ORIGINAL ARTICLE

Socio-professional profile of nurses working in the Family Health Strategy in the countryside of Mato Grosso

Perfil socioprofissional de enfermeiros atuantes na Estratégia de Saúde da Família no interior de Mato Grosso

Perfil socioprofesional de los enfermeros que actúan en la Estrategia de Salud de la Familia en el interior de Mato Grosso

Stefany Martins Dias[1], Marcos Vítor Naves Carrijo[2]

RESUMO

Objetivo: descrever o perfil dos enfermeiros atuantes nas Estratégias de Saúde da Família da rede de atenção primária em um município no interior de Mato Grosso, Brasil. **Método:** estudo transversal, descritivo com abordagem quantitativa. A coleta de dados ocorreu de um questionário semiestruturado, elaborado pelos pesquisadores. O instrumento passou por validação de face e pelo comitê de juízes, obtendo índice de validade de conteúdo total de 0,90. **Resultados:** participaram 20 profissionais. Predominou-se o sexo feminino com 85%, com média de idade de 36 anos, 55% casados, 85% dos profissionais possuem especialização, com término de graduação em média de 9,9 anos e o tempo de atuação na Estratégia de Saúde da Família em média de 6,6 anos. **Conclusão:** o perfil dos enfermeiros atuantes da atenção básica trata-se em sua maioria de mulheres, com cursos de especialização *Lato sensu* e tempo de atuação em média 6,6 anos.

DESCRITORES: Atenção primária à saúde; Enfermagem; Recursos Humanos de Enfermagem.

---

[1] Enfermeira. Centro Universitário do Vale do Araguaia – UNIVAR, Barra do Garças – MT, Brasil.
[2] Mestre em Enfermagem. Centro Universitário do Vale do Araguaia – UNIVAR, Barra do Garças – MT, Brasil. E-mail: marcosvenf@gmail.com

ABSTRACT

Objective: describing the profile of nurses working in the Family Health Strategies of the primary care network in a municipality in the countryside of Mato Grosso, Brazil. **Method:** a cross-sectional, descriptive study with a quantitative approach. Data collection took place using a semi-structured questionnaire, prepared by the researchers. The instrument underwent face validation and validation by the committee of judges, obtaining a total content validity index of 0.90. **Results:** twenty professionals participated. The female gender predominated with 85%, with an average age of 36, 55% married, 85% of professionals have specialization, with graduation taking an average of 9.9 years and the time working in the Health Strategy of the Family on average 6.6 years. **Conclusion:** the profile of nurses working in primary care is mostly women, with lato sensu specialization courses and an average of 6.6 years of experience.
DESCRIPTORS: Primary Health Care; Nursing; Nursing Staff.

RESUMEN

Objetivo: describir el perfil de los enfermeros que actúan en las Estrategias de Salud de la Familia de la red de atención primaria en un municipio del interior de Mato Grosso, Brasil. **Método:** estudio descriptivo transversal, con enfoque cuantitativo. La recolección de datos se realizó mediante un cuestionario semiestructurado, elaborado por los investigadores. El instrumento pasó por validación facial y validación por parte del comité de jueces, obteniendo un índice de validez de contenido total de 0,90. Resultados: Participaron 20 profesionales. Predominó el sexo femenino con un 85%, con una edad promedio de 36 años, el 55% casados, el 85% de los profesionales tiene especialización, con una graduación promedio de 9,9 años y el tiempo de trabajo en la Estrategia de Salud de la Familia en promedio 6,6 años. **Conclusión:** el perfil de los enfermeros que trabajan en atención primaria es mayoritariamente femenino, con cursos de especialización lato sensu y una media de 6,6 años de experiencia.

DESCRIPTORES: Atención Primaria de Salud; Enfermería; Personal de Enfermería.

INTRODUCTION

The National Primary Care Policy (NPCP) was developed and approved in Brazil in 2006, defining as primary care a set of health practices in the individual and collective sphere, covering health promotion and protection, prevention of diseases, diagnosis, treatment, rehabilitation and maintenance of health assuming health responsibilities [1]. Going through several organizations and updates, its most important milestone was after the implementation of the Family Health Program (FHP), which was presented as a broader proposal of PHC influenced by primary care. Due to its potential, the FHP was named as a Family Health Strategy (FHS) due to its competence in conducting the organization of the health system, seeking answers to meet the needs of the population and favoring the modification of the current care model [2].

The FHS surpasses the traditional model of PHC in terms of performance, multidisciplinary work, family focus, reception, connection, humanization and community orientation promoting benefits for health promotion and disease prevention [2]. According to the new National Primary Care Policy (NPCP, 2017) the Basic Health Units must have a minimum working load of 40 hours/week, allowing easy access to the population. The team must be composed of at least a doctor, nurse, assistant and/or nursing technician

and community health agent (CHA). Being able to integrate in the team the agents of control of endemics (ACE), oral health professionals: dentist and auxiliary or oral health technicians [3].

At the national and international level, nursing is an essential profession and considered nuclear in the structure of the health professions, where it assumes a decisive and proactive role in identifying the needs of the population and is present from entry to discharge of the patient. In PHC the nurse carries innovative, creative and leadership talent, so that he can develop advanced practices together with his team and the community [4].

The nurse in PHC has numerous attributions and can highlight its role in the tracking of the health problem, investigation of risk factors, evaluates the process of evolution of the disease to promote interventions, offer health education actions, participate in the treatment of the disease in a pertinent and effective way, and execute within the PHC the systematization of care meeting the guidelines of the SUS [5]. In addition, they perform managerial, administrative and care activities, assuming responsibility for the management of care in the unit, as well as for the organization of the team and conduct of services, emphasizing that the municipality does not yet have primary care manager positions. Making it important to understand the training of these professionals, the objective of this research was to describe the profile of nurses working in the FHS of the primary care network in a municipality in the countryside of Mato Grosso, Brazil.

METHODOLOGY

This is a cross-sectional, descriptive study with a quantitative approach, conducted in the Primary Health Care network of a municipality in the countryside of Mato Grosso. The study design followed the guidelines of the STROBE initiative (Strengthening the Reporting of Observational Studies in Epidemiology).

This study was conducted in the city of Barra do Garças, city located in the State of Mato Grosso, where it borders the State of Goiás. It is located 500 km from the capital, Cuiabá. In 2022 its estimated territorial area was 8,363.149km². According to the IBGE census in 2022, the municipality had 69,210 inhabitants. In the municipality under analysis, there are 22 Basic Health Units (BHU), each containing a Family Health Strategy (FHS), 18 units that serve the Urban Zone and 04 units that serve the Rural Zone. with a designated nurse coordinator.

This study was conducted in the city of Barra do Garças, city located in the State of Mato Grosso. The municipality has a total of 22 Family Health Strategies (FHS). Each BHS has a FHS with a nurse responsible coordinator, who composed the sample for convenience of this study.

Were adopted as inclusion criteria, to be nurses professionals who worked directly in the Family Health Strategy of Barra do Garças, above 18 years of age, with more than 30 days of experience in the

same unit and 90 days in PHC and signed the informed consent form. The exclusion criteria were: those who were on vacation or away from their work activities.

The data collection phase occurred in October 2022, from a semi-structured questionnaire. It is an instrument developed by the researchers used in a municipal research with multiple objectives, and thus consists of 23 items, divided into 4 components: 1. Professional, training and socioeconomic characterization; 2. Nurses' knowledge of leprosy prevention and management; 3. Nurses' attitude to leprosy prevention and management; 4. Nurses' practice on leprosy prevention and management. For this research, the results belonging to the first component will be presented.

This instrument underwent face and content validation through a committee of judges. Obtaining the total content validity index (CVI) of 0.90 of agreement between the judges on the items of the questionnaire evaluating the relevance, relevance and clarity of each item [6-7].

The data were compiled in Excel® software; 2010, statistically analyzed with the support of the statistical program Statistical Package for the Social Sciences (SPSS) version 20.0, using double typing to enable the verification of potential inconsistencies during the preparation of the database. For data analysis, simple descriptive statistics were used, presenting the findings in tables, using absolute and relative numbers.

This study respected the ethical precepts of Resolution N 466/12 of the National Health Council, guaranteed the anonymity of each professional. At the first moment, the coordination of Primary Health Care of the municipality studied and conceived the consent, after that, the project was submitted to the ethics committee in research obtaining a favorable opinion to the beginning of the research, under number 5.613.101 and Certification of Presentation and Ethical Assessment (CAAE) N. 59129522.4.0000.5587.

RESULTS

The sample consisted of 20 nurses who work in PHC, considering the rejection of participating in the research by two nurses. To assess the profile of nurses the questionnaire had questions that addressed sociodemographic, training and professional data. The information regarding the sociodemographic profile is shown in Table 1.

As can be seen in table 1 of sociodemographic characterization there was a predominance of females with 85%, with an average age of 36, being the predominant age group from 31 to 40, and 55% with marital status of married couples.

Table 1 – Sociodemographic characterization of the participants, Barra do Garças – MT, Brazil, 2022 (n=20).

Characteristics	n (%)
Gender	
Female	17 (85%)
Male	3 (15%)
Age	
20 — 30 years	7 (35%)
31 — 40 years	8 (40%)
41 — 50 years	3 (15%)
51 — 60 years	2 (10%)
Marital Status	
Single	6 (30%)
Married	11 (55%)
Others (Separated, Widowed and Stable Union)	3 (15%)

Source: elaborated by the author (2023).

Observing Table 2, the information regarding the level of education was verified, and it is possible to notice that 85% (17) claimed to have specialization, the time of graduation ended presented an average of 9.9 years, about the character of the graduation institution 60% (12) reported having completed their higher education in the private institution and about the time of operation in PHC was notorious an average of 6.6 years.

Table 2 – Academic and professional characterization of participants, Barra do Garças - MT, Brazil, 2022. (n= 20)

Items	Mean (SD)*	n (%)
Training level		
Graduation		3 (15%)
Specialization		17 (85%)
Completion of graduation (in completed years)	9.9 (SD:5.3)	
Undergraduate Institution		
Public		8 (40%)
Toilet		12 (60%)
Experience in Primary Health Care (in years)	6.6 (SD:5.9)	

SD: Standard Deviation

Source: prepared by the author (2023).

DISCUSSION

Among the participants of the research it was possible to verify a predominance of the female gender. It is perceived with the scientific evidence available that nursing is an area of action historically built and performed by women since its precursors, where they constitute 92.86% of the workforce, which the low percentage of active nurses is a reality since ancient times where women were assigned to the care provided to patients [8]. In relation to the age of the participants of the research it was verified an average of 36 complete, corroborating with other findings in the literature [9].

More than half, 85% of the participants said they had a lato sensu postgraduate degree in areas correlated to the study or related areas. This finding resembles another study, where a concern with updates and permanent education is visible, so that an effective and responsible service can be provided. The lato sensu postgraduate allows the professional an appreciation of the Lattes curriculum to qualify and improve their skills expanding the opportunities in the labor market aiming the majority interest in continuing training [10].

With regard to the completion of the course participants had an average of 9.9 years of graduation, the academic training of nursing professionals has been discussed throughout the national territory in order to promote resolution of the problems found, so that professionals are inserted in the reality of the country, with this it is necessary to update the disciplines and contents present in the curriculum of the universities, Since in the PHC team the nurse has great responsibility because it assumes the role of cognitive authority where it operates in the production of care and management of the therapeutic process, and develops management activities of the health service and the nursing team [11].

It was possible to visualize that the nurses of the PHC units have an extended time of operation with an average of 6.6 years. In studies conducted it was observed that nurses with greater experience can promote solutions to problems presented with greater effectiveness and quality, experience facilitates the association of theoretical knowledge and the coming from practice. It is essential that the nurse demonstrate attention and empathy to the client to develop relationships of respect and trust, qualified listening influence on the individual's therapy, however it is necessary that professionals are always updating themselves so that they can provide a skillful service [12].

Limitations of the Study

The present study has as a limitation the fact that the studied population is small, although it was composed of all nurses of the basic network of the municipality, active in Health Centers and Family Health Units, because the small number (22 nurses) complex statistical analysis, which determined the use of simple descriptive statistics, with inferences. With larger samples, it would be possible to use more

robust and sensitive parametric tests to examine linear relationships between variables.

Contributions to Nursing, Health or Public Policy

This research is important, the deeper understanding of the profile of nurses who work in the Family Health Strategies in Barra do Garças, in the countryside of Mato Grosso. In describing this socio-professional profile, it assists management levels in articulating and providing training and policies as strategies adapted and feasible to local needs and the reality of Primary Health Care.

Finally, by identifying the profile of these professionals, this research highlights the importance of training and continuous development of these professionals, as well as the potential for innovative practices and leadership in the community.

CONCLUSION

The present study enabled the identification of the profile of nurses working in Primary Health Care in the municipality of Barra do Garças, Mato Grosso, generating information until then not systematized scientifically and officially, this was the first study carried out in the municipality with such objective. It can be concluded that the socio-professional profile of nurses working in primary care is mostly women, with an average age of 36, married, with specialization courses being the predominant undergraduate institution the private network and the time of work in primary health care have an average of 6.6 years.

Given the average time of operation in the units, emerges the primacy of updates and qualifications in health, so that it is guaranteed a holistic assistance limited by scientific evidence. Conducting research focused on the quality of knowledge and the profile of nurses is of paramount importance at all levels of health care, especially in Primary Health Care, due to its characteristic of being the gateway to the system.

REFERENCES

1. Macinko J, Mendonça CS. Estratégia Saúde da Família, um forte modelo de Atenção Primária à Saúde que traz resultados. Rev Saúde Debate [internet]. 2018 [acesso em 2022 dez. 17]; 42(1):18-37. DOI: https://doi.org/10.1590/0103-11042018S102

2. Arantes LJ, Shimizu HE, Merchán-hamann E. Contribuições e desafios da Estratégia Saúde da Família na Atenção Primária à Saúde no Brasil: revisão da literatura. Rev Ciência & Saúde Coletiva. [internet]. 2016 [acesso em 2022 dez. 17]; 21(1)1499-1510. DOI: https://doi.org/10.1590/1413-81232015215.19602015

3. Brasil, Ministério da Saúde, Gabinete do Ministro. Portaria nº 2.436, de 21 de Setembro de 2017. Brasília [internet]. 2017 [acesso 2022 set 15]. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html.

4. Neto FRGX, Pessoa CDEV, Ximenes IT, Machado MH, Oliveira EN, Cunha ICKO. Características de enfermeiros da estratégia saúde da família de uma microrregião da saúde do Ceará. Rev Enfermagem em foco. [internet] 2019 [acesso em 2022 set. 20]; 10(5)130-136. Disponível em: http://revista.cofen.gov.br/index.php/enfermagem/article/view/2908/679.

5. Andrade IIDE, Batista AA, Sá AP, Lima CR, Rocha DA, Landim FS et al. A importância da assistência de enfermagem na atenção básica à saúde. Editora Omnis scientia. [internet] 2021 [acesso em 2022 out. 13] 1(1): 1-62. DOI: 10.47094/979-65-88958-64-3 Disponível em: https://editoraomnisscientia.com.br/catalogos/ciencias-da-saude/a-importancia-da-assistencia-de-enfermagem-na-atencao-basica-a-saude/

6. Coluci MZO, Alexandre NMC, Milani D. Construção de instrumentos de medida na área da saúde. Rev Ciência & Saúde Coletiva. [internet] 2015 [acesso em 2022 out. 15]; 20(3):925-936. DOI: https://doi.org/10.1590/1413-81232015203.04332013

7. Souza AC, Alexandre NMC, Guirardello EB. Propriedades psicométricas na avaliação de instrumentos: avaliação da confiabilidade e da validade. Rev Epidemiologia e Serviços de Saúde. [internet] 2017 [acesso em 2022 dez. 19]; 26(3):649-659. DOI: http://dx.doi.org/10.5123/s1679-49742017000300022.

8. Oliveira AGDDE, Camargo CCDE. Hanseníase: conhecimentos teóricos e práticos de profissionais de enfermagem que atuam na atenção básica. Rev Salusvita [internet] 2020 [acesso em 2023 jan. 19]; 39(4): 979-996. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1378958.

9. Rosa PHDA, Pereira LC, Ilha S, Zamberlan C, Machado KDEFC. Percepções de enfermeiros acerca da atuação profissional no contexto do atendimento pré-hospitalar móvel. Rev Enfermagem em Foco [internet] 2020 [acesso em 2022 dez 22.]; 11(6): 3275. DOI: https://doi.org/10.21675/2357-707X.2020.v11.n6.3275

10. Gutiérrez MGRDE, Barros ALBLDE, Barbieri M. Seguimento de doutores egressos de um programa de pós-graduação em enfermagem. Rev Acta Paulista de Enfermagem [internet] 2019 [acesso em 2023 jan. 15]; 32(2): 129-138. DOI: https://doi.org/10.1590/1982-0194201900019

11. Mello PB, Rodrigues LMS, Tavares MM, Silva EADA, Silva TA, Celento DD. Desafio do egresso de enfermagem para inserção no mercado de trabalho. Rev Pró-UniverSUS. [internet] 2021 [acesso em 2023 jan. 17]; 12 (2)47 – 52 DOI: https://doi.org/10.21727/rpu.v12i2.2683

12. Pontes AF, Estelita RRDEO, Sousa GBDE, Paixão TBLDA, Santos AMDOS, Júnior ADEOG et al. Perfil dos enfermeiros que atuam em Unidades de Saúde da Família e a qualidade da assistência prestada.

Rev Research, Society and Development [internet] 2022 [acesso em 2023 jan. 24]; 11(10): e356111032705. DOI: http://dx.doi.org/10.33448/rsd-v11i10.32705