

Planning Tools for the Health Work Process in Primary Care: An Experience Report

Ferramentas de Planejamento do Processo de Trabalho em Saúde na Atenção Primária: Relato de Experiência
Herramientas de Planificación del Proceso de Trabajo Sanitario en Atención Primaria: Informe de una Experiencia

RESUMO

O objetivo deste estudo é descrever a experiência de profissionais e graduandos de enfermagem durante a aplicação das ferramentas de análise SWOT e GUT em uma equipe de Saúde da Família. Trata-se de um estudo descritivo, tipo relato de experiência, com acadêmicos de Enfermagem e residentes da Universidade Federal de Rondônia, em uma Unidade de Saúde da Família em Porto Velho-RO, envolvendo médicos, enfermeiros, técnicos, dentista e Agentes Comunitários de Saúde. Por meio de brainstorming, identificaram-se desafios como acolhimento, territorialização e absenteísmo. As matrizes SWOT e GUT auxiliaram na priorização de ações e visualização de pontos críticos, evidenciando eficácia na organização do trabalho. A análise destacou problemas estruturais, como sobrecarga da equipe e fragilidade na atuação dos ACS, impactando a integralidade do cuidado e a efetividade das ações preventivas. Percebemos que as ferramentas promoveram um processo criativo e organizado, fortalecendo a atenção primária e alinhando as práticas aos princípios do SUS e às necessidades da população.

DESCRIPTORES: Processo de trabalho em saúde; Atenção Primária à Saúde; Planejamento em Saúde.

ABSTRACT

The objective of this study is to describe the experience of nursing professionals and undergraduates in applying SWOT and GUT analysis tools to a Family Health team. This is a descriptive study, of the experience report type, with nursing students and residents from the Federal University of Rondônia, in a Family Health Unit in Porto Velho-RO, involving doctors, nurses, technicians, dentists and Community Health Agents. Through brainstorming, challenges such as reception, territorialization and absenteeism were identified. The SWOT and GUT matrices helped to prioritize actions and visualize critical points, demonstrating effectiveness in the organization of work. The analysis highlighted structural problems, such as team overload and weaknesses in the work of the CHAs, impacting the comprehensiveness of care and the effectiveness of preventive actions. It was noted that the tools promoted a creative and organized process, strengthening primary care and aligning practices with the principles of the SUS and the needs of the population.

DESCRIPTORS: Health work process; Primary Health Care; Health Planning.

RESUMEN

El objetivo de este estudio es describir la experiencia de profesionales y estudiantes de enfermería en la aplicación de herramientas de análisis FODA y GUT en un equipo de Salud de la Familia. Se trata de un estudio descriptivo, del tipo relato de experiencia, con estudiantes y residentes de enfermería de la Universidad Federal de Rondônia, en una Unidad de Salud de la Familia en Porto Velho-RO, involucrando médicos, enfermeros, técnicos, dentistas y Agentes Comunitarios de Salud. A través de una lluvia de ideas se identificaron desafíos como la acogida, la territorialización y el ausentismo. Las matrices FODA y GUT ayudaron a priorizar acciones y visualizar puntos críticos, demostrando efectividad en la organización del trabajo. El análisis destacó problemas estructurales, como la sobrecarga del equipo y las fragilidades en el trabajo de la ACS, que impactan en la integralidad de la atención y en la efectividad de las acciones preventivas. Se observó que las herramientas promovieron un proceso creativo y organizado, fortaleciendo la atención primaria y alineando las prácticas a los principios del SUS y a las necesidades de la población.

DESCRIPTORES: Proceso de trabajo sanitario; Atención Primaria de Salud; Planificación Sanitaria.

Experience Report

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INTRODUCTION

The health work process can be defined as a set of coordinated actions, developed by workers, where individuals, families and social groups make up the object of work, and knowledge and methods represent the instruments that give rise to health care⁽¹⁾.

In Brazil, the Primary Health Care (PHC) model has been developed through the Family Health Strategy (ESF), which is based on comprehensive health care, the link between multi-professional teams and the population of an assigned territory; it has wide capillarity; it is considered the preferred gateway to the system and is responsible for coordinating health care networks⁽²⁾.

In Primary Care (PC), this model should include a set of coordinated and targeted individual and collective actions, from disease promotion

to rehabilitation, in order to change the population's health situation, its determinants and conditioning factors⁽³⁾.

It is therefore essential that this model of care is organized in a systemic way, articulating three dimensions: a managerial one, relating to the mechanisms for conducting the process of reorganizing actions and services; an organizational one, which concerns the establishment of relationships between the units providing services, taking into account the hierarchization of the levels of technological complexity of the process of producing health actions; and the technical-assistance dimension, or operative dimension, which concerns the relationships established between the subjects of the practices and their objects of work, mediated by the knowledge and technology that operate in the health work process, covering health promotion, risk

and injury prevention, recovery and rehabilitation⁽⁴⁻⁵⁾.

To achieve this, it is essential that PHC professionals develop the health work process in an integrated manner. In this way, they will have technical-assistance support that will broaden the teams' vision and capacity to intervene, better meeting users' demands and guaranteeing comprehensive care⁽⁶⁾.

The work process of PHC teams follows the principles of family health units, including the work of multi-professional teams, territorialization and client registration, comprehensiveness and the poly-hierarchization of the care network. Comprehensive health care, developed within the scope of PHC through the ESF, encompasses a set of coordinated actions carried out by professionals who serve the population of a specific territory⁽⁷⁾.

From the point of view of compre-

hensive care and considering the determinants and conditioning factors of health, the work process needs to take place in conjunction with strategic planning instruments and tools that enable the potentialization of living care networks that are drawn up in the capillarities of the territory⁽⁸⁻⁹⁾.

In addition, the challenges encountered in the PHC work process can weaken the principles of comprehensiveness, universality and equity, as well as the essential attributes of the FHS in terms of bonds and care for the population within the territory⁽¹⁰⁾. In this context, the implementation of management tools, such as SWOT (Strengths, Weaknesses, Opportunities and Threats) or SWOT (Strengths, Opportunities, Weaknesses and Threats) matrices, and GUT (Gravity, Urgency and Tendency), when used in the teams' work process, emerge as a solution for improving and maintaining the quality of healthcare based on the critical nodes identified by the Family Health teams (FHT) working in the ESF⁽¹¹⁾.

The aim of this study is to describe the experience of professionals and undergraduates in applying management tools to facilitate the health work process in an eSF.

METHOD

This is a descriptive, reflective and analytical study, of the experience report type, developed from the practices of nursing undergraduates and family health residents at the Federal University of Rondônia. The study was carried out between March and August 2023 in the context of the health work process at a Family Health Unit (USF), located in the east of Porto Velho, the capital of the state of Rondônia. The municipality is located on the banks of the Madeira River and has an estimated population of 548,000 inhabitants, spread over a territory of 34,090.95 km²,

according to the latest estimate from the Brazilian Institute of Geography and Statistics⁽¹²⁾.

The USF is made up of four eSFs: Socialista 1, Socialista 2, Jardim Santana and Vale do Sol, and covered a population of approximately 20,000 people. However, the activities described in this study were carried out by the Socialista 1 team, made up of 1 doctor, 1 nurse, 1 nursing technician, 1 dental surgeon and 6 community health agents (ACS).

The planning and organization of the team's activities takes place through fortnightly meetings, lasting an average of two hours, in which the needs related to the work process, the territory and the health indicators recommended by the Ministry of Health are discussed. In this planning organization process, the team used health planning and management tools, such as the SWOT and GUT matrices, which help define priorities and action strategies. The matrices presented in this study were drawn up based on the discussions held during the planning meetings held with the team over six months. As this is an experience report, this study does not require approval from the Research

Ethics Committee (CEP).

RESULTS

During the team's planning meetings, brainstorming was used as a strategy to identify the main challenges faced by the team in its work process. Based on this participatory approach, several needs were identified that directly impacted on the continuity of activities, including: reception and risk classification of users; territorialization and registration of the population assigned to the USF and the high rate of users missing scheduled appointments.

In view of the needs listed by the team, we used the SWOT matrix, a planning and management tool that facilitates the systematization and visualization of the strengths and aspects that require the team's attention, and the GUT matrix, used to prioritize the actions of the team members, given the common and specific attributions of the professionals who work there, in order to guarantee the essential and derived attributes of PHC, as well as the guiding principles and guidelines of the PNAB.

Chart 1 - SWOT analysis of Primary Health Care management in a Family Health Team in Porto Velho, Rondônia, 2023.

	STRENGTH	WEAKNESS
INTERNAL ANALYSIS	• Nurse specializing in family health • complete eSF • USF practical setting for undergraduates and family health residencies • Presence of social devices in the USF territory • Adequate environment and structure of the USF • Presence of users in operative groups	• Low rate of registered users in the territory • No spontaneous demand • Lack of descriptive flow of the unit • High rate of absenteeism from scheduled appointments • Lack of communication between the team • CHA not present in the micro-area • Fragmentation of health care • SISREG scheduling delays

Experience Report

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EXTERNAL ANALYSIS	OPPORTUNITIES	THREATS
	• Articulation and bond established between team professionals and social representatives • Space for workshops and continuing health education	• Unfavorable social and health determinants • Violence in the territory • High incidence of STIs • High rate of unplanned pregnancies • Prevalence of chronic non-communicable diseases • Professional turnover

Source: Own authorship, 2025.

Chart 2 - Identification and prioritization of the team's problems using the GUT Matrix listed in an eSF in Porto Velho, Rondônia, 2023.				
PROBLEMS	GRAVITY	URGENCY	TREND	TOTAL
Weakness in health promotion and disease prevention actions in PHC and challenges in territorial coverage and the work of the ESF.	5	5	5	125
Challenges in the organization and effectiveness of the work process in PHC and ESF.	5	5	4	100

Source: Own authorship, 2025.

DISCUSSION

Management tools have proven to be very effective in organizing health services, especially in PHC units, since they require proper planning. These tools help managers and professionals to coordinate, organize and evaluate the work process in the units, contributing to more efficient management in line with the needs of the population⁽¹³⁾.

Planning is not limited to setting future goals, it goes beyond this, involving a process of generating data that serves as a basis for decision-making and can be adjusted according to the needs identified. The absence of planning results in a disorganized and fragmented work process⁽¹⁴⁾.

The SWOT matrix, known in Portuguese as the SWOT matrix, is one of the most widely used tools in strategic planning, with the aim of identifying strengths, weaknesses, opportunities and threats. It stands out for its ability to assess the current scenario and guide the planning of actions aimed at improvement. In Vendruscolo's study⁽¹⁵⁾ this tool

was used to analyze, organize and plan the activities of the team studied. The results enabled a better understanding of the team's context, the definition of strategic information for the development of new approaches and the strengthening of the bond between its members.

Analysis of the main problems identified revealed structural and operational challenges that directly impact the network's capillarity, continuity of care and the effectiveness of the work process. The fragmentation of care, evidenced by the lack of organizational flow and the difficulty of communication between professionals, compromises the coordination of actions and the comprehensiveness of care, making it difficult to build a care model that responds to the needs of the population⁽¹⁶⁾.

One of the central challenges in the fragility of health promotion and disease prevention actions in PHC is the overload of the health team, which, faced with a high demand for care, has little availability to develop educational and preventive activities. This factor was identified in the study by Soares⁽¹⁷⁾ who point-

ed to a lack of time, a shortage of staff and overload as recurring barriers to carrying out health promotion activities. In practice, this scenario results in PHC being more focused on immediate and curative care, to the detriment of a preventive and comprehensive care model⁽¹⁸⁾.

In addition, the lack of structured planning and the fragility of the work of the CHWs compromise the territorial reach of prevention strategies. Without effective action by the CHWs, there are difficulties in actively seeking out users, monitoring priority groups and identifying risk factors at an early stage. This gap compromises comprehensive care and can lead to an increase in the incidence of preventable chronic diseases such as hypertension and diabetes, which require continuous monitoring and preventive interventions⁽¹⁹⁾.

We can mention that the organizational disarrangements in the health work process are considered infrastructural and follow the political logic of the care model, most of which is still fragmented in terms of comprehensive health care, resulting in low health indicators and high rates of preventable diseases⁽²⁰⁾.

CONCLUSION

Planning and management tools, such as the SWOT and GUT matrices, proved to be fundamental for organizing and qualifying the work process in PHC. Applying these tools enabled the team to identify the main challenges faced in a participatory way, prioritize strategic actions and implement measures aimed at strengthening the continuity, effectiveness and comprehensiveness of care.

The adoption of planning by the eSF contributed not only to the identification of priorities and challenges, but also to the organization and strengthening of team integration, bonds between users and greater health responsibility in the territory, in line with the principles of the SUS and the needs of the population.

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