper functioning of the health unit and the quality of service provided to users and the community, with the greatest challenge being the specific training for health unit management.
Scire Salutis	The role of the nurse as a manager in the basic health network.	Araujo et al	2021	It was evident that primary care demands nurses who are trained in their managerial and organizational duties, particularly concerning the workflow to meet demands, while confronting challenges based on scientific principles.
Revista de Enfermagem da UFPE	The management of basic health units through the lens of nurse managers.	Fernandes; Cordeiro	2018	It was found that vertical management and the lack of workflows are the predominant difficulties in the managerial process, as they contribute to decreasing the resolution of primary care and undermining the comprehensiveness of care
Revista Expressão	The meaning of work for nurse managers.	Araújo et al	2020	Nurses in managerial positions believe that, both in primary care and in managing activities at the health center, they can assist patients in a way that complements each other
Business and Technological Journal	Management at the Manoel Reis Dias Basic Health Unit in Araguaína (TO).	Souza; Brito	2019	It has been observed that for health management services, professionals should be trained with competencies and specific skills in health management
Revista de Enfermagem do Centro-Oeste Mineiro	Nurse training regarding management: obstacles and perspectives	Berghetti et al	2019	It is essential the combination of institutional teachings, the pursuit of knowledge, and the experiences gained in the nurse's daily life so that, with this, the graduate nurse can



				overcome the anxieties related to health management.
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Source: Own authorship (2022).

Once the practical results collected from the reports of nurses working in basic health units (BHUs) have been presented, the analysis and discussion based on the literature review provided continue. Based on Tables 1 and 2, it can be highlighted that in this research, the evidenced results are contextualized within basic health units and their specific regional and organizational articulations, with tendencies towards shared approaches, which can be inherent to a healthcare sector more open to innovations and to the comprehensiveness in the process of promoting collective quality in communities. Furthermore, the presented tables provide insights from nurses based on the specificity of the analyzed basic unit in each experience report that composed the researched scientific articles, reflecting the stance of nurse managers in their respective units of operation (PENEDO et al., 2019).

Similarly, the above tables represent reports according to structural and managerial specificities, which do not allow for generalization due to their unique profiles and contexts in their constitution, as they are not comparative studies but rather experiences of professionals from a single organization, namely, the basic health unit where they work. Although each reports their daily experience as managers (ARAUJO et al., 2021), it is relevant to emphasize that this research brings valuable information on the topic of shared health management in the role of nurse managers, which will be presented below. Initially, it is highlighted that shared leadership in basic health units and the role of nurses pose challenges related to both care and managerial activities managed by these professionals, such as teams with different views of the whole (comprehensiveness), conflict management, collective decision-making not always embraced by the team, as well as hierarchical interpersonal relationships, albeit democratic. Nurse managers, in turn, need to incorporate knowledge and a harmonious conception of their managerial conduct, exercising shared leadership as a process of interdependence to motivate the team to achieve common goals (BERTAGNOLI et al., 2021).

Regarding different management styles, it is revealed that nurses employ more supportive approaches to transform team coordination into a harmonious atmosphere, making healthcare units an environment where professionals and users can contribute with their suggestions. From this perspective, it is noted in Table 2 that there is an opportunity for nurse managers to overcome outdated attitudes and organize an expanded context of shared decisions. Moreover, the analysis of practical results demonstrates the relevance of sharing management and the nurse's role, aiming to decentralize, democratize, and delegate tasks that have been incorporated into nursing education (PADILHA et al., 2018; BERGHETTI et al., 2019).

According to data from Table 1, it can be understood that shared management is not just a trend but a requirement of current nursing vision, which propels the category towards collective decision-making. In this management style, leadership with emphasis on valuing all professionals of the team fosters effective outcomes both in resolution and in humanized nursing care with quality. In practical dimensions, both tables (above) reveal the need for further expansion of more democratic management that involves, including families and communities (PILOTO; JUNQUEIRAS, 2017; COUTINHO et al., 2019).

It is important to add that nurse managers need to equip themselves and enhance collectivity and continuous collaboration in basic health activities, whether technical or human in nature, thereby reducing challenges in the daily routine of shared management in basic health units. It is observed, based on the referenced authors in this research, that this theme is being frequently studied and analyzed to aggregate knowledge and insights inherent to nursing itself, inspired by figures such as Florence Nightingale, Ana Nery, Wanda Horta, among others who pioneered innovative ideas in the healthcare field (NISHIO, 2020; BACKES et al., 2020). More specifically, considering the results presented in Table 2, there is a need for the production of collective actions and shared responsibility in health management, especially in the nursing profession, when aiming for democratic management, which requires addressing humanized aspects in managerial action. It can be reflected that the adoption of measures involving human dignity aims at good practice and stems from the motivation to act well alongside users of basic health units. This motivation is grounded in the internalization of professional and legitimate attitudes, from the perspective of ongoing education and learning (PIRES et al., 2019).

In this line of thought, studies on shared management always inspire the expansion of knowledge and information in the training of nurse managers. I. Final Considerations Considering the professional experiences evidenced in this research, it is emphasized that the competencies and skills of nurse managers need to encompass undergraduate education but above all in the perspective of continuous in-service training, a moment when the professional can build their own stance towards management and/or coordination of health units. Regarding collective work in health, shared leadership allows for delegating tasks to team coordinators and thus motivating professionals to pursue excellence in management, care, and assistance.

It can be pointed out that shared management goes beyond mere service distribution but primarily involves collective decision-making, shared responsibility in providing quality care to the population and the

community, inviting suggestions for improvements that can be consolidated in the basic units where they seek care and assistance. Sharing means, therefore, aggregating knowledge and efforts so that the health unit has a productive flow in all processes and procedures available to users of primary care. It is important to emphasize that the nurse-manager in basic units seeks the effectiveness of actions during all stages of care, from welcoming, initial consultation, diagnosis to therapeutic proposal, care, and health promotion. In this perspective, the nurse has a great responsibility in seeking individual and collective quality of life, seeking support from family health teams, the team itself, and the daily routine of the basic unit where they have the opportunity to manage excellently.

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