CORE COMPETENCIES DEVELOPED BY MANAGERS OF FAMILY HEALTH CENTERS

Competências essenciais desenvolvidas por coordenadores de centros de saúde da família

Competencias esenciales desarrolladas por coordinadores de centros de salud de la familia

Original Article

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ABSTRACT

Objective: To describe the profile of Family Health Center (FHC) managers in Fortaleza, Ceara, Brazil, and the frequency of core competencies development in the management of their services. **Method:** Quantitative, descriptive and analytical study performed in Fortaleza, Ceara, in 2012, with sample consisting of 30 FHC. The FHC managers and the chiefs of Health Districts (HD) of the Regional Executive Secretariats (RES) were interviewed. The questionnaire applied to the managers regarded the epidemiological profile, previous professional experience, academic background, and characterization of employment relationship. Through a scale, the competences and activities developed by the managers were identified: skills and attributions. The HD chiefs answered a questionnaire clipping, and the Kappa test identified the correlation between the frequency of what was reported by the managers and the chiefs. **Results:** The managers' profile was composed by a majority of women (n=25; 83%), above 45 years of age (n=19; 63.3%), nursing graduate (n=12; 40%) and postgraduate (n=18; 60%), with previous experience in the administrative area (n=20; 66.7%). The most common competencies were: light technologies (n=20; 63.3%), materials management (n=24; 80%), accepting differences (n=25; 83.3%) and teamwork (n=25; 83.3%). There was not agreement (k=-0.418; p=0.014< 0.05) between chiefs and managers. **Conclusion**: The managers' profile was represented by women with previous experience in the administrative area, qualified by postgraduate programs. A high frequency in the development of the majority of the core competencies was identified, although the assessment of the chiefs has resulted below expectations.

Descriptors: Health Services Evaluation, Primary Health Care, Health Services Management.

RESUMO

Objetivo: *Descrever o perfil dos coordenadores dos Centros de Saúde da Família (CSF) de Fortaleza-CE e a frequência do desenvolvimento das competências essenciais na gerência de seus serviços.* **Método:** *Estudo quantitativo, descritivo e analítico, realizado nos CSF de Fortaleza-CE, em 2012, com amostra composta por 30 CSF do município. Entrevistaram-se os coordenadores dos CSF e seus supervisores, além dos chefes de Distrito de Saúde (DS) das Secretarias Executivas Regionais (SER). Aplicou-se um questionário junto aos coordenadores referente a perfil epidemiológico, experiências profissionais anteriores, formação acadêmica e caracterização do vínculo empregatício. Por meio de uma escala, identificaram-se as competências e atividades desenvolvidas pela gerência: habilidades e atribuições. Aos chefes de DS, aplicou-se um recorte do questionário, e o teste Kappa identificou a concordância entre a frequência do relatado pelos chefes e os coordenadores.* **Resultados:** *Encontrou-se o perfil dos coordenadores formado por mulheres (n=25; 83%), com mais de 45 anos (n=19; 63,3%), graduadas em Enfermagem (n=12; 40%) e especialistas (n=18; 60%), com experiência anterior em área administrativa (n=20; 66,7%). As competências mais frequentes foram: tecnologias leves (n=20; 63,3%), gerência de materiais (n=24; 80%), aceitar diferenças (n=25; 83,3%) e trabalho em equipe (n=25;*

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83,3%). Não houve concordância (k=-0,418; p=0,014< 0,05) entre chefes e coordenadores. **Conclusão:** *O perfil de coordenadores foi representado por mulheres com experiência anterior em atividades administrativas, capacitadas por meio de cursos de pós-graduação. Identificou-se alta frequência no desenvolvimento da maioria das competências essenciais, porém, a avaliação dos chefes de DS esteve abaixo do esperado.*

Descritores: *Avaliação de Serviços de Saúde; Atenção Primária à Saúde; Administração de Serviços de Saúde.*

RESUMEN

Objetivo: *Describir el perfil de los coordinadores de los Centros de Salud de la Familia (CSF) de Fortaleza-CE y la frecuencia del desarrollo de las competencias esenciales para la gerencia de sus servicios.* **Métodos:** *Estudio cuantitativo, descriptivo y analítico realizado en los CSF de Fortaleza-CE, en 2012, con una muestra de 30 CSF del municipio. Se entrevistó a los coordinadores de los CSF y sus supervisores y los jefes de Distrito de Salud (DS) de las Secretarias Ejecutivas Regionales (SER). Se aplicó un cuestionario a los coordinadores sobre el perfil epidemiológico, las experiencias profesionales previas, la formación académica y la caracterización del vínculo de empleo. A través de una escala se identificaron las competencias y actividades desarrolladas por la gerencia: habilidades e atribuciones. Se aplicó un recorte del cuestionario a los jefes de DS y la prueba de Kappa identificó la concordancia entre la frecuencia de lo que fue relatado por los jefes y coordinadores.* **Resultados:** *El perfil de los coordinadores fue de mujeres (n=25; 83%) con más de 45 años (n=19; 63,3%), enfermeras (n=12; 40%), especialistas (n=18; 60%) y con experiencia previa en el área administrativo (n=20; 66,7%). Las competencias más frecuentes fueron: tecnologías leves (n=20; 63,3%), gerencia de materiales (n=24; 80%), aceptación de las diferencias (n=25; 83,3%) y trabajo en equipo (n=25; 83,3%). No hubo concordancia (k=-0,418; p=0,014<0,05) entre los jefes y coordinadores.* **Conclusión:** *El perfil de los coordinadores fue representado por mujeres con experiencia previa en actividades administrativas, capacitadas a través de cursos de pos-grado. Se identificó frecuencia elevada en el desarrollo de la mayoría de las competencias esenciales, sin embargo, la evaluación de los jefes de DS estuvo abajo del esperado.*

Descriptores: *Evaluación de Servicios de Salud; Atención Primaria de Salud; Administración de los Servicios de Salud.*

INTRODUCTION

Primary health care (PHC) is internationally recognized as the basis for a new model of user-centered health care systems. It refers to a set of comprehensive health practices targeted to meet individual and collective practices. In Brazil, during the process of implementation of the *Sistema Único de Saúde – SUS* (Brazil's Unified Health System), it came to be called Basic Health Care (BHC) [1].

Standing as one of its guiding principles, health promotion is a renewed look at health that counts on social participation, intersectoral action, strengthening of individual and collective capacities, definitions of public policies and reorientation of health services[2].As a field of knowledge and practices, health promotion will find in evaluation approaches an important instrument for the legitimization of its innovative character[3].

As complex as this system is its management, since there are many factors involved in it. This task requires much more than political will and common sense; it requires a solid knowledge base. However, one can notice that most of the time they use improvisation and empiricism[4].

An important actor in this process of change is the local administrator who stays in the "edge" of the system and is usually called the manager due to its administrative and management function[5]. To exert this complex function it is necessary to have knowledge of health and administration, a general overview of the context in which you are inserted, social compromise with the community[6], and a solid knowledge of fundamentals to underpin health services systems[7]. They must deeply know the services performed in the workplace as the required competencies imply the crosscutting concept of integration of knowledge, technical and methodological knowledge and intersubjective relationships[8].

Reaching these goals in the management of PHC services is a hard task for most managers in charge of health units. Historically, the management meant only the execution of actions planned within a federal framework and did not accumulate experiences in planning, developing and assessing health policies. The process of decentralization of SUS has established the management competence as a worrying factor for the implementation of a regionalized, hierarchized and participative system[9].

In addition to an adequate technical qualification, the profile of a good manager includes leadership, motivation, communication, coping capacity and ethics. The management profile should not be determined as a set of attitudes, aptitudes and skills by means of which the manager administrates health services[10].

This triad has been previously cited in the study titled The Core Competence of the Corporation[11]. Core competences of management that should be present in the organization of a business can be divided into attitudes, knowledge and skills. A core competence can be represented as a function for the multiplication of factors, for instance: diverse technologies (soft and hard), collective learning (multilevel and multifunctional) and the capacity to share (across organizational and geographical boundaries). It is asserted that the development of these competences require

the continuous education of employees, continuous use of competences and their application in teamwork[12].

Therefore, the present study aims to describe the profile of coordinators of Family Health Centers (FHC) of Fortaleza, Ceará, and the frequency of the development of core competences in the management of their services.

METHODS

This is a quantitative, descriptive and analytical study conducted in Fortaleza, Ceará, between May and December 2012 with a sample comprising of 30 out of 91 FHC of the municipality.

The minimum sample size – 30 (thirty) – was used for statistical calculations[13]. This value corresponds to 33% of the total population assessed and hence constitutes a non-probability sample for the present study.

The study included units with coordinators who had been exerting this function at the place for at least one year and excluded those who were not working during data collection due to work leave.

The sample was proportionally distributed between the six Regional Executive Secretariats (RES), administrative divisions of the municipality, according to the quantity of units allocated to each one of secretariats. Units were selected by having a researcher who was not a member of the data collection team draw lots. Necessary substitutions of units were also performed by drawing lots.

The first instrument was a questionnaire applied to the coordinators of the FHC containing questions about epidemiological profile, previous professional experience, educational background and characterization of the employment relationship with the Fortaleza City Hall. An adapted Likert scale[14] was used to identify the competences and activities developed by the coordinator. This scale comprises of thirty questions grouped into three categories: skills, attributions and competences. The responses to the six-point scale are: always, almost always, often, seldom, never and not applicable, with values attributed to each one of them, 5, 4, 3, 2, 1, 0, respectively. Interviewees were asked to report the frequency they performed the activities and competences in the management of services.

The second questionnaire is part of the first and was applied to the chiefs of the Health Districts (HD) of each RES. It has six of the 30 questions in the first: two questions of each one of the three categories about the core competences developed by coordinators under their supervision. They were the questions number 11, 15, 19, 21, 25 and 34 about planning, negotiation, health status analysis, spontaneous demand, team work and performance correction.

A database was built in spreadsheets that were later exported to the Statistical Package for the Social Sciences (SPSS), version 17, in which descriptive and inferential analysis was performed. The descriptive analysis with absolute and relative frequencies are presented as tables. Inferential analysis between the answers of the coordinators and HD chiefs was performed using a scale built up with the values attributed to the frequencies, considering the concentration of scores on the right in an ascending order with cut-off point set at 4. Values above or equal the cut-off point were considered *satisfactory* or *high* and values below the cut-off point were considered *low* or *unsatisfactory*.

Afterwards, Kappa test identified the degree of concordance between the answers of coordinators and the answers of HD chiefs. This concordance ranges from +1 to -1 where +1 represents total concordance and -1 means the opposite. All tests were performed with a level of significance of 0.05.

Patients were included in the study after they signed the Free Informed Consent Form in duplicates as recommended by Resolution 466/12 of the National Health Council[15]. Data collection took place after the evaluation and approval of the Research Ethics Committee of the *Universidade Estadual do Ceará* (State University of Ceará) (Opinion No. 26934/2012), the authorization by the Research Commission of the *Secretaria Municipal de Saúde Escola – SMSE* (Municipal Health Secretariat) and consent of each District chief of the health secretariats.

RESULTS

Table I presents the profile of the FHC coordinators interviewed. Most of the coordinators (n=19; 63.3%) were aged 45 or more, with age ranging from 28-58 years. Most of them (n=25; 83%) were women.

The coordinators had a degree in Healthcare Assistance and only one of them had a degree in Hospital Administration. Most of them had a bachelor's degree in Nursing (n=12; 40%). Other professions were identified in smaller numbers, i.e., two dentist-surgeons, two physiotherapists and one occupational therapist, one doctor and one nutritionist.

Specialization was the most frequent post-graduation degree, with 18 (60%) specialists. It was not possible to determine the most prevalent course because few interviewees specified it in the instruments. Most of the interviewees (n=20; 66.7%) reported having previous experience in an administrative role.

The second part of the instrument corresponds to the frequency which coordinators performed activities and core

Table I - Profile and educational background of coordinators of Family Health Centers. Fortaleza, Ceará, 2013.

Variable	n (%)
Age (years)	
25-34	1 (3.3)
35-44	10 (30.3)
≥ 45	19 (63.3)
Sex	
Female	25 (83.0)
Male	5 (17.0)
Educational background	
Undergraduate degree	9 (30.0)
Specialization	18 (60.0)
Master's degree	3 (10.0)
Previous professional experience(1)	
Administration	20 (66.7)
Hospital Assistance	10 (30.3)
Teaching	2 (6.7)
FHP	3 (10.0)
Employment relationship with city hall(2)	
Civil servant	11(36.7)
Outsourced staff	4 (13.3)
Commissioned employee	9 (30.0)
Weekly working hours in the unit	
20h	1 (3.3)
40h	29 (96.7)

(1) Each professional could report more than one field of expertise; (2) Six professionals did not answer the question and this information could not be obtained from other sources.

Table II - Frequency of Skills of the Coordinators of Family Health Centers. Fortaleza, Ceará, 2013.

Frequency	Communication		Organization		Planning		Decision-making		Soft Tech. *		Hard Tech. *		Negotiation	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No answer	-	-	-	-	-	-	-	-	1	3.3	-	-	3	10.0
Never	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Seldom	-	-	-	-	-	-	-	-	-	-	1	3.3	-	-
Often	2	6.7	3	10.0	5	16.7	3	10.0	3	10.0	3	10.0	5	16.7
Almost always	9	30.0	8	26.7	9	30.0	8	26.7	6	20.0	10	33.3	3	10.0
Always	19	63.3	19	63.3	16	53.3	19	63.3	20	66.7	16	53.3	19	63.3

* Soft Tech.: soft technology; Hard Tech.: hard technology

Table III - Frequency of the category Attributions of Coordinators of Family Health Centers. Fortaleza, Ceará, 2013.

Frequency	Autonomy		Articulation Govern		Articulation NGO*		Health Status Analysis		San./Epid. Surv.*		Programm. Actions*		Spontaneous Demand		Material Manag*.	
	n	%	N	%	n	%	N	%	n	%	n	%	n	%	n	%
No answer	1	3.3	-	-	-	-	-	-	-	-	-	-	-	-	1	3.3
Never	-	-	-	-	2	6.7	1	3.3	-	-	1	3.3	-	-	-	-
Seldom	1	3.3	6	20.0	3	10.0	-	-	1	3.3	1	3.3	-	-	-	-
Often	6	20.0	4	13.3	7	23.3	3	10.0	2	6.7	3	10.0	3	10.0	1	3.3
Almost always	12	40.0	7	23.3	6	20.0	11	36.7	8	26.7	5	16.7	8	26.7	4	13.3
Always	10	33.3	13	43.3	12	40.0	15	50.0	19	63.3	20	66.7	19	63.3	24	80.0

* NGO: Non-governmental Organization; San./Epid. Surv.: Sanitary Epidemiological Surveillance; Programm.: Programmatic; Manag.: Management.

Table IV - Frequency of the category Competences of Coordinators of Family Health Centers. Fortaleza, Ceará, 2013.

Part A

Frequency	Leadership		Conflict Management		Team work		Accepts Differences		Resilience		Accommodates Changes		Stimulation/ Motivation		Follows Procedures	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No answer	-	-	-	-	1	3.3	1	3.3	-	-	-	-	-	-	-	-
Never	-	-	-	-	-	-	-	-	-	-	1	3.3	1	3.3	1	3.3
Seldom	-	-	1	3.3	-	-	1	3.3	-	-	2	6.7	-	-	4	13.3
Often	3	10.0	1	3.3	-	-	2	6.7	4	13.3	2	6.7	2	6.7	4	13.3
Almost always	3	10.0	5	16.7	4	13.3	1	3.3	15	50.0	7	23.3	5	16.7	1	3.3
Always	24	80.0	23	76.7	25	83.3	25	83.3	11	36.7	18	60.0	22	73.3	20	66.7

Part B

Frequency	Report Writing		Material Allocation		HR Allocation.*		Performance Correction		Learning Support		Computer Operation		Problem Prevention	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%
No answer	2	6.7	1	3.3	2	6.7	2	6.7	1	3.3	2	6.7	3	10.0
Never	-	-	-	-	-	-	-	-	2	6.7	1	3.3	1	3.3
Seldom	-	-	-	-	-	-	1	3.3	1	3.3	1	3.3	1	3.3
Often	2	6.7	3	10.0	-	-	4	13.3	3	10.0	3	10.0	5	16.7
Almost always	3	10.0	8	26.7	7	23.3	7	23.3	8	26.7	9	30.0	10	33.3
Always	23	76.7	18	60.0	21	70.0	16	53.3	15	50.0	14	46.7	10	33.3

*HR.: Human Resources

competencies in their units, as described in Tables II, III and IV.

The item that was most frequently answered as "always" in the Skills category was the Use of Soft Technology, with 20 (66.7%) managers. This is a remarkable characteristic in health models of Primary Care. A little less frequent were: Communication, Organization, Decision-making and Negotiation, all of them with 19 (63.3%) "always" responses.

In the Attributions category, the highest prevalence found (n=24; 80.0%) was for Material Management. Most of the items presented high scores; however, the attribution Autonomy was negatively highlighted for presenting only 10 (33.3%) "always" responses.

Most of the items in the Competences category presented high scores. Standing below 50% are the questions about computer operation (n=14; 46.7%) and prevention of problems with these machines (n=10; 33.3%). There was a great contrast between the high scores attributed to the items Conflict Management (n=23; 76.7%) and Accepting Differences (n=25; 83.3%) and the low scores of Resilience (n=11; 36.7%) for the "always" response.

Table V shows the results of Kappa Test calculated between the scores of the FHC coordinators and the HD chiefs.

Table V - Kappa coefficient calculated between the scores of Health Districts Chiefs and Coordinators of Family Health Centers. Fortaleza, Ceará, 2013.

Actions developed	Kappa coefficient	*p*
Planning	0.204	0.261
Negotiation	0.200	0.256
Health Status Analysis	0.000	1.000
Spontaneous Demand	-0.133	0.439
Team work	-0.418	0.014
Performance correction	-0.200	0.232

Only one of the six questions in the questionnaire, which assessed the team work, presented a statistical significant relationship (p=0.014). Notwithstanding, the coefficient value was very small and negative (k= -0.418), suggesting a discordance between the two group of evaluators.

DISCUSSION

The most "popular professional working as a coordinator" in the present study was the nurse, a fact that can also be found in other populations assessed[16].

The nurse is a professional whose education has an emphasis on the administrative field that is greater than the emphasis given by other health care professions. In the curriculum guidelines established by the Ministry of Education (MEC), nursing professionals should be able to take initiative and manage and administrate the workforce, physical, material and information resources and as they should be able to be entrepreneurs, managers, employers and leaders of the health care team[17].

The prevalence of women in the present study is partially explained by the greater presence of women in nursing, which is a predominantly female profession. Since the very beginning of time, this profession is almost exclusively performed by women. In some cultures, taking care of sick people is considered an extension of women's duties[18].

The high prevalence of 45-year-old individuals in the present research suggests that management functions demand advanced professional experience and age since it is necessary a prolonged time to acquire solid knowledge and experience during their education[19].

The large number of professionals who had a *lato sensu* postgraduation degree indicates a greater concern about getting qualified and updating knowledge. Professionals recognize the importance of participating in a *lato sensu* postgraduation course as a contribution to professional qualification and enrichment of the knowledge acquired in the care practice[20].

Many of the coordinators assessed in the present study reported having a previous experience in the administrative field. This is beneficial for the services as it suggests greater maturity and preparation for the practical situations faced by the manager, because a good set of knowledge, analytical capacity, capacity for action, improvement of practices and determination to reach goals are indispensable for the management profile[21].

Communication, organization and planning were highly prevalent skills in the present research. Communication is defined as an exchange of information, facts, ideas and meanings. Greater interference in communication occurs because of interpretation "noises" capable of distorting the message during the communicative process. Communicational competence is indispensable as organizing requires communicating in order to establish goals, canalize energy and identify/solve problems. Learning to communicate with efficacy is indispensable for improving the efficiency of each unit of work and the organization as a whole[22].

It was observed in another study that the importance of management action planning for coordinators is mainly related to the easy achievement of goals and objectives and the control and stimulation of activities[23].

Decision-making has also presented high scores in the present study. This process can be developed by managers with a better quality if they follow a method. To do so, the continuous evaluation of services constitutes an important instrument of management support for its capacity to improve the quality of decision-making[24].

Soft technologies were said to be widely used and refer to user's embracement, bond, empowerment and problem-solving capacity. These forms of technologies are a remarkable characteristic of the FHS and can be understood as a knowledge or by their material and non-material developments in the production of health services. They are classified into soft, soft-hard and hard technologies. Soft technologies are the relationships; soft-hard technologies are the structured knowledge/theories; and hard technologies are the material resources[25].

In primary health care, the negotiation is an important instrument of adjustment and consensus generation capable of sustaining and facilitate joint-action proposals[26]. It is important to highlight that in the present study the less frequent attribution was autonomy, the lack of which significantly hinders the development of activities and execution of changes for improving health units, leading to negotiation failures.

Health status analysis based on sanitary surveillance and epidemiological data was cited as "almost always" or "always" by most of the coordinators in the present study. This should be reflected in an adequate planning of actions and a greater meeting of the demands of the population of the coverage territory. Similar result was found in another study[27] that identified 67% of units with a traditional model of basic care using production data and epidemiological data for the planning of activities while in units that adopted the FHS this percentage increased to 80%. The planning does not exist without epidemiology[28].

The programming and control of spontaneous demand actions such as user's embracement, humanization of the gateway to the service and educational activities are considered components of soft technologies and have also presented similar frequencies reported in the present study. Most coordinators said they always exert a good leadership, with adequate skills for conflict management and team work, accepting ethnic, social and educational differences. However, this scenario becomes contradictory when a small percentage of individuals reported being resilient. Leadership is the process of conducting the actions or influence the behavior and mentality of others[29]. It is the process by which a group is induced to devote themselves to the goals espoused by the leader and his followers. Leadership and management overlap as some aspects of leadership can be described as management. So that the leader can satisfactorily manage the conflict, it is necessary to understand its process. Team dialogue, as well as the proper management of the group's work, is a useful tool to manage conflicts, which should be seen as an opportunity for growth[30].

Writing reports and sustaining information systems were reported to be always performed in their work in the present research. This information is of great importance for the local health diagnosis and planning of health actions in the *Unidade Básica de Saúde* (Basic Health Unit). The worldwide exponential growth in health care expenditures in the last decades and the budget restrictions are big challenges for the universal health systems[31].

The knowledge of techniques for the operation of recent technologies, machines and computers, and the prevention/maintenance of this equipment presented a low frequency in the sample assessed. This may be explained by the fact that the population of coordinators are mostly aged 45 years, being part of a generation that has been put in contact with these technologies late[32].

However, the presence of core competences in the work of coordinators was seen in a different way by the chiefs of the Health Districts of the RES, i.e., their supervisors. This fact was observed by the difference in the mean scores and classification: most of the responses of the Districts chiefs presented a frequency that is lower than that reported by the coordinators themselves. The fact that self-evaluation presented scores that are higher than that of the evaluation performed by their supervisors may have been caused by the fear of getting into trouble at work or by the difficulty to perceive the work limitations. This obstacle has also been observed in the use of self-evaluations in other studies[33].

The results of the application of Kappa test confirm the descriptive analysis of data in the present research. Only one of the six questions presented a statistical significant relationship; however, the significance was negative and indicated a discordance between the evaluators of the same phenomenon.

From the discussion of the study it is possible to notice some limitations, especially the different perceptions of a single reality as the coordinator may have been led to perform a positive self-evaluation for being inserted in the context and for fearing reprisals. The Districts chiefs, for being supervisors, may have positioned themselves more critically and focused on their subordinates' weaknesses. The research could not check the degree of commitment of coordinators and whether their education and training were specifically tailored to managing activities and understanding the guiding principles of the health system. Further research on these latter aspects may bring greater return with quality outcomes for the health services. The data presented in the present research cannot represent the reality of the municipality alone; however, through a discussion based on the aspects of the local reality, the facts observed during data collection and the comments made by other authors in the literature can raise issues to be reconsidered and discussed in order to improve the management of the system.

CONCLUSION

The profile of the professionals in charge of the Family Health Centers (FHC) of Fortaleza is represented by women with previous experience in administrative activities and with a postgraduation degree.

The frequency of core competences, from the perspective of coordinators, was high for most of the items, although autonomy, knowledge of informatics technology and equipment maintenance presented low scores. However, from the perspective of the chiefs of Health Districts, this does not represent a good management of these services, revealing a discordance in perception.

REFERENCES

1. Giovanella L, Mendonça, MHM. Atenção Primária à Saúde. In: Giovanella L, Escorel S, Lobato LVC,

Noronha JC, Carvalho AI. Políticas e Sistemas de Saúde no Brasil. Rio de Janeiro: Fiocruz; 2008. p. 575-625.

2. Ministério da Saúde (BR). Promoção da saúde: Carta de Otawa, Declaração de Adelaide, Sundswall e Santa Fé de Bogotá. Brasília; 2001.

3. Lopes ALM, Silva AS, Castro DFA, Bógus CM, Fracoli LA. Avaliação de programas, serviços e tecnologias na perspectiva da promoção da saúde: uma reflexão teórica. Rev Bras Promoç Saúde. 2013;26(4):590-4.

4. Mamede S. Prefácio. In: Os Sistemas de Serviços de Saúde: o que os gestores deveriam saber sobre essas organizações complexas. Fortaleza: Escola de Saúde Pública do Ceará; 2002. p.13-14.

5. Ministério da Saúde (BR). Glossário do Ministério da Saúde: projeto de terminologia em saúde. Brasília: Ministério da Saúde; 2004.

6. Passos JP, Ciosak SI. A concepção dos enfermeiros no processo gerencial em Unidade Básica de Saúde. Rev Esc Enferm USP. 2006;40(4):464-8.

7. Mendes EV. Os sistemas de serviços de saúde: o que os gestores deveriam saber sobre essas organizações complexas. Fortaleza: Escola de Saúde Pública do Ceará; 2002.

8. Zarifian P. El modelo de competência y los sistemas productivos. Montevideo: Cinterfor; 1999.

9. Fernandes LCL, Machado RZ, Anschau GO. Gerência de serviços de saúde: Competências desenvolvidas e dificuldades encontradas na atenção básica. Ciênc Saúde Coletiva. 2009;14(Supl 1)1541-52.

10. Alves LAAR. Perfil gerencial do enfermeiro para atuar na atenção primária à saúde. In: Santos AS, Miranda MRC. A enfermagem na gestão em atenção primária à saúde. Barueri: Manole; 2007.

11. Prahalad CK, Hamel G. The Core Competence of the Corporation. Boston: Harvard Business Review; 1990.

12. Lazzarotto EM, Cardoso GM, Nazzari RK. Conhecimento, habilidades e atitudes requeridas para o enfermeiro gerenciar unidades básicas de saúde – UBS. In: Anais do Seminário Nacional Estado e Políticas Sociais; 26 a 28 Jun. 2003; Universidade Estadual do Oeste do Paraná (UNIOESTE); Núcleo de Estudos e Pesquisas em Políticas Sociais (NEPPS). Cascaval: Universidade Estadual do Oeste do Paraná (UNIOESTE); 2003. p. 1-15.

13. CochranWG. SamplingTechniques. New York: Nem York John Wiley; 1977.

14. Ávila DVB. O perfil do gestor de unidade básica de saúde: verificando competências e habilidades [monografia]. Porto Alegre: Universidade Estadual do Rio Grande do Sul, 2005.

15. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução nº 466 de 12 de Dezembro 2012. Diretrizes e Normas Regulamentadoras de Pesquisa envolvendo Seres Humanos. Brasília: Ministério da Saúde, 2012.

16. Ohira RHF, Cordoni Júnior L, Nunes EFPA. Perfil dos gerentes de Atenção Primária à Saúde de municípios de pequeno porte do norte do Paraná, Brasil. Ciênc Saúde Coletiva. 2014;19(2):393-400.

17. Ministério da Educação (BR), Conselho Nacional de Educação. Parecer n° 1133 de 01 de Novembro de 2001. Diretrizes Curriculares Nacionais dos Cursos de Graduação em Enfermagem, Medicina e Nutrição. Brasília: Ministério da Educação; 2001.

18. Carvalho DR, Kalinke LP. Perfil do enfermeiro quanto à motivação profissional e suas necessidades de desenvolvimento. Rev Boletim de Enfermagem. 2008;2(1):82-95.

19. Silva CC, Nascimento EM, Avelino BC, Durso SO, Colauto RD. Perfil profissional requerido dos contadores na região metropolitana de Belo Horizonte. In: Anais do V Congresso Nacional de Administração e Ciências Contábeis, 2014 Out 16, Rio de Janeiro. Rio de Janeiro: Universidade Federal do Rio de Janeiro, 2014. p. 1-15.

20. Oliveira NA, Thofehrn MB, Cecagno D, Siqueira HCH, Porto AR. Especialização em Projetos assistenciais de Enfermagem: contribuições na prática profissionais dos egressos. Texto & Contexto Enferm. 2009;18(4):697-704.

21. Ramires EP, Lourenção LG, Santos MR. Gerenciamento em Unidades Básicas de Saúde: conhecendo experiências. Arq Ciênc Saúde. 2004;11(4):205-9.

22. Peres AM, Ciampone MHT. Gerência e competências gerais do enfermeiro. Texto & Contexto Enferm. 2006;15(3):492-9.

23. Fernandes MC, Barros AS, Silva LMS, Nóbrega MFB, Silva MRF, Torres RAM. Análise da atuação do enfermeiro na gerência de unidades básicas de saúde. Rev Bras Enferm. 2010;63(1):11-5.

24. Tanaka OU, Tamaki EM. O papel da avaliação para a tomada de decisão na gestão de serviços de saúde. Ciênc Saúde Coletiva. 2012;17(4):821-4.

25. Coelho MO, Jorge MSB. Tecnologias das relações como dispositivo de atendimento humanizado na atenção básica à saúde na perspectivado acesso, do acolhimento e do vínculo. Ciênc Saúde Coletiva. 2009;14(Supl 1):1523-31.

26. Zancan L, Carvalho AI, Lobato MF, Rocha MR. Articulação intersetorial na gestão para a promoção da saúde. In: Gondim R, Grabois V, Mendes Junior WV, organizadores. Qualificação dos Gestores do SUS. 2ª ed. Rio de Janeiro: Fiocruz/ENSP/EAD; 2011. p. 297-310.

27. Castanheira ERL, Dalben I, Almeida MAS, Puttini RF, Patricio KP, Machado DF, et al. Avaliação da qualidade da Atenção Básica em 37 municípios do Centro – Oeste paulista: características da organização da assistência. Saúde Soc. 2009;18(2):84-8.

28. Silva AJM. Epidemiologia e planejamento e Saúde. In: Epidemiologia & Saúde. Rouquayrol MZ, Silva MGC. Rio de Janeiro: Med Book, 2013. p 467-71.

29. Russo RFSM, Ruiz JM, Cunha RP. Liderança e influência na fase de gestão de projetos. Prod. 2005;15(3):362-75.

30. Corradi EM, Zgoda LTRW, Paul MFB. O gerenciamento de conflitos entre a equipe de enfermagem. Cogitare Enferm. 2008;13(2):184-93.

31. Sousa MHL, Souza RMP, Silva MGC. Alocação de Recursos na Saúde. In: Epidemiologia & Saúde. Rouquayrol MZ, Silva MGC. Rio de Janeiro: Med Book; 2013. p 585-99.

32. Santos CF, Ariente M, Diniz MVC, Dovigo AA. O processo evolutivo entre as gerações x, y e baby boomers. In: Anais do XIV SEMEAD Ensino e Pesquisa em Administração; 13 a 14 Out. 2011; Faculdade de Economia, Administração e Contabilidade da Universidade de São Paulo. São Paulo: Universidade de São Paulo; 2011. p. 1-14.

33. Barreto SO, Freitas LC, Del Prette ZAP. Habilidades sociais na comorbidade entre dificuldades de aprendizagem e problemas de comportamento: uma avaliação multimodal. Psico (Porto Alegre) 2011;42(4):503-10.

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