

Experience of nursing academics in health management through situational strategic planning

Experiência de acadêmicos de enfermagem na gestão em saúde através do planejamento estratégico situacional
Experiencia de académicos de enfermería en la gestión en salud a través de la planificación estratégica situacional

RESUMO

Objetivo: relatar a experiência vivenciada por discentes de Enfermagem no desenvolvimento de planejamento em saúde, através do Planejamento Estratégico Situacional (PES). Método: o estudo caracteriza-se como descritivo, reflexivo, de natureza qualitativa, do tipo relato de experiência. Resultados: a vivência deu início a partir da produção do PES, por estudantes de graduação em enfermagem da Universidade do Estado da Bahia (UNEB), que ocorreu sob a forma de imersão prática, a partir da visita técnica e aplicação de Questionários de Estimativa Rápida (QER) para os usuários e a equipe da Unidade Básica de Saúde, denominada II Centro de Saúde do Município de Senhor do Bonfim (BA). Conclusão: percebe-se que o PES é uma ferramenta de fácil aplicabilidade, com ações bem delineadas, que causam impacto significativo, ajudando os distintos profissionais e atores sociais que irão atuar no sistema de saúde na resolução dos problemas comunitário.

DESCRIPTORES: Planejamento em saúde; Atenção primária à saúde; Enfermagem; Equipe multiprofissional; Práticas Interdisciplinares.

ABSTRACT

Objective: to report the experience lived by Nursing students in the development of health planning, through Situational Strategic Planning (PES). Method: the study is characterized as descriptive, reflective, of a qualitative nature, of the experience report type. Results: the experience began with the production of the PES, by undergraduate nursing students at the Universidade do Estado da Bahia (UNEB), which took place in the form of practical immersion, from the technical visit and application of Quick Estimate Questionnaires. (QER) for the users and the team of the Basic Health Unit, called II Health Center of the Municipality of Senhor do Bonfim (BA). Conclusion: it can be seen that the PES is an easily applicable tool, with well-designed actions that have a significant impact, helping the different professionals and social actors who will work in the health system in solving community problems.

DESCRIPTORS: Health planning; Primary health care; Nursing; Multiprofessional team; Interdisciplinary Practices.

RESUMEN

Objetivo: relatar la experiencia vivida por estudiantes de Enfermería en el desarrollo de la planificación en salud, a través de la Planificación Estratégica Situacional (PES). Método: el estudio se caracteriza por ser descriptivo, reflexivo, de naturaleza cualitativa, del tipo relato de experiencia. Resultados: la experiencia comenzó con la producción del PES, por estudiantes de graduación en enfermería de la Universidade do Estado da Bahia (UNEB), que se realizó en forma de inmersión práctica, a partir de la visita técnica y aplicación de Cuestionarios de Estimación Rápida (QER) para los usuarios y el equipo de la Unidad Básica de Salud, denominada II Centro de Salud del Municipio de Senhor do Bonfim (BA). Conclusión: se puede apreciar que el PSA es una herramienta de fácil aplicación, con acciones bien diseñadas que tienen un impacto significativo, auxiliando a los diferentes profesionales y actores sociales que actuarán en el sistema de salud en la solución de problemas comunitarios.

DESCRIPTORES: Planificación en salud; Primeros auxilios; Enfermería; Equipo multiprofesional; Prácticas Interdisciplinarias.

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INTRODUCTION

With the implementation of the Unified Health System (SUS), new and complex challenges for public health management and management emerged. The political-administrative decentralization and universal access to health services led nurses to assume a relevant role in planning and, mainly, in the execution of actions in health services.¹ In view of this, it was necessary to tread new behaviors in order to guarantee the principles and guidelines of the SUS, aiming to obtain positive results through the planning of actions, as well as in the preservation of the autonomy of users in the health sector, thus guaranteeing social participation.²

With the evolution of the SUS in our country, new demands and knowledge related to management emerged, and managing becomes a necessary political and organizational strategy for the consolidation and strengthening of this system. In this perspective, in 2001, the New Curricular Guidelines (NCG) were created for the health area, aiming at the training of managerial and humanist professionals, with critical-reflexive thinking to solve

the problems of a local/regional/national epidemiological profile.³ Bringing to the reality of the professional nurse, based on the competences that he/she is responsible for, the need to modify his/her training base to face the challenges of professional life.⁴

Thus, in the curriculum of the bachelor's degree in nursing, there are curricular components that have as guiding axes the concepts of management and management, aiming to improve the conduct of nursing students in the face of problems that surround the professional practice, enabling them to develop critical thinking skills, in order to plan strategies to improve health care, as well as the work relationships they will lead.^{4,5}

In the Nursing course at the Universidade do Estado da Bahia (UNEB), Campus VII, the curricular component “Policy and Planning in Health” encourages students to develop holistic care, through the planning and management of actions for health promotion and disease prevention. In this sense, management and management contents are worked throughout the course as transversal themes of care practices, promoting the recognition of planning as an essential component of health

care.

Therefore, the Situational Strategic Planning (SSP) was used as a teaching-learning strategy. The SSP emerges as a theoretical-methodological proposal to plan and govern, presenting itself as a facilitating method for the viability of the plan, the objective is to carry out a situational diagnosis by raising problems and critical nodes, in order to prioritize them, to systematize strategic actions in order to increase the degree of resolution.^{2,6}

Thus, when the SSP is used as a management tool in collective health, it assists in the organization of work, promotes the active participation of the community in health services, makes users co-responsible, disseminates information on what is developed in the services, as well as its use, in addition to taking advantage of epidemiology to establish priorities.⁷

In this sense, the performance of managerial activities through the systematization of health planning during the undergraduate nursing course may represent an important strategy to improve academic education. Thus, the objective of this article was to report the experience lived by students of the sixth semester of the Nursing course of Campus VII of the Univer-

sity of the State of Bahia (UNEB), in the municipality of Senhor do Bonfim (BA), in the development of health planning, through the SSP as a tool.

METHOD

This is the report of the experience lived by students of the sixth semester of the Undergraduate Nursing course at the Universidade do Estado da Bahia (UNEB), in health management through the construction of a PES. This took place in the form of practical immersion from visits to the Basic Health Unit, II Health Center, located in the neighborhood of Populares, in the Municipality of Senhor do Bonfim (BA).

To identify the problem, two Quick Estimate Questionnaires were built, one for users and another for the unit's team. The questionnaires contained questions that guided the interviewees to report the main difficulties for adequate health care. They sought to survey the unit's management problems and health-related problems faced by the enrolled population.

22 questionnaires were answered. Of these, 14 were by users and 08 by workers of the unit. In the first moment, all the questionnaires were read, and the problem that was most repeated in the scripts was raised.

As a systematized process, based on the identified problem, the group built the problem tree, which is didactically divided into three parts: root – to systematize the cause of the problems; stem – to gather the problems pointed out; and, treetop – to problematize the consequences of each of the mentioned problems. This option is accepted because it is a simple tool and has advantages over other methods, due to its ease of implementation and suitability for different locations, conditions and work areas, being the basis of the problem analysis.⁷

A feasibility analysis was carried out through the reflection of facilitating and hindering events, as well as possible strategies for solving critical nodes, in order to support the prioritization of the

problem. It is important to reflect on strategies to solve the hindering events, since they can camouflage aspects that are important in solving the problem.

At that moment, there was a meeting at the unit, with the presence of students, the teacher, community health agents and

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the nurse. Political, educational, cultural, economic and health issues that involve the profile of the community and that influence the direction of health programming and planning were punctuated and discussed in a critical-reflexive way, in order to gather relevant information to prioritize the problem.

In the second moment, the objectives were discussed in a group, the expected results were planned, the strategies and

actions that enabled the resolution of the prioritized problem. Operations and actions that could be carried out were defined so that, from different perspectives, they could propose changes in the current situation. At this stage, to better elucidate the causes and consequences that were worked on in the face of the chosen problem, discussions and notes were held to identify the individualities of each opportunity for improvement, pointing out the resources and actors that could act to solve the problem at hand and help to arrive at the ideal situation.

In the third stage, or strategic moment, the paths to be followed through the defined operations and actions were analyzed, taking into account the feasibility and feasibility, listing activities and strategies to be followed in the next moment and identifying existing mishaps. At that moment, the time for the execution of the actions, the available resources, and those responsible for the actions necessary to manage the plan were analyzed. Finally, a schedule was proposed, with an execution period, the necessary resources, as well as those responsible for the programmed actions. Monitoring indicators and steps for their evaluation were discussed and constructed.

The limitation of this experience is in the fourth stage, when the tactical-operational moment takes place, where planning begins to become reality through concrete actions. That it was not possible to be performed by the students, due to the short period destined for the discipline within the curriculum.

Due to the fact that a questionnaire was used with the participants, it is observed that the study complies with Resolution No. 510 of 2016 of the National Health Council, with emphasis on Art.1 of the Resolution which provides for the rules applicable to research in the Human and Social Sciences. Emphasizing the descriptive paragraph the absence of project records and evaluations by the CEP/ CONEP system, because it is an activity carried out with the exclusive purpose of education, teaching or training without

the purpose of scientific research, of undergraduate students, of technical courses, or of professionals in specialization.

RESULTS AND DISCUSSION

Twenty-two questionnaires were answered, 14 by users and eight by workers at the Basic Health Unit II Centro, in Senhor do Bonfim (BA), in order to obtain information about a set of problems and potential resources to face them through the PES. The interviewees were composed of a nurse coordinator of the unit, two receptionists, a municipal guard, three nursing technicians and an oral health technician. Of the workers interviewed, six live in the community where they work.

It is important for professionals to know their area of expertise well, as it allows for a better understanding of the problems that the community faces:

*The identification of problems and the negotiated construction of solutions, with the effective participation of civil society as a direct beneficiary of the set of activities undertaken by public entities, are moments of institutional improvement and organizational legitimacy, vis-à-vis the surrounding social environment. Therefore, when we are referring to the solution of complex problems, we start from the assumption of looking, thinking, analyzing, interpreting and seeking solutions coated with mental flexibility that enable us to use different modes of reasoning in different circumstances.*⁸

When analyzing the quick estimate questionnaires, through the explanatory moment, it was observed that most of the interviewees indicated as problems in the community, the low frequency of adolescents in the unit and the lack of educational and orientation activities in the waiting room. After defining the main issue, through the normative moment, the organization of strategies took place,

whose objectives were based on outlining intervention plans and evaluating their feasibility.⁷

Finally, considering the times and considerations listed above, three projects were planned, including some actions: Education and Health at school; create social network; citizenship action (TABLE 1).

In order to improve the participation of the public in question, Education and Health activities were initially planned in the weekly school, with the objective of bringing together and integrating the actions of the Health Unit with schools, through the actions of different health promotion and disease prevention agencies. The objective of this action is to provide the public of this age group with access to information and health services, building a bond of trust with professionals, knowing the services offered and understanding the importance of this approach, which allows for an improvement in the quality of life.

In this way, it is considered necessary to include health promotion and education in the school environment with a focus on changing the knowledge and attitudes of young people, thinking, mainly, of their real needs. It is noteworthy that these educational actions in the school environment have functionality in building a link with the health service and improving the adherence of adolescents.⁹⁻¹¹

Another measure designed to bring young people closer to the Unit was the development of the social network as an ally in the process of health promotion

and prevention. According to Costa et. al¹², social media have played an important role in forming opinions and disseminating information. The use of this technology in health education has become commonplace and makes it possible to promote more information about health and the consequent improvement in the quality of life.

In view of this, the health team of the II Centro de Saúde de Senhor do Bonfim would evaluate which social network young people use the most, so this space would be destined to publish information on health education, guidelines, dissemination of events in the unit itself, including, the dissemination of “citizenship action”. All actions were designed with the aim of creating and strengthening bonds between adolescents and the health unit.

Finally, the creation of the project “Ação Cidadania” was suggested, whose objective was to promote leisure activities among young people, in the health unit, as well as to provide an informative environment on the importance of seeking the health service. The dissemination of the action would take place through the social network created by the unit’s health team, in addition to the participation of Community Health Agents (CHA) in the work of the active search for the territory.

It was identified as a limitation of this experience, the impossibility of carrying out the tactical-operational moment, to the detriment of the workload of the discipline within the curriculum. This is a very rich moment for the academic training of undergraduate nursing students, given the

Table 1 – Construction of the problem tree to delimit the actions in the Health Unit, Senhor do Bonfim, Bahia, Brazil, 2018.

PROBLEM	OBJECTIVES	CAUSES	ACTIONS/ PROPOSALS
Low access/adherence of adolescents to the UBS.	Integrate the adolescent into the unit; Understand the importance of seeking health services at the UBS.	Shame on parents; Lack of family guidance; Lack of invitation and unit strategy for the public.	Education and Health at school; Create social network; Citizenship action.

Source: the authors



opportunity to address real problems in the management of a health service and reflect on tangible resolutions. In addition to enabling students to expand their knowledge on the subject, improve the organization and exposition of ideas, especially the ability to communicate, dialogue and build ideas among professionals.

With this experience, I still expected to have contributed with best professional

practices, by involving them in planning and disseminating this tool of easy applicability, due to its ease of implementation and adequacy.

CONCLUSION

It is believed that Situational Strategic Planning is an easily applicable tool, where well-designed actions have a positive im-

pact, and can help professionals and social actors who will work in the health system, whether in care, management, education, in the participation and creation of new relationships of commitment. In addition, cooperation between students, health managers, higher education institutions and social movements can allow the consolidation of integrality in health and the significant performance of professionals.

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