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Situational diagnosis of the nurses' performance in primary health care

Diagnóstico situacional da atuação do enfermeiro na Atenção Primária à Saúde

Diagnóstico situacional del desempeño de las enfermeras en la atención primaria de salud

Abstract

Objective: to make a situational diagnosis about the role of nurses in Primary Health Care in municipalities with less than ten thousand inhabitants. **Method:** cross-sectional study with 22 nurses working in the Family Health Strategy of 15 municipalities of the Greater West Health Macroregion/Santa Catarina. For data collection, a survey questionnaire was used, tabulated in the Microsoft Excel software, and the descriptive analysis was organized in the Statistical Package for the Social Sciences software. **Results:** predominantly female profile. The performance of the nursing process/consultation is present in the practice of nurses. As for the completion of the stages, 4.5% of the participants do not perform the nursing process, 40.9% perform all stages and 54.6% perform some stages. The electronic medical record e-SUS is used to record care by 77.3% of nurses. **Conclusion:** the nursing process/consultation is carried out in an incipient or fragmented way by nurses as a methodological instrument to systematize care. **Descriptors:** Nurse; Health assessment; Nursing in the office; Nursing process; Primary Health Care.

Resumo

Objetivo: realizar diagnóstico situacional acerca da atuação do enfermeiro na Atenção Primária em Saúde em municípios com menos de dez mil habitantes. **Método:** estudo transversal com 22 enfermeiras atuantes na Estratégia Saúde da Família de 15 municípios da Macrorregião de Saúde Grande Oeste/Santa Catarina. Para Coleta de dados, utilizou-se questionário do tipo *survey*, tabulados no Programa *Microsoft Excel*, e a análise descritiva organizada no *software Statistical Package for the Social Sciences*. **Resultados:** perfil predominantemente feminino. A realização do processo de enfermagem/consulta está presente na prática das enfermeiras. Quanto à realização das etapas, 4,5% das participantes não realizam o processo de enfermagem, 40,9% realizam todas as etapas e 54,6% realizam algumas etapas. O prontuário eletrônico e-SUS é utilizado para registro dos cuidados por 77,3% das enfermeiras. **Conclusão:** a realização do processo de enfermagem/consulta acontece de forma incipiente ou fragmentada por parte das enfermeiras como instrumento metodológico para sistematizar o cuidado. **Descritores:** Enfermeiro; Avaliação em saúde; Enfermagem no consultório; Processo de enfermagem; Atenção Primária à Saúde.

Resumen

Objetivo: realizar un diagnóstico situacional sobre el papel de las Enfermeras en la Atención Primaria de Salud en municipios con menos de 10 mil habitantes. **Método:** estudio transversal con 22 enfermeros que actúan en la Estrategia Salud de la Familia en 15 municipios de la Macrorregión de Salud Grande Oeste/Santa Catarina. Para la recolección de datos se utilizó un cuestionario tipo encuesta, tabulado en el programa Microsoft Excel®, y el análisis descriptivo organizado en el software Statistical Package for the Social Sciences versión 21.0. **Resultados:** perfil predominantemente femenino. La realización del Proceso de Enfermería/ Consulta está presente en la práctica del enfermero. En cuanto a la realización de los pasos, el 4,5% de los participantes no realiza el Proceso de Enfermería, el 40,9% realiza todos los pasos y el 54,6% realiza algunos pasos. La historia clínica electrónica e-SUS es utilizada para registrar la atención por el 77,3% de los enfermeros. **Conclusión:** el Proceso de Enfermería/ Consulta se da de forma incipiente o fragmentada por los Enfermeros como instrumento metodológico para sistematizar el cuidado. **Descriptores:** Enfermero; Evaluación en Salud; Enfermería de Consulta; Proceso de Enfermería; Atención Primaria de Salud.

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INTRODUCTION

A situational diagnosis allows us to know the organization of nursing services in Primary Health Care (PHC) and is defined as a method of analysis and identification of the real needs of institutions, aiming to develop organizational proposals based on regulatory standards. It is also essential to identify the demands that require adjustments to obtain the most qualified nursing care [1].

Nursing is a socially relevant profession, historically determined and is part of a collective work process, with the purpose of producing health actions through a specific knowledge articulated with the other team members in the social political context of the health sector [1-2].

The clinical practice of nurses is based on care understood as the essence of nursing practice. This practice developed with technical and cognitive skills and abilities is supported by scientific knowledge aimed at the performance of actions aimed at satisfying the individuals' health-disease needs [2].

Nurses perform actions aiming at the prevention of diseases, promotion, recovery and rehabilitation of the health of the individual, family and community. These actions can be carried out in the collective or in individualized care, during the Nurses' Consultation (NC), a methodological instrument for organizing the care provided since the publication of the Law of Professional Nursing Exercise (1986), which brings in its Article 11, that it is an exclusive function of the nurse[3].

In Article 1 of Resolution of Federal Council of Nursing (COFEN) number 358/2009, the terms Nursing Process (NP) and NC are described as synonyms and their stages must be applied in any place where nursing care occurs (institutions providing outpatient health services, homes, schools, community associations, among others)[3]. Still in Brazil, the National Primary Care Policy (NPCP)[4] describes that, among the specific attributions of nurses in this level of care, is the performance of NC, request for complementary exams, prescription of medications, observing the legal provisions of the profession and in accordance with the protocols or other technical regulations established by the Ministry of Health, state, municipal or Federal District managers.

It is noteworthy that the clinical practice of nurses in PHC develops according to the legal requirements of the profession and that NC at this level of care is usually related to the collection of Pap smear, prenatal and puerperium, family planning, childcare, hypertensive and diabetic care and mental health [1].

In this sense, NC proves to be an important means for the development of clinical practice capable of contributing to the improvement of the quality of care provided, although the evident need for political investment to consolidate this clinical practice of excellence[3].

A study[5] points out difficulties in the application of NP/NC by nurses in PHC and highlights that, to solve adversities, it is necessary to approach theory with practice during graduation so that students are familiar with NP and understand its relevance by inserting this methodological instrument into their professional routine.

Although the work of nurses in PHC has been built with a focus on other knowledge, its implementation still presents challenges, including the reconfiguration of nursing training in undergraduate courses in order to instrumentalize it for application in different contexts and the implementation of continuing education on NP for its incorporation into the daily practices of nurses as an instrument that enhances and gives visibility to the work of these professionals [3,6].

Even so, the effects of training persist with evidence of this deficiency in the performance of nurses in PHC, and knowing this reality becomes essential for the projection of transformative practices through actions that integrate teaching and service.

Based on these reflections, the question is: how does the performance of the Nurses in the PHC service happen? What are the stages

of the NP/NC that are carried out in the PHC? It is intended, therefore, to perform situational diagnosis on the role of nurses in Primary Health Care, in municipalities with less than ten thousand inhabitants.

METHOD

This is a cross-sectional study conducted with 22 nurses working in 22 Family Health Strategy (FHS) teams from 15 municipalities (some municipalities with more than one FHS) with a population of less than ten thousand inhabitants and belonging to the Greater West Health Macroregion of the State of Santa Catarina, Brazil. Twenty-two (22) nurses are the total population of the study.

The inclusion criteria of the participants were: acting as a nurse in a FHS team in one of the municipalities of the Greater West Health Macroregion of the State of Santa Catarina for at least one year, considering this important period to apprehend the work process. Nurses who reconciled care with managerial positions during the data collection period were excluded.

This study is part of the macroproject entitled "Nursing Care and Management as Knowledge in the Health Care Network: Propositions for Best Practices". The data that composed the diagnosis were extracted from the database from the macroproject composed of 132 municipalities, of which 58 had less than ten thousand inhabitants. The data collected were through a survey-type questionnaire containing 51 closed questions, structured in Google Forms, with variables that included the sociodemographic profile, the work process and the practices developed with a focus on the NC and the stages of the NP. The questionnaire was previously validated in three conceptual alignment workshops with approximately ten researchers. Subsequently, it was sent via e-mail to all nurses of the FHS of the participating municipalities.

In the content of the email to send the survey, the Informed Consent Form (ICF) was attached, and access to the first part of the Survey that formalized the consent to participate in the survey. Data collection took place between May and August 2019.

The data were tabulated and stored in the Microsoft Excel 2013 Software, coded for analysis in the SPSS 21.0 software, performed only with the crossing of simple data, selecting the relevant answers to the municipalities that met the profile of this study and the questions about the professional performance of nurses. We chose to keep the raw results in tables and descriptive analysis with discussion from updated literature.

In order to meet the ethical precepts of research with human beings and Resolution 466/12 of the National Health Council, the macroproject was approved by the local Research Ethics Committee (REC), with Opinion number 2,380.74.

RESULTS

The characterization of the participating nurses shows that 100% were female, with a mean age of 37.5 years. The mean time working in the FHS was 11.8 years and the mean time working in the same team was 9.27 years.

Table 1 shows the distribution of participating nurses according to their city of operation.

Table 1 – Macro or micro regions of Santa Catarina, performance of the participants. Chapecó, SC, Brazil. 2019. (N=22)

Municipalities	N	%
Águas de Chapecó	2	9.1
Águas Frias	2	9.1
Arvoredo	1	4.5
Caibi	1	4.5
Caxambu do Sul	2	9.1
Formosa do Sul	1	4.5
Guatambu	2	9.1
Irati	1	4.5
Jardinópolis	1	4.5

(Continues)

Municipalities	N	%
Nova Erechim	3	14
Nova Itaberaba	1	4.5
Paial	1	4.5
Riqueza	1	4.5
Serra Alta	1	4.5
União do Oeste	2	9.1
Total	22	100

Source: Prepared by the authors (2022).

Regarding the development of NC, 14 nurses (63.6%) perform by appointment and eight (36.4%) do not have an agenda. Regarding the frequency at which they perform NC 4.5% perform sporadically, 13.6% perform up to three days a week and 81.9% perform daily. The frequency in which they usually serve the various audiences is described in Table 2.

Table 2 – Periodicity of care carried out by nurses according to age groups. Chapecó, SC, Brazil – 2019 (N=22)

Variables	n	%
Frequency of care to the Neonate/Infant		
Sporadically	8	36.4
Up to three days a week	5	22.7
Every day	9	40.9
Frequency with which you usually attend Children		
Sporadically	4	18.2
Up to three days a week	4	18.2
Every day	14	63.6
Frequency with which you usually attend Adolescents		
Sporadically	7	31.8
Every 15 days approximately	2	9.1
Up to three days a week	2	9.1
Every day	11	50
Frequency with which you usually meet Women		
Up to three days a week	3	13.6
Frequency with which you usually meet Men		
Sporadically	3	13.6
Every 15 days approximately	2	9.1
Up to three days a week	3	13.6
Every day	14	63.6
Frequency with which you usually serve the Elderly		
Sporadically	2	9.1
Every 15 days approximately	2	9.1
Up to three days a week	2	9.1
Every day	16	72.7

Source: Prepared by the authors (2022).

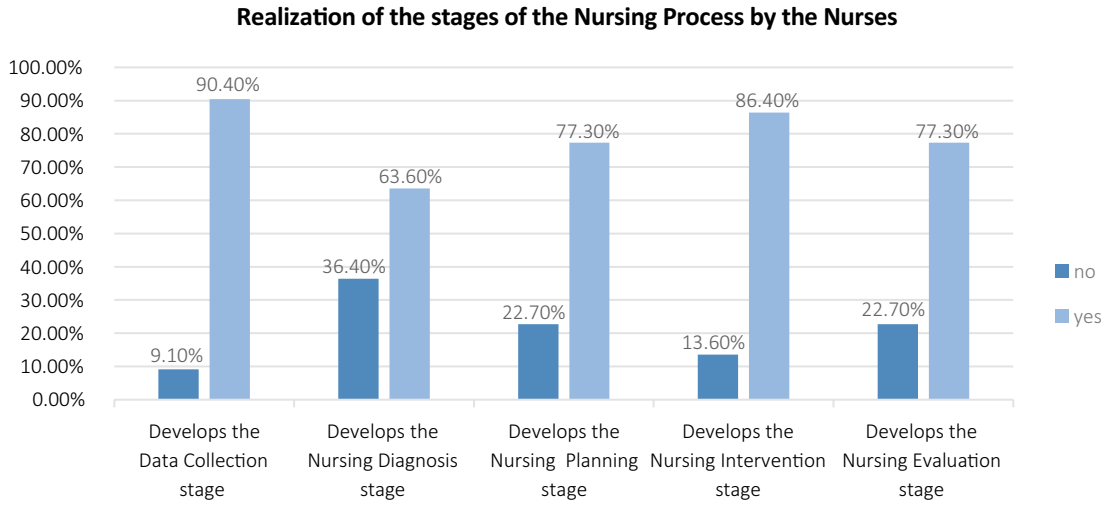
Regarding the completion of the stages of the NP, one (4.5%) nurse answered that she does not perform, nine (40.9%) nurses perform all stages, 12 (54.6%) perform some stages of the NP. Graph 1 describes the development of NP by nurses, with the proportion in which they perform the five stages of the process.

Regarding the use of any Standardized Language System (SLS) or taxonomy for recording the NP, 11 (50%) nurses answered not to use it, five (22.7%) do not use it, because they are unaware of the SLS/taxonomy, five (22.7%) use it in their practice and one (4.5%) did not respond.

The International Classification of Primary Care (ICPC) is used by four (18.2%) nurses, one (4.5%) reported not using this SLS/taxonomy, and 15 (68.1%) did not answer this question. Five (22.7%) nurses did not use NANDA-I (North American Nursing Diagnosis Association), NIC (Nursing Interventions Classification) and NOC (Classification of Expected Results in their practice), 15 (68.1%) did not respond. Regarding the use of the International Classification for Nursing Practice (ICNP), three (13.6%) nurses use it, two (9.1%) do not use it and 15 (68.1%) did not respond.

To assist them in decision making, it was questioned which sources of information are used in their daily lives to support decision making in the NC and are described in Table 3.

Graph 1 – Carrying out the stages of the Nursing Process by the Nurses – Chapecó, SC, Brazil – 2019 (N=22)



Source: Prepared by the authors (2022).

Table 3 – Sources of information used for decision making – Chapecó, SC, Brazil – 2019 (N=22)

Variables	n	%
Uses Protocols		
No	1	4.5
Yes	21	95.5
Uses guides		
No	16	72.7
Yes	6	27.3
Uses Telehealth-SC		
No	9	40.9
Yes	13	59.1
Uses professional experience		
No	7	31.8
Yes	15	68.2
Uses scientific evidence		
No	11	50.0
Yes	11	50.0
Uses standard operating procedures (SOP)		
No	7	31.8
Yes	15	68.2
Uses conversation with other team members		
No	22	100.0

Source: Prepared by the authors (2022).

Regarding the frequency in which nurses perform health education activities with users, 11 (50%) performed sporadically, six (27.3%) performed every 15 days approximately, one (4.5%) performed up to three times a week, three (13.6%) performed every day and one (4.5%) did not perform health education activity. As for the guidelines on continuity of care, two (9.1%) guided when necessary and 20 (90.9%) always guided on. Table 4 presents the data regarding the use of medical records to record the care provided during NC.

Table 4 – Use of medical records to record care. Chapecó, SC, Brazil – 2019 (N=22)

Variables	n	%
Uses e-SUS – Citizen's Electronic Record		
No	5	22.7
Yes	17	77.3
Uses own electronic medical record		
No	16	72.7
Yes	6	27.3
Uses e-SUS – Simplified Data Collection		
No	19	86.4
Yes	3	13.6

(Continues)

Variables	n	%
Uses the user's physical and individual records (paper)		
No	19	86.4
Yes	3	13.6
Uses family records (paper)		
No	22	100.0
Uses outpatient care form (uses a new form for each care)		
No	21	95.5
Yes	1	4.5

Source: Prepared by the authors (2022).

DISCUSSION

When analyzing the profile of nurses working in the PHC of the municipalities participating in the study, we identified the predominance of 100% of the sample being women, a characteristic evidenced throughout the history of nursing as a profession and corroborated by the Federal Nursing Council (COFEN) in partnership with the Foundation.

Oswaldo Cruz (FIOCRUZ) in a survey carried out in 2015 that aimed to study the current profile of Nursing to promote improvements in working conditions, carried out a survey on the profile of the category in all aspects that involve its performance, being the largest survey ever carried out in Latin America, presenting an accurate and detailed diagnosis of the situation of Nurses, technicians and nursing assistants in action in Brazil. It was evidenced, therefore, that the nursing team is still predominantly female, being composed of 84.6% of women and registering the presence of 15% of men in the country[7].

Nursing has been active in the search for professional qualification, ratifying the data presented above, in which 77.2% of nurses sought to specialize in *lato* and *stricto sensu courses*, signaling that nurses are improving their knowledge and also exploring new academic possibilities. The desire to qualify is corroborated by data from COFEN[7] that indicate the Proficiency program and other improvement initiatives promoted by the COFEN System/Regional Councils with wide adherence to the category, reaching 94.5% of Nurses in Brazil. Thus, the geographical region, the focus of this study, reveals potential for professional qualification of nurses, considering the numerous initiatives and offers of courses by the Regional Health, other courses offered by several higher education institutions and also the offer of a professional master's degree in nursing with emphasis on PHC.

As for the performance of NC, all refer to perform, and most have an agenda for these services, performing them every day of the week. When analyzing the frequency in which they serve the various population groups, it is evident that the different groups (children, adolescents, adults and the elderly) are attended daily by nurses. The population has NC care every day of the week in the Basic Health Units (BHU), having access to flexible and accessible agendas of these professionals; however this flexibility of the target audience can make it difficult to carry out the NC or generate work overload.

The NC demands time and conditions from the professionals to carry out it properly, which must be carried out in a contextualized and participatory way, combined with technical and systematic competence, that is, following the stages of the NP. Thus, through NC, the Nurses contemplate actions of the care plan and provide conditions to improve the quality of life of the users, families or community[8].

A study carried out in Portugal reveals that nurses evaluate people in their different dimensions, defining nursing diagnoses, prescribing and executing nursing interventions and evaluating the results based on a disciplinary and professional body of knowledge, revealing the dimension of the autonomy of the nurses in the consultation and the importance of this in the monitoring of patients[9]

Although both the Nursing Professional Exercise Law and the NPCP[4] discuss about the

NC as a private activity of the Nurses and that must be carried out in any and all services in which nursing care takes place, many obstacles related to planning and organization of work are described in the literature for the implementation of the NC. A study conducted in a city with more than 200 thousand inhabitants, located in the studied region, with the objective of knowing and analyzing the management process of nursing care for women in PHC, focusing on NP, reports that the main challenges for the effectiveness of NP are related to the nursing work process, overload, accumulation of administrative and care functions, lack of time, lack of human and material resources, and high demand of users in health services [10]. However, what is perceived is that in smaller municipalities, NC is more feasible.

As for the realization of the stages of the NP, only one professional claimed not to perform; the most of the professionals perform, however, restricted to some stages. The stage of data collection is the stage in which they most claim to perform, the stage of nursing diagnosis is the stage least performed by nurses. A study carried out in Rio de Janeiro with the objective of describing the characteristics of the work of nurses in NC in PHC described similar findings; among some, the non-performance of all stages of the consultation, tendency to adopt the biomedical-Flexnerian model and the use of manuals of the Ministry of Health as main sources of information for decision making [11].

In addition, it is noteworthy that the NC comprises interrelated, interdependent and recurrent actions, such as data collection, nursing diagnosis, planning, implementation and evaluation of nursing. The completion of NC in an incomplete and fragmented way can culminate in losses for the construction of the patients' care plan [12].

The development of the NP is inseparable from the performance of the NC; it can be said that nurses perform the NC, but still have weaknesses in performing all stages. Considering that, when the implementation of the NP is done in an organized and concise manner, the results are seen quickly and efficiently, in addition to offering nurses security and autonomy in the care provided[13].

Given the above, it is possible to relate the flexibility of the Nurse's agenda and, consequently, the overload of work demand, to the resources and the Health Care Network (HCN) that small and rural municipalities have, that is, the BHU are often the gateway and the only service to access the population.

When considering the data published by the Brazilian Institute of Geography and Statistics (IBGE)[14], data from the last census shows that Brazil has a total of 5,565 municipalities, of which 1212 are municipalities with a population less than or equal to ten thousand inhabitants. It is understood that the reality of this profile of municipalities are similar and serve a significant portion of the Brazilian population.

A study that sought to evaluate the HCN of people with Cardiovascular Diseases (CVD) in municipalities smaller than 15 thousand inhabitants belonging to a health region in the state of Rio Grande do Sul, identified that most municipalities are in a situation of great external dependence in relation to references of Medium (MC) and High Complexity (HC), with some difficulties of access to services and different forms of organization of Primary Care (PC) and in the structure of services, configuring deficiency in the constitution of HCN[15].

Another important point of analysis refers to the use of SLS or taxonomy by nurses who claim to perform the nursing diagnosis stage. Only five professionals use some SLS/taxonomy, but the vast majority report not using it. The use of SLS/taxonomies mentioned was the ICPC (by four Nurses) and the ICNP (three Nurses).

When analyzing the latter result, we can assume that most nurses have weaknesses in the

knowledge about the performance of NP from a conceptual and practical point of view, since most do not perform the diagnostic stage and have low adherence to SLS; this causes the consultation to be performed in a fragmented manner, not obeying the clinical correlation between the stages based on scientific evidence. Therefore, it is noteworthy that in the development of the stages of the NP, it is important to adopt a SLS that orders terms or expressions that make up the diagnoses, interventions, evaluations and expected results[16].

Another question that deserves to be highlighted, relating to the use of SLS, 50% answered not to use it and only 18% reported using the ICPC in their practices. We are again faced with weaknesses in the knowledge about the use of instruments that standardize care; it is known that in the context of PHC, the use of ICPC in the record of consultation and procedures is mandatory for the effectiveness of care.

The organization and determination of a terminology defined among nursing professionals establishes the multidimensionality of care, being an alternative to be deepened and explored. With regard to NP, the ICPC is not characterized as a nursing SLS, considering that SLS can be defined as a set of terms commonly understood, used to describe the clinical judgments involved in the evaluations and subsequent definition of nursing diagnoses, together with interventions and results, standardizing the records/documentation of nursing care[17]. However, the use of ICPC was questioned to the participants because they work in PHC and for the purpose of verifying whether it would be associated with the other taxonomies.

In addition to standardizing nursing records, SLS are instruments that assist the professional in clinical decision making, as well as clinical protocols, Telehealth, Standard Operating Procedures (SOP), signaled by the vast majority of participants who use these resources to assist in decision making. It is also noteworthy that 50% of nurses cited professional experience and scientific evidence. It is identified here movements of Best Practices in Nursing (BPN), mentioned for decision making and which consists essentially of a triad that encompasses the best results: scientific research, clinical expertise of the professional and the needs of each patient/individual[18].

It should be noted that education in health is part of the work process of nurses; most perform sporadically, followed by biweekly actions. Among the various roles that nurses assume, the role of educators stands out here. They develop pedagogical actions, which may be linked to the logic of Permanent Health Education (PHE), which involves health professionals, as well as health education actions that aim to serve users of health services and their families[19].

By incorporating pedagogical practices into their professional routine, nurses associate, in their teaching, health care practices and theory to demonstrate experiences from the report of problems, experiences and attitudes of the patients and/or family members, experienced daily. This exchange of knowledge between patient/family member and nurses enables a better bond, in addition to inducing a change in daily practices for health promotion [20].

Regarding the records made by nurses, it is worth mentioning that the Ministry of Health, recognizing the need for computerization of PHC, instituted in 2013 the e-SUS Primary Care strategy (e-SUS PC) with the intention of restructuring, at the national level, all PHC information. This strategy aims at an electronic SUS, whose premise is to contribute to the management of the information produced from the work process of the PHC teams [21]. The e-SUS PC strategy involves two software systems: the Simplified Data Collection (SDC) and the Citizen's Electronic Record (CER)[22].

Regarding the results of this study regarding the nursing records, it was evident that the electronic medical record is the most

used by nurses; few nurses use the e-SUS; the other nurses consider other systems that feed the e-SUS, but contracted, the physical records of the family group are used only by three professionals.

This information is in line with the statements of a study that reveals that "currently with the diversity of professionals involved in patients' care and legal demands for record keeping and preservation, the volume of paper, which needs to be stored, has reached dimensions of difficult management, requiring digital resources"[23].

The patients' medical record is considered a document that corresponds to the written memory of the person under care, which consists of identification, sociodemographic, clinical records, among others. This is indispensable in the communication between the health team and the patients, as well as for the safety, continuity, effectiveness and quality of the care that was provided[23].

A study reveals that the absence of registration or inadequate registration can result in "discontinuity of care, inadequate evaluation of changes in the patient's clinical conditions, inaccurate judgment of the results obtained, lack of consistent legal basis for defense regarding the work performed or the care received"[24].

Therefore, it can be said that doing is as important as the record. Based on the answers to this situational diagnosis, all nurses record in medical records, in accordance with COFEN Resolution 429/2012, which provides for the registration of professional actions in the patient's medical records, and it is the responsibility and duty of nursing professionals to record, either in traditional support media (paper) or electronically, the information inherent to the care process and the management of the work processes necessary to ensure the continuity and quality of care[25]. However, this study should be expanded to identify the context and reasons why nurses register NP/NC in a fragmented manner and in different types of medical records, whether physical or electronic.

The limitation of this study is the sample restricted to a geographical region of the state of Santa Catarina, which may not represent the state as a whole, perhaps the Brazilian reality. However, this study contributes to perceiving the better coordination of care, with the use of NC in smaller municipalities, offering support for this organization in larger ones and justifying the importance and need to implement the consultation in a systematic and resolutive way.

CONCLUSION

The results allow us to affirm that the NC is performed by all nurses; however, it occurs incipiently on their part. Few nurses use NC as a methodological tool to systematize and coordinate care in PHC. Although the study was conducted with a small sample of nurses, the results corroborated the literature, which shows that the findings are similar to other realities.

The results also demonstrated a gap between theory and practice related to nursing care. Nurses report using protocols and previous experience with similar situations as the main sources of information for decision making, and they are hardly adept at using manuals, guidelines and scientific evidence. Therefore, the empowerment, autonomy of the Nurses and the technical-scientific knowledge in the execution of the NC is fundamental.

The findings reflect the need to provide training on NP aimed at addressing the weaknesses that prevent them from carrying out the consultation, contemplating all the systematized stages, encouraging the management of taxonomies and the use of information systems already available for the nursing record. Therefore, it is suggested that health managers and the management of the macro-region of these municipalities provide moments of PHE as a way to instigate nurses to explore NC, making it a routine tool in their work process.

Making visible the reality of the performance of nurses in PHC, in municipalities with less than ten thousand inhabitants, instigates the need to

develop scientific research aimed at identifying weaknesses peculiar to the reality of the HCN of these municipalities and to propose technologies that subsidize these nurses. This study also aims to empower professionals and managers themselves to realize the potential of NC as a methodological instrument to systematize care and strengthen HCN.

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