DOI: https://doi.org/10.36489/saudecoletiva.2021v11i63p5500-5507

Planning of actions developed by family health strategy teams: integrative review

Planejamento das ações desenvolvidas pelas equipes de estratégia de saúde da família: revisão integrativa

Planificación de acciones desarrolladas por los equipos de estrategia de salud familiar: revisión integrativa

ABSTRACT
Objective: to identify and analyze the evidence available in the literature about the planning process of actions developed by Family Health teams. Method: integrative review carried out in July 2020. Results: Thirty-one articles were selected, which indicated weaknesses (normative management, lack of structure and knowledge to plan) and potentialities (co-management with workers and community, matrix and institutional support) Conclusion: more studies are needed to improve methodologies that can be applied in practice and permanent education actions to foster and institutionalize the planning culture.
DESCRIPTORS: Health planning; Family Health Strategy; Unified Health System; Nursing.

RESUMEN
Objetivo: identificar y analizar la evidencia disponible en la literatura sobre el proceso de planificación de las acciones desarrolladas por los equipos de Salud Familiar. Método: revisión integrativa llevada a cabo en julio de 2020. Resultados: Se seleccionaron treinta y un artículos, que indicaban debilidades (gestión normativa, falta de estructura y conocimiento a planificar) y potencialidades (co-gestión con trabajadores y apoyo comunitario, matriz e institucional): se necesitan más estudios para mejorar las metodologías que se pueden aplicar en la práctica y acciones educativas permanentes para fomentar e institucionalizar la cultura de planificación.
DESCRIPTORES: Planificación de la salud; Estrategia de Salud Familiar; Sistema Único de Salud; Enfermeía.

RESUMO
Objetivo: identificar e analisar as evidências disponíveis na literatura acerca do processo de planejamento das ações desenvolvidas por equipes de Saúde da Família. Método: revisão integrativa realizada em julho de 2020. Resultados: Foram selecionados 31 artigos, os quais apontaram fragilidades (gestão normativa, falta de estrutura e conhecimento para planejar) e potencialidades (cogestão com trabalhadores e comunidade, apoio matricial e institucional) Conclusão: são necessários mais estudos para aprimorar metodologias passíveis de aplicação prática e ações de educação permanente para fomentar e institucionalizar a cultura de planejamento.
DESCRITORES: Planejamento em saúde; Estratégia Saúde da Família; Sistema Único de Saúde; Enfermagem.

RECEIVED ON: 11/23/2020 **APPROVED ON:** 01/19/2020

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INTRODUCTION

Although recognized as an important practice, health planning is still an incipient process in different sectors and services. Health planning means overcoming the logic of meeting specific demands and improvisation, rationalizing resources to meet people's needs. [1] Decentralization in the Unified Health System promoted shared management and, in order for the action of the three spheres of government to be integrated and complementary, parameters were established to guide planning.

In this perspective, PlanejaSUS [2] emerged, in order to offer theoretical and methodological subsidies for the institutionalization of planning. Even with these advances, there is a need for studies and experiences with the creation/implementation of methodologies that support planning "at the tip" of the health system, that is, in basic health units. Thus, the present study aimed to analyze the evidence available in the literature about the planning process of actions developed by Family Health teams.

METHOD

An integrative review study was carried out [3] from the guiding question: "what is the scientific evidence on how the planning of actions developed by the Family Health teams occurs?", located in July 2020, in the databases of Latin American and the Caribbean in Health Sciences (LILACS) and the National Library of Medicine/National Institutes of Health (PubMed); in the portals of the Nursing Database - Brazilian Bibliography (BDENF), Regional Online Information System for Scientific Journals in Latin America, the Caribbean, Spain and Portugal (LATINDEX) and Scientific Electronic Library Online (SciELO).

The search strategy used was: "planejamento em saúde" AND ""Estratégia Saúde da Família" OR "ESF". The inclusion criteria were: primary articles developed in Brazil, available in full online, in any language, with no time frame, that answer the guiding question of the study and repeated productions were considered only once.

1.152 productions were recovered, of which 31 made up the study corpus (Figure 1). These were read in full by two members of the GEPESC research group and, when there was disagreement, a third employee was called. A summary table with the articles was prepared. Afterwards, the information that answered the research question was extracted in a specific form. The ethical aspects related to copyright were respected.

1.152 documents were recovered, 1.077 were excluded for not meeting the selection criteria and 44 were duplicated. 31 articles were selected for review, published in 18 different journals, 3 in English and 28 in Portuguese.

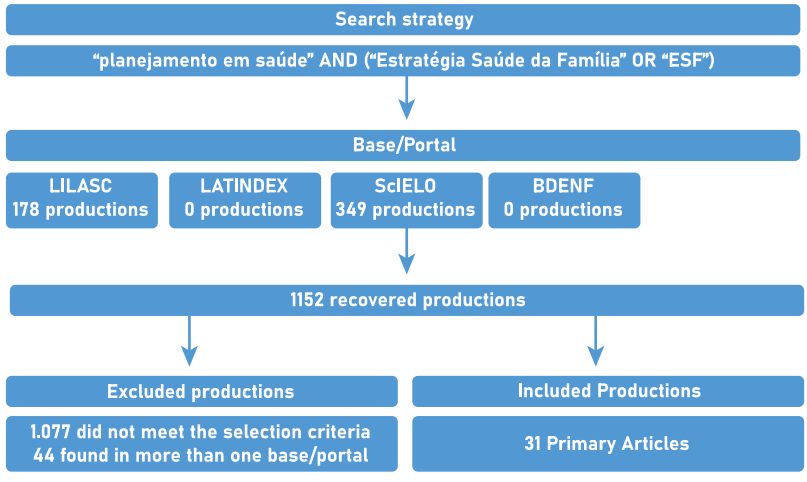
As for the type of study, 23 surveys were qualitative, 02 quanti-qualitative and 04 quantitative; 03 articles did not have this specification. It appears that studies related to the planning of actions in Family Health were published from 2005, with greater frequency after 2011. From the reading of the studies in full, two categories of analysis emerged: Weaknesses in the planning process and Potentialities and paths in the planning process (Charts 1 and 2).

Community participation is insufficient due to the lack of understanding of concepts related to planning and health as a right. [5,6,9,11,12] Usually, workers do not encourage and engage in social control [4,5,8,10], producing normative care, which excludes the user from reflections and decisions.

Studies relate weaknesses in the teams' internal work [4,13], as an emphasis on programmatic actions and meeting spontaneous demand [4-6,8-11,15-23], in addition to little dialogue in the service network and scarcity of intersectoral actions. [4-6,17-19,21,23] Managers, in general, prioritize standardized actions by the Ministry of Health that do not consider specificities and local epidemiological profile, with a focus on financing. [5,7,16,20,23,27,32] Without effective decentralization of resources and decisions [5,6,15,25-27], the discrepancy between service supply and demand is accentuated. [7,16,23] The integrality and longitudinality of care are severely impaired in this context.

Normative management practices generate demotivation among workers [5,25], divergence of objectives and the construction of proposals [7-11,16-18,23], plans that depend on personal relationships [5,8,19,20] and are seen as a bureaucratic obligation. [25,28] The lack of systematized planning [6-10,13,19,21,25,33] and the lack of definition of the health model [8,9,12,19,21] reduce management governance and compromise the implementation and consolidation of public policies. [33]

Figure 1: Production selection flowchart



Source: Prepared by the authors.

Chart 1 - Weaknesses in the planning process

WEAKNESSES IN THE PLANNING PROCESS	Little community participation [4-13]
	Fragmented health care, with an emphasis on biological issues and without considering the social determination of the health-disease process [4-6,8-11,15-23]
	Normative management practices prevalent in different scenarios [5-11,13,15-18,23,25-28]
	Conflict of interest between different actors [5,7,8,13,20,27,29]
	Lack of systematization of the planning process [6-10,13,19,21,25,33]
	Lack of adequate qualification for management position [6,7,9,11,12,16,18,19, 26,27,30]
	Underutilization of information systems due to lack of knowledge and inadequate management of systems [4,5,10,24]
	Precarious working conditions and planning [7-9,15,17,19,22,26,29,30]

Source: Prepared by the authors.

Chart 2 - Potentialities and paths in the planning process

POTENTIALITIES AND PATHS IN THE PLANNING PROCESS	Co-management and involvement of team members in planning [6, 7, 10, 13, 26, 28, 30, 32]
	Systematic meetings for discussion, reflection and planning [5, 20, 22, 28, 29, 32]
	Interlocution with matrix support ([15, 20, 25], institutional [5, 6, 14, 18, 20, 22], Expanded Family Health Center [15] and educational institutions [14, 26, 30]
	Integration with organized social movements [10]
	Use of mass media as mechanisms for disseminating and sharing information [4,14]
	Instrumentalization of the community as protagonist and agent of change [4,11]
	Use of methodologies and tools according to reality [6, 9, 15, 16, 19, 28, 34], such as the Program to Improve Access and Quality in Primary Care (PMAQ - Programa de Melhoria do Acesso e Qualidade na Atenção Básica) [9], Municipal Health Plan [16], Situational Strategic Planning [6] and the Deployment of the Quality Function [34]

Source: Prepared by the authors.

Regarding the conditions for planning, the studies point out technical weaknesses, such as limitations of the information systems themselves [4,17,19,24], and work processes: no monitoring and discussion of reports issued [4-7,9,19,24,25], lack of access by workers to planning reports and tools [5,12,19,26,29] and absence/incompleteness of updating records. [4,10,19,24,25] As a rule, the planning instruments are restricted to professionals in management positions, corroborating the centralized and normative model. Insufficient conditions [7-9,15,17,19,22,26,29,30] - time, structure, work overload and many "urgent" situations to solve [5-11,13,15,19], accentuate the precariousness of planning. Also the lack of adequate qualification for the management position [6,7,9,11,12,16,18,19,26,27,30], due to political and non-technical criteria. [7,8,19,26,32]

The planning process can provide moments of discussion and reflection, strengthen co-responsibility, autonomy and protagonism of workers. It has the potential to mediate conflicts by proposing technical parameters for decisions involving all team members. [5-7,10,14,20,22,26,28,29,31] Potential for the planning process were considered matrix support [15,20,25] and institutional [5,6,14,18,20,22], including educational institutions. [14,26,30]

Supporting teams through Permanent Education actions [4-7,10,14,18,25,26,30] and the construction of joint actions and exchange of experiences, fosters the systematization of planning, through the use of methodologies and tools [6,9,15,16,19,28,34], such as the Program for Improving Access and Quality (PMAQ - Programa de Melhoria do Acesso e Qualidade) in Primary Care [9], Municipal Health Plan [16], Situational Strategic Planning [6] and the Deployment of the Quality Function. [34] The multidisciplinary approach favors the integrality of the actions.

The construction of Planning with the community was possible through integration with organized social movements[10], use of mass media as mechanisms for disseminating and sharing information[4,14] and encouraging their role as an agent of change. [4,11]

CONCLUSION

It is possible to state that planning is a fundamental tool for transforming reality and improving health care. However, more studies and experiences are needed to improve methodologies that can be applied in daily practice, as well as permanent education actions to foster and institutionalize the planning culture. ■

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