

MANAGEMENT AND WORK ENVIRONMENTS IN PRIMARY HEALTH CARE: SCOPE REVIEW

GESTÃO E AMBIENTES DE TRABALHO NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO DE ESCOPO

GESTIÓN Y ENTORNOS DE TRABAJO EN LA ATENCIÓN PRIMARIA DE SALUD: REVISIÓN DEL ALCANCE

 Paola da Silva Diaz¹

 Priscila Orlandi Barth²

 Micherlan Pereira da Silva³

 Darlison Sousa Ferreira⁴

 Laura Calvacanti de Farias Brehmer⁵

 Maria Jose Menezes Brito⁶

 Grazielle de Lima Dalmolin⁶

 Flávia Regina Souza Ramos⁷

¹Universidade Federal de Santa Catarina - UFSC, Departamento de Enfermagem. Florianópolis, Santa Catarina - Brazil.

²Universidade Federal de Santa Catarina - UFSC, Programa de Pós-graduação em Enfermagem. Santa Catarina, SC - Brazil.

³Secretaria Municipal de Saúde de Manaus - SEMSA, Setor de Enfermagem. Manaus, AM - Brazil.

⁴Universidade do Estado do Amazonas - UEA, Escola Superior de Ciências da Saúde, Programa de Pós Graduação em Enfermagem em Saúde Pública - ProEnSP. Manaus, AM - Brazil.

⁵Universidade Federal de Minas Gerais - UFMG, Departamento de Enfermagem. Belo Horizonte, MG - Brazil.

⁶Universidade Federal de Santa Maria - UFSM, Departamento de Enfermagem. Santa Maria, RS - Brazil.

⁷Universidade do Estado do Amazonas - EUA, Escola Superior de Ciências da Saúde. Manaus, AM - Brazil.

Corresponding Author: Darlison Souza Ferreira
E-mail: darlison@uea.edu.br

Authors' Contributions:

Conceptualization: Paola S. Diaz, Priscila O. Barth, Laura C. F. Brehmer, Flavia R. S. Ramos; **Data Collection:** Paola S. Diaz, Priscila O. Barth, Flavia R. S. Ramos; **Funding Acquisition:** Paola S. Diaz, Flavia R. S. Ramos; **Investigation:** Paola S. Diaz, Priscila O. Barth, Laura C. F. Brehmer, Flavia R. S. Ramos; **Methodology:** Paola S. Diaz, Priscila O. Barth, Laura C. F. Brehmer, Flavia R. S. Ramos; **Project Management:** Paola S. Diaz, Flavia R. S. Ramos; **Resources Management:** Paola S. Diaz, Flavia R. S. Ramos; **Software:** Paola S. Diaz, Priscila O. Barth, Flavia R. S. Ramos; **Statistical Analysis:** Paola S. Diaz, Priscila O. Barth, Micherlan P. Silva, Darlison S. Ferreira, Laura C. F. Brehmer, Maria J. M. Brito, Grazielle Dalmolin, Flavia R. S. Ramos; **Supervision:** Paola S. Diaz, Priscila O. Barth, Flavia R. S. Ramos; **Validation:** Paola S. Diaz, Priscila O. Barth, Micherlan P. Silva, Darlison S. Ferreira, Laura C. F. Brehmer, Maria J. M. Brito, Grazielle Dalmolin, Flavia R. S. Ramos; **Visualization:** Paola S. Diaz, Priscila O. Barth, Micherlan P. Silva, Darlison S. Ferreira, Laura C. F. Brehmer, Maria J. M. Brito, Grazielle Dalmolin, Flavia R. S. Ramos; **Writing – Original Draft Preparation:** Paola S. Diaz, Priscila O. Barth, Micherlan P. Silva, Darlison S. Ferreira, Laura C. F. Brehmer, Maria J. M. Brito, Grazielle Dalmolin, Flavia R. S. Ramos; **Writing – Review and Editing:** Paola S. Diaz, Priscila O. Barth, Micherlan P. Silva, Darlison S. Ferreira, Laura C. F. Brehmer, Maria J. M. Brito, Grazielle Dalmolin, Flavia R. S. Ramos.

Funding: Coordenação de Aperfeiçoamento de Pessoal - CAPES, Conselho Nacional de Desenvolvimento Científico e Tecnológico - CNPq, Fundação de Amparo a Pesquisa do Estado do Amazonas - FAPESAM.

Submitted on: 07/14/2022

Approved on: 10/25/2022

Responsible Editors:

 Janaina Soares

 Tânia Couto Machado Chianca

ABSTRACT

Objective: to identify theoretical and empirical subsidies on work environments in primary health care (PHC) in relation to workers' health (preliminary question) that indicate elements related to management (specific question). **Methods:** six-step Scoping Review with consultation with the subjects, literature search from 2010 to 2019 in six databases and virtual libraries with selection of 21 articles. The complementary stage, consultation, operated a focus group with 14 PHC workers in a municipality in southern Brazil. **Results:** they were organized into three thematic categories: i) Administrative aspects in the work environment: difficulties related to management; ii) Perceptions about labor relations: barriers between staff and management; and iii) Conflicts in the workplace: coping strategies. **Final considerations:** bureaucratic and routine PHC issues influence interpersonal relationships and the results achieved, being fundamental for achieving healthy work environments for the actors on the scene. Institutional support, dialogue and the possibility of carrying out work full of meaning and value are workers' rights, reaffirming the promotion of healthy work environments in PHC as an ethical-political priority.

Keywords: Workplace; Primary Health Care; Nursing; Focus Groups.

RESUMO

Objetivo: identificar subsídios teóricos e empíricos sobre ambientes de trabalho na atenção primária à saúde (APS) em sua relação à saúde do trabalhador (questão preliminar) que indiquem elementos relativos à gestão (questão específica). **Métodos:** Scoping Review de seis etapas com consulta aos sujeitos, busca na literatura do período de 2010 a 2019 em seis bases de dados e bibliotecas virtuais com seleção de 21 artigos. A etapa complementar, de consulta, operacionalizou grupo focal com 14 trabalhadores da APS em um município do Sul do Brasil. **Resultados:** foram organizados em três categorias temáticas: i) Aspectos administrativos no ambiente de trabalho: dificuldades relacionadas à gestão; ii) Percepções sobre as relações de trabalho: barreiras entre equipe e gestão; e iii) Conflitos no ambiente de trabalho: estratégias de enfrentamento. **Considerações finais:** questões de ordem burocrática e de rotina da APS influenciam as relações interpessoais e os resultados alcançados, sendo fundamentais para o alcance de ambientes saudáveis de trabalho dos atores em cena. O suporte institucional, o diálogo e a possibilidade de exercer um trabalho pleno de sentido e valor é direito do trabalhador, reafirmando a promoção de ambientes de trabalho saudáveis na APS como prioridade ético-política.

Palavras-chave: Local de Trabalho; Atenção Primária à Saúde; Enfermagem; Grupos Focais.

RESUMEN

Objetivo: identificar subsidios teóricos y empíricos sobre ambientes de trabajo en APS en su relación con la salud de los trabajadores (cuestión preliminar) que indiquen elementos relacionados con la gestión (cuestión específica). **Métodos:** Scoping Review de seis etapas con consulta a los sujetos, búsqueda bibliográfica en el período de 2010 a 2019 en seis bases de datos y bibliotecas virtuales con selección de 21 artículos. La fase complementaria, de consulta, consistió en un grupo de reflexión con 14 trabajadores de Atención Primaria de Salud en un municipio del Sur de Brasil. **Resultados:** organizados en tres categorías temáticas: i) Aspectos administrativos en el entorno laboral: dificultades relacionadas con la gestión; ii) Percepciones sobre las relaciones laborales: barreras entre el equipo y la dirección; iii) Conflictos en el entorno laboral: estrategias de afrontamiento. **Consideraciones finales:** las cuestiones burocráticas y rutinarias de la APS influyen en las relaciones interpersonales y en los resultados alcanzados, siendo fundamentales para el logro de ambientes de trabajo saludables de los actores en escena. El apoyo institucional, el diálogo y la posibilidad de ejercer un trabajo lleno de sentido y valor es un derecho del trabajador, reafirmando la promoción de ambientes de trabajo saludables en la APS como una prioridad ético-política.

Palabras clave: Lugar de Trabajo; Atención Primaria de Salud; Enfermería; Grupos Focales.

How to cite this article:

Diaz PS, Barth PO, Silva MP, Ferreira DS, Brehmer LCF, Brito MJM, Dalmolin GL, Ramos FRS. Management and work environments in primary health care: scope review. REME - Rev Min Enferm. 2022[cited ____];26:e-1489. Available from: _____ DOI: 10.35699/2316-9389.2022.40472

INTRODUCTION

Primary Health Care (PHC) is internationally recognized as the structuring core of sustainable and quality universal public systems, a framework for guaranteeing health as a human right. It provides access to comprehensive and integrated health services, an inclusive, efficient, and effective approach to improving the health of the population.¹

In Brazil, the Family Health Strategy (FHS) is strategic in the reorganization of PHC, being an ethical-political-pedagogical proposal to qualify health care in an intersectoral and interinstitutional view of the spheres of management, teaching, service, and community. Thus, the power of interdisciplinary teamwork and permanent education emerges in the construction of organizational practices that involve health acts.²

The agenda of universal access to health systems with infrastructure, human resources, and technologies relevant to social needs has been updated.³ In Brazil, (de)financing is increasing and the tendency to change orientation and universality of access to universal coverage, which threatens achievements and values such as solidarity and social justice. Among the work components that influence the ability to ensure access to a health system are training, experience, and mastery of standards; satisfaction; management and organization of the work process; and integration with the community.⁴

It is essential to recognize the relationships between access to qualified care, a healthy work environment and the management of the PHC work process, which includes facing weaknesses linked to the lack of professionalization of managers, political interference in the allocation of positions and administrative discontinuity.⁵

The literature identifies aspects that influence the manager's work and their workloads in the PHC, reinforcing the importance of management in the implementation of health policies.⁶ Allied to the deficit of human and material resources, there are challenges to management practices, such as inexperience and lack of training for managers, organization and work relations and insufficient assessment instruments.⁷

It proceeds to problematize how aspects of health management interfere in daily life and in the work environment, in the experiences of the teams and in the subjective experiences of the worker. If the Unified Health System (SUS, *Sistema Único de Saúde*) was notable in

defending democratic and participatory management practices, it is fundamental to recognize difficulties for its implementation and, in particular, the mutual influences between management, relationships and work environments.

The present study was motivated by the interest in exploring the concept of healthy work environments (HWE) in PHC. The HWE concept of the World Health Organization (WHO)⁸ highlights the management component by favoring collaboration between workers and managers in the continuous improvement of protection and promotion of safety, health and well-being. This study started from a new proposition, expanding the concept of HWE, adding to the physical and psychosocial work environment the notions of an environment favorable to care, promoter of values, ethically/aesthetically expressive and subjectively edifying. This means that the professional sees the values that underlie his/her profession, and his/her moral choices materialize in this environment - not only insofar as he produces care, but also in that he expresses the worker as an ethical subject.

Due to the recent dissemination of the HWE concept and the consequent absence of the descriptor or rarity of studies adopting this specific term, this study aimed to identify theoretical and empirical subsidies on work environments in PHC in relation to workers' health (preliminary search) and that indicate elements related to management (specific search). It is believed that the incorporation of relevant references and the construction of tools for practical implementation depend on clear understandings of the conceptual and empirical complexity of HWE in PHC.

METHOD

The study design was the Scoping Review, which articulated data from the literature and contributions from workers from PHC. This type of research maps scientific findings and defines key concepts within a theme, crossing empirical conceptual data.⁹

Despite having become known for its five stages similar to integrative reviews, more than 15 years ago, the study cited as a pioneer proposer of the Scoping Review method¹⁰ presented the sixth steps as an additional and complementary component, identified as a consultation exercise for inform and validate the results of the main scope review. The authors suggest that, when professionals contribute to the work, the reviews become enhanced and useful, attributing valuable insights to issues related

to the results and providing "added value" to the literature review.¹⁰

The steps and their due methodological procedures were as follows:

1. Selection of the preliminary question guiding the research: How are management elements discussed in studies that address work environments in their relationships with workers' health in PHC? For this reason, searches focused on terms related to work environments, workers' health and PHC. Management aspects were the subject of privileged analysis based on the results of the selected articles.

2. Definition of publication inclusion criteria: Scientific articles published in Portuguese, English and Spanish containing the SEARCH TERMS - title, abstract, descriptors, between 2010-2019. The temporal delineation took place from the dissemination of the term HWE by the WHO.

3. Selection and inclusion of studies that answered the specific question: Elements related to management in studies on work environments in PHC in relation to workers' health. Export of references to Mendeley, software for storing, managing and sharing articles. Selection of 80 articles by reading the titles and abstracts.

4. Data removal, with full reading: Storage of the 21 selected publications in the Atlas.ti software to support the longitudinal analysis of the records and reliability of the study after training the researchers.

5. Interpretation, summary of results, codification of the articles' content, triple checking of assigned meanings carried out by two researchers, in addition to validation of codes and groups produced by four researchers. The results constitute families of codes generated with the help of the software.

6. Comparison of findings in the literature and consultation with professionals: Focus group (FG) with workers working in PHC. The guiding questions addressed the understanding of a healthy work environment and factors related to management/relationships, also considering the findings in the literature. Transcription, treatment and analysis of data generated in the Atlas.ti software.

The search protocol was elaborated and applied with the support of the competence service in Information and Research Support, of the central library/UFSC and at the BSCCS/UFSC, registered librarians no. CBR14/906 and no. 14/201.

One hundred and nine search terms were used in Portuguese, English and Spanish and Boolean operators "and" and "or" referring to four themes: Work

environments (23 alternative/synonymous search terms); Primary health care (21 terms); Factor associated with the environment (30 terms); and Occupational health (35 terms). The databases and virtual libraries accessed were PUBMED (Publisher Medical), CINAHL (Cumulative Index to Nursing and Allied Health Literature), SciELO (Brazil Scientific Electronic Library Online), SCOPUS, LILACS (*Literatura* Latin America and the Caribbean in Health Sciences) and BDENF (Bibliographic Database specialized in the area of Nursing). It is noteworthy that terms related to management were not used, precisely because we sought to expand the reading of articles on the relationship between work environments and workers' health and, from them, seek the elements pointed out by the authors/studies that could indicate the importance and the role of management.

Initial findings totaled 3,196 publications from January 2010 to April 2019. Given the breadth of the search and the collection produced, this bank of texts was addressed in different studies, with specific research questions. In this research, the focal guiding question of the scope review was applied in step 3, for the selection of 21 articles. The study followed six methodological stages of the Scoping Review model,¹¹ PRISMA checklist¹² and flowchart adapted from the same source, containing steps 1 to 4 (Figure 1).

For the sixth step, access to the target public took place in two focus groups with workers working in the PHC of a municipality in the interior of the southern region of Brazil, including nurses, Nursing technicians/assistants, doctors, dental assistants and agents health communities. The study included 14 workers, including 5 Nursing technicians, 3 nurses, 1 physician, 5 Community Health Agents (CHA), 1 Oral Health Assistant and 1 Receptionist. Most worked from 1 to 20 years, exclusively in FHS - 78.5%; 85.71% worked 40 hours per week and were women, 71.42%.

Data construction took place after formal authorization by signing the Free and Informed Consent Term (ICF) and institutional consent for entry into the field. The focus groups were developed by the main researcher, with the support of a second researcher (observer) and with the use of a digital recorder. After transcribing the audio recordings, the material was organized and analyzed using the Atlas.ti software for categorical thematic analysis. Data saturation sampling was adopted after the pre-analysis stage. In successive re-readings, codes were assigned to the findings or excerpts from the speeches, which were grouped into themes (subcategories)

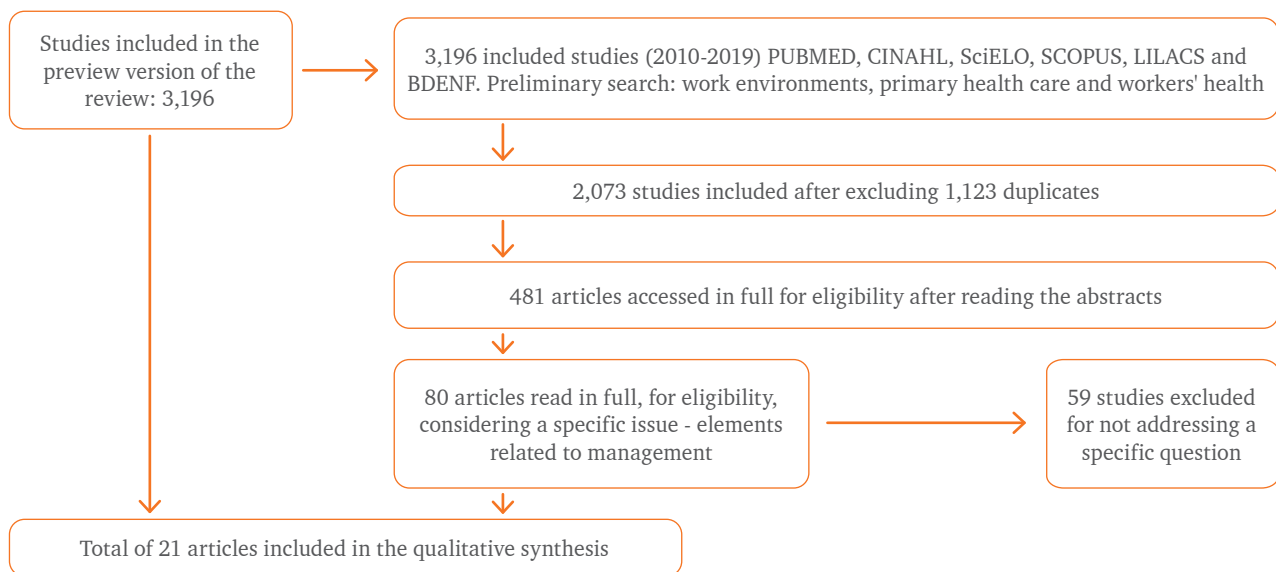


Figure 1 - Flowchart of steps 1 to 4 of the Literature Review.
Source: designed for the present study, adapted from PRISMA⁽¹²⁾.

that generated groups or families, presented as the three categories of results.

In the focus groups, initial motivating questions were raised: “What do you consider a healthy work environment? Indicate elements that you believe interfere with the work environment being healthy or not”. Then, the meanings captured in the literature on work environments in PHC were presented and compared in different conceptual and empirical components, which referred to seven dimensions, namely: Working conditions; Administration and management; Worker's health; Workload; Appreciation and motivation; Violence; and Strategies for HWE. Then, the discussion was guided so that the participants could bring new views and contributions to the concept, in order to endorse the elements already explored, oppose or expand them.

The main empirical (focus group) and literature findings were articulated in convergence with three analytical categories (Table 1): i) Administrative aspects in the work environment: difficulties related to management; ii) Perceptions about work relations: barriers between staff and management and iii) Conflicts in the workplace: coping strategies.

The research followed Resolution 466/12/CNS and was approved by the Ethics Committee for Research with Human Beings (CEPSH) of the *Universidade Federal de Santa Catarina* (UFSC), Protocol 3214161, CAEE 7232818.0.0000.0121, on 03/21/2019. To maintain anonymity, participants are identified by number and professional category.

RESULTS

Of the total of 21 publications, the highest frequency of publications (5) was in 2010, the date of WHO publication on HWE. The methodological approaches were qualitative (11), reflection (4), quantitative (3) and literature review (3), as shown in Table 1.

Administrative aspects in the work environment: difficulties related to management

Nine articles presented elements related to administrative challenges that interfere in the PHC work environment.¹³⁻²¹ The results are consistent with bureaucratic issues and difficulties also perceived by the participants, when problem solving is beyond the reach of the team and requires support that is not always guaranteed.

(...) it makes this increase in bureaucracy difficult to request exams, consultations and referrals, forms to prescribe... this increase in bureaucracy and little support from management generate disorganization, stress, devaluation, illness of professionals (...) everything takes time, and we continue without secondary care counter-reference”. (Med1)

(...) I don't know if it's the person who does the shopping who doesn't understand our requests, we can't control it and it's difficult because it's unacceptable to run out of tape, run out of serum, needle. (TecE1)

Table 1 - Literature findings according to analytical categories in convergence with empirical findings

Article Title	Analytical Category
Common mental disorders in primary health care workers ¹³	1
Knowledge and understanding of nurses about management actions in primary health care ¹⁴	1
Professional satisfaction of nurses: a scoping review ¹⁵	1
Strategies for organizing and strengthening work in the family health team ¹⁶	1
Management conflicts: difficulties for the nurse manager ¹⁷	1
Nurse management in the family health strategy ¹⁸	1
Occupational stressors in community health agents ¹⁹	1, 2
Conflict management: analysis of perceptions of nurse managers ²⁰	1, 2
The nurse and the evaluation in the management of health systems ²¹	1, 2
Power relations in the family health strategy from the perspective of Hannah Arendt's theory ²²	2
Interpersonal relationship in the work of the multidisciplinary team of a family health unit ²³	2
Primary healthcare in transition - a qualitative study of how managers perceived a system change ²⁴	2
The work process in the family health strategy and its repercussions on the health-disease process ²⁵	2
The dimension of subjectivity in the Nursing work process ²⁶	2
Family health program teams: professional stress and work dynamics ²⁷	2
Challenges of the group process in family health strategy team meetings ²⁸	2
Psychic-moral exhaustion in primary care workers ²⁹	3
The perspective of primary health care professionals on matrix support in mental health ³⁰	3
Current perspectives of co-management in health: experiences of the humanization work group in primary health care ³¹	3
Organizational conflict: theoretical considerations to support Nursing management ³²	3
Power to act and suffering: case study on community health agents ³³	3

Source: designed by the authors.

Perceptions about work relationships: barriers between staff and management

Participants corroborate the literature on how work relationships are decisive for the success of actions, citing the obstacles of communication channels with management as a major interference. The work environment favors decision making and results, while the lack of support, backing and communication are among the greatest difficulties in this environment. Ten articles provide elements about this analytical component.^{19,28}

(...) we even try to solve the problems with the management, we really talk about, but it is not solving... nothing happens. We have a lot of difficulty communicating with the management [...] there is no management continuity, and that is needed... The working conditions provided by the management are much more hostile. (Nur2)

(...) that same old story - why do CHAs work when they are sick? Because if you get sick and take a leave, you are punished. Oh, it's not punishment! Yes, it's punishment, your salary,

they take away all your benefits, they take food aid! You are punished for getting sick, but they don't give you conditions to be healthy... you complain, and you know it will turn back to you. (ACS2)

Conflicts in the workplace: coping strategies

Strategies for coping with conflicts in the work environment, addressed in five articles²⁹⁻³³, are attributed to the characteristics and commitment of workers to promote a favorable environment for team practice. The worker's commitment, knowing how to listen, having empathy and autonomy in decision-making are decisive in the quality of the team's work and in the quest to remain fit and healthy.

(...) we put differences aside and the rule number 1 is to work respecting each other for the benefit of the community we serve. (ACS3)

(...) keeping a good relationship with colleagues helps a lot, being able to vent and say what afflicts us... move on... we end up being one. One helping the other. (Nur1)

(...) we try to find strategies to not get sick, I share problems here at the unit with other medical colleagues, we vent... I get home and relax playing Playstation (laughs), it helps. (Med1)

DISCUSSION

Exploring the literature findings and the insights produced by talking to the participants, intrinsic aspects of the PHC work environment were highlighted. These aspects are related to objective and subjective management issues, including interpersonal relationships and communication between workers and managers, in addition to strategies for coping with conflicts/problems in this environment.

Management should enable health actions and teamwork, manage material and human resources, and adjust routines and protocols. These everyday elements have a great impact on how the work environment is perceived by workers.¹³

Management support for teamwork is fundamental, and the nurse is cited as a key player in supporting workers, due to their managerial, leadership, communication, and work coordination skills, playing an important role in actions aimed at improving the environment and professional satisfaction.¹⁴⁻¹⁷ By promoting practice environments, managers impact on the retention of good professionals and on improving the quality of Nursing care.³⁴

Bureaucratic issues are seen as problematic and relate to routines, protocols and unresolved difficulties within the team's purview, which is why support is required from management bodies, which are not always satisfactorily responsive. The importance of these issues is defended by workers and the literature, to which it is added that the difficulty in dealing with managerial activities is a potential stressor for workers, impairing the results.^{18,19} Furthermore, it generates incongruence with values and cognitive dissonance due to the pressures of two conflicting mandates, caring for and managing scarce resources.³⁵

Workers enhance this finding by identifying obstacles arising from the fragile connection that health teams have with managers, such as failures in the communication necessary for a good organization or healthy work experience. Resistance to communication and exposure of the problems experienced can be generated for different reasons, such as the fact that workers do not see their

demands met or fear reprisals; or even by stressful situations arising from the weaknesses of institutional support.

In the presence of strained relationships and flaws in the negotiation process between managers and health teams, it is common for unbalanced power and hierarchy relationships to prevail. Workers feel deprived of support and face difficulties in solving problems that depend on the management.^{19,24,27}

The importance of interpersonal relationships in the PHC work environment reinforces the HWE concept adopted in the study, which puts subjective and objective aspects of work side by side. Work relationships refer to conviviality, exchange, mutuality and the collective reconstruction of experience. Good relationships are necessary for the improvement of individuals and the development of teamwork.^{23,26}

The study points to management limits within health services, such as the lack of adequate moments and spaces for dialogue and interaction, making meaningful relationships unfeasible and weakening institutional support for workers. Literature and the target audience place the team's work relationships as the cause of serious problems at work. There are major weaknesses and limitations in communication between peers, causing the actors to distance themselves on the scene.^{25,28}

Workers address the importance of adherence to conflict coping strategies. The organization of this environment and the way in which interpersonal relationships develop can produce certain effects on work results, on workers' behavior and on organizational effectiveness.²⁶

The ethical atmosphere, a type of organizational culture, can contribute to understanding the context in which ethical behavior and decision-making occur. Actions that propose improvements in the organizational climate have been used positively in the field of PHC, aiming to encourage teamwork, coexistence, and communication between peers, in addition to implementing tools for recognizing and coping with burnout at work.³⁶

Engagement and intense involvement in work have repercussions on demands for the functioning of the collective. It is desirable that the different actors of the health teams speak the "same language", have the sensitivity to listen and identify that each individual has a fundamental role in the work process.²⁹ By reinforcing the importance of promoting a healthy work environment, workers they show individual strategies and practices, as a contribution to the environment shared by all. It is necessary to explore both individual and organizational strategies, including education actions that adopt social change as an explicit objective. Despite criticisms of the limits of individual

approaches to workers' well-being, they cannot be denied in their ability to reduce stress.³⁷

The literature highlights different conflict resolution strategies, among which are confrontation, competition, member commitment, collaboration, negotiation or choosing to avoid, mitigate or repress conflicts.²²

The complexity of health work requires that the strategies consider different factors, such as the particular situation, the urgency for the decision, the relevance of the problem, in addition to the maturity, power and status of those involved.^{15,32} Also the role of the nurse in the management requires in-depth analysis and recognition of political skills.²¹

The results can also be related to the concept of collective intelligence which, studied in PHC environments, reveals components also pointed out by the participants: sharing, co-construction, constructive conflict/crisis resolution, mutual learning, reflective observation, active experimentation and crossing boundaries.³⁸

As this is a scoping review with public consultation, the growth and expansion of concepts is one of the expected results. In this case, it was about identifying theoretical and empirical subsidies on work environments in PHC in their association with management. At the end of the study, it is worth summarizing what was added at the confluence of the two data sources. It was decided to present such subsidies in affirmative syntheses that converged from the data and represent the study's contribution to understanding the relationship between management and work environments in PHC:

- Work environments are constructions “in” and “of” work, by multiple actors and in interface with objective and subjective elements of work and its management;
- The importance of management in building work environments is recognized - the impact of management on this environment can be positive or negative;
- Day-to-day features of service administration and problem solving may escape the professionals' direct field of action and require a supportive presence on the part of managers;
- Adequate information flows, communication channels and shared decision-making strategies are crucial for achieving work purposes, without which barriers arise between the team and management and the deterioration of relationships and the environment;
- There is reciprocity between individual and team commitment, quality of relationships/environments and conflict resolution. Committed team faces conflicts, preserves relationships and promotes positive environments. Positive environments encourage team commitment and

problem solving. Environments that are unfavorable to professional practice and dialogue are more conflictive, less prone to negotiated solutions and erode the team's own commitment to this environment.

- The subjective connection of workers with each other, with their own work and with management impacts the work environment; the manager is assigned a crucial role in promoting these subjective bonds and in the search for satisfactory working conditions (resources, methods and strategies).

It is necessary to recognize a possible limit regarding the fact that the focus groups bring together different professionals from a service, with different hierarchical positions, which does not rule out constraints in addressing management, conflicts and communication problems, which were the subject of discussion. Although the effort to synthesize the results - which normally would fit into two manuscripts (qualitative empirical and literature review) - must be recognized as a limit in the analytical exploration, it was considered that the adopted methodology brought additional gains. Especially for studies in such an articulation, it allows for greater bases to subsidize later stages, such as the development of technologies, whether educational, management or care. In the present study, the requirement to adapt the themes or categories favored by professionals to data from the literature determined a second cut or specific question (elements related to management) for greater delimitation of the set of findings of the initial stage of the review.

FINAL CONSIDERATIONS

The use of the Scoping Review allowed identifying important elements of PHC work management. Even though the initial course of the searches and dialogue with the participants took place around the relationships between work environments in the PHC, health management gained special focus on the strategies and emphasis on the findings, which pointed to the complexity of the interpersonal relationships of the actors on the scene. The differential of the method was also confirmed when used in six steps, with consultation with the public potentially related to the theme. The fact that the findings in the literature were the object of reflection by the participants made this consultation a privileged moment to enrich the interpretation of data through concrete experience and intersubjective validation, with the potential to support intervention or development studies.

It was clear that aspects of work management, bureaucratic issues and PHC routine influence interpersonal

relationships and the results achieved, being fundamental for achieving healthy work environments. Among the weaknesses identified in everyday life are the lack of spaces for dialogue and communication between health and management teams, resulting in dissatisfaction, feelings of helplessness, conflicts and tensions between peers and between them and managers. The organization of work and the quality of care cannot be limited to the logic of available resources - institutional support, dialogue and possibility. Exercising a job full of meaning and value is a worker's right, reaffirming the promotion of healthy work environments in PHC as an ethical-political priority.

REFERENCES

- Giovannella L, Mendonça MHM, Buss PM, Fleury S, Gadelha CAG, Galvão LAC, et al. From Alma-Ata to Astana. Primary health care and universal health systems: an inseparable commitment and a fundamental human right. *Cad Saúde Pública* [Internet]. 2019[cited 2020 Aug 19];35(3):e00012219. Available from: <https://doi.org/10.1590/0102-311X00012219>
- Ferreira L, Barbosa JSA, Esposti CDD, Cruz MM. Permanent Health Education in primary care: an integrative review of literature. *Saúde Debate* [Internet]. 2019[cited 2020 Aug 19];43(120):223-39. Available from: <https://doi.org/10.1590/0103-1104201912017>
- Marziale MHP. Universal access to health and universal health coverage: Nursing contributions. *Rev Latino-Am Enferm* [Internet]. 2016[cited 2020 Sept 7];24:e2667. Available from: <https://doi.org/10.1590/1518-8345.0000.2667>
- Menezes ELC, Verdi MIM, Scherer MDA, Finkler M. Modes of care production and universal access – an analysis of federal guidance on the work of Primary Healthcare teams in Brazil. *Ciênc Saúde Colet* [Internet]. 2020[cited 2021 Dec 10];25(5):1751-64. Available from: <https://doi.org/10.1590/1413-81232020255.33462019>
- Cunha MLS, Freire JM, Repullo JR, Hortale VA. Bureaucratic state and health management training from a historical perspective: similarities and differences between Brazil and Spain. *Saúde Soc* [Internet]. 2019[cited 2020 Aug 19];28(2):80-94. Available from: <https://doi.org/10.1590/S0104-12902019180616>
- Pires DEB, Vandresen L, Forte ECN, Machado RR, Melo TAP. Management in primary health care: implications on managers workloads. *Rev Gaúch Enferm* [Internet]. 2019[cited 2020 Aug 19];40:e20180216. Available from: <https://doi.org/10.1590/1983-1447.2019.20180216>
- Pires DEB, Vandresen L, Machado F, Machado RR, Amadigi FR. Primary healthcare management: what is discussed in the literature. *Texto & Contexto Enferm* [Internet]. 2019[cited 2020 Aug 19];28:e20160426. Available from: <https://doi.org/10.1590/1980-265X-TCE-2016-0426>
- World Health Organization. Healthy workplaces: a model for action. Geneva: WHO; 2010.
- Lima DKS, Schoeller SD, Knih NDS, Vargas CP, Tholl AD, Lopes SGR, et al. Protocol for a scoping review of skin self-care of people with spinal cord injury. *BMJ Open* [Internet]. 2017[cited 2019 June 7];7:e017860. Available from: <http://dx.doi.org/10.1136/bmjopen-2017-017860>
- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* [Internet]. 2005[cited 2019 Feb 22];19:32. Available from: <https://doi.org/10.1080/1364557032000119616>
- Teare G, Taks M. Extending the scoping review framework: a guide for interdisciplinary researchers. *Int J Soc Res Methodol* [Internet]. 2019[cited 2020 Aug 19];23(3):311-5. Available from: <https://doi.org/10.1080/13645579.2019.1696092>
- Moher D, Liberati A, Tetzlaff J, Altman DG. The PRISMA Group Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Int J Surg* [Internet]. 2010[cited 2020 Aug 19];6(7):e1000097. Available from: <https://doi.org/10.1016/j.jisu.2010.02.007>
- Carvalho DB, Araújo TM, Bernardes KO. Common mental disorders in primary health care workers. *Rev Bras Saude Ocup* [Internet]. 2016[cited 2019 Nov 25];41:e17. Available from: <https://doi.org/10.1590/2317-6369000115915>
- Silva RNA, Lima AKM, Carvalho-Filha FSS, Vilanova JM, Silva FL. Conhecimento e entendimento de enfermeiros sobre as ações gerenciais na atenção primária à saúde. *Ciênc Saúde* [Internet]. 2016[cited 2019 Nov 25];9(1):21-9. Available from: <https://doi.org/10.15448/1983-652X.2016.1.21028>
- Silva CN, Potra TS. Uma revisão scoping. *Pensar Enferm* [Internet]. 2016[cited 2019 Nov 25];20(2):33-50. Available from: <http://comum.rcaap.pt/handle/10400.26/23709>
- Moreira DA, Horta NC, Brito MJM, Pereira LD, Montenegro LC. Estratégias de organização e fortalecimento do trabalho na equipe de saúde da família. *Rev Enferm Centro-Oeste Min* [Internet]. 2016[cited 2019 Nov 25];6(1):2106-18. Available from: <https://doi.org/10.19175/recom.v0i0.637>
- Kinalski DDF, Lampert AN, Machado BP, Lima SBS. Conflitos gerenciais: dificuldades para o enfermeiro gerente. *REAS* [Internet]. 2013[cited 2019 Nov 25];2(3):96-105. Available from: <https://doi.org/10.18554/>
- Oliveira FEL, Fernandes SCA, Oliveira LLO, Queiroz JC, Azevedo VRC. A gestão do enfermeiro na estratégia saúde da família. *Rev Rene* [Internet]. 2012[cited 2019 Nov 25];13(4):834-44. Available from: <http://www.periodicos.ufc.br/index.php/rene/article/view/4044>
- Santos, IER, Vargas MM, Reis FP. Labor stressors in community health agents. *Rev Psicol Organ Trab* [Internet]. 2014[cited 2019 Nov 25];14(3):324-35. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1984-66572014000300008&lng=pt&nrm=iso
- Silva GS, Diniz BG, Rosa VG. Administração de conflitos: análise de percepções de enfermeiros gerentes. *Rev Enferm Centro-Oeste Min* [Internet]. 2012[cited 2019 Nov 25];2(3):358-68. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/227>
- Chaves LDP, Tanaka OY. Nurses and the assessment in health system management. *Rev Esc Enferm USP* [Internet]. 2012[cited 2019 Nov 25];46(5):1274-8. Available from: <https://doi.org/10.1590/S0080-62342012000500033>
- Oliveira HM, Pires TO, Parente RCP. As relações de poder na Estratégia de Saúde da Família sob o enfoque da teoria de Hannah Arendt. *Sau & Transf Soc* [Internet]. 2011[cited 2019 Nov 25];1(2):17-26. Available from: <https://www.redalyc.org/pdf/2653/265319571004.pdf>
- Fernandes HN, Thofehrn MB, Porto AR, Amestoy SC, Jacondino MB, Soares MR. Interpersonal relationships in work of multiprofessional team of family health unit. *Rev Pesq Cuid Fundam online* [Internet]. 2015[cited 2019 Nov 25];7(1):1915-26. Available from: <https://doi.org/10.9789/2175-5361.2015.v7i1.1915-1926>
- Maun A, Nilsson K, Furåker C, Thorn J. Primary health care in transition - a qualitative study of how managers perceived a system change. *BMC Health Serv Res* [Internet]. 2013[cited 2019 Nov 25];13(1):382-9. Available from: <https://doi.org/10.1186/1472-6963-13-382>

25. Shimizu HE, Carvalho DAJ. The working process in the Family Health Strategy and its repercussions on the health-disease process. *Ciênc Saúde Colet* [Internet]. 2012[cited 2019 Nov 25];17(9):2405-14. Available from: <https://doi.org/10.1590/S1413-81232012000900021>
26. Thofehrn MB, Amestoy SC, Porto AR, Arrieiral CO, Dal Pai D. A dimensão da subjetividade no processo de trabalho da Enfermagem. *J Nurs Health* [Internet]. 2011[cited 2019 Nov 25];1(1):190-8. Available from: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/3423>
27. Campos PC, Chaves AN, Pereira CM, Fontaine JDL, Santos LJ, Cardoso LMF, et al. Equipes do programa saúde da família: estresse profissional e dinâmica de trabalho. *Rev APS* [Internet]. 2010[cited 2019 Nov 25];13(1):46-54. Available from: <https://periodicos.ufjf.br/index.php/aps/article/view/14293/7734>
28. Grando MK, Dall'agnol CM. [Challenges of the group process in team meetings on family health strategy]. *Esc Anna Nery Rev Enferm* [Internet]. 2010[cited 2019 Nov 25];14(3):504-10. Available from: <https://doi.org/10.1590/S1414-81452010000300011>
29. Pegoraro PBB, Schaefer R, Zoboli ELCPD. Psychic and moral exhaustion in primary care workers. *Rev Esc Enferm USP* [Internet]. 2017[cited 2019 Nov 25];51:e03257. Available from: <https://doi.org/10.1590/S1980-220X2016035203257>
30. Hirdes A. The perspective of professionals in primary health care on matrix support in mental health. *Ciênc Saúde Colet* [Internet]. 2015[cited 2019 Nov 25];20(2):371-82. Available from: <https://doi.org/10.1590/1413-81232015202.11122014>
31. Becchi AC, Albiero ALM, Pavão FO, Pinto IS, Godoi AV, Dias BC, et al. Current perspectives of co-management in healthcare: experiences of the Humanization Working group on primary healthcare. *Saúde Soc* [Internet]. 2013[cited 2019 Nov 25];22:653-60. Available from: <https://doi.org/10.1590/S0104-12902013000200032>
32. SPagnol CA, L'abbate S. Conflito organizacional: considerações teóricas para subsidiar o gerenciamento em Enfermagem. *Ciênc Cuid Saúde* [Internet]. 2010[cited 2019 Nov 25];9(4):822-7. Available from: <https://doi.org/10.4025/cienccuidsaude.v9i4.7721>
33. Vilela RAGV, Silva RCS, Jackson Filho JM. Poder de agir e sofrimento: estudo de caso sobre Agentes Comunitários de Saúde. *Rev Bras Saude Ocup* [Internet]. 2019[cited 2019 Nov 25];35(122):289-302. Available from: <https://doi.org/10.1590/S0303-76572010000200011>
34. Lucas PRMB, Nunes EMGT. Nursing practice environment in Primary Health Care: a scoping review. *Rev Bras Enferm* [Internet]. 2020[cited 2020 June 30];73(6):e20190479. Available from: <https://doi.org/10.1590/0034-7167-2019-0479>
35. Harvey C, Thompson S, Otis E, Willis E. Nurses' views on workload, care rationing and work environments. *J Nurs Manag* [Internet]. 2020[cited 2020 Dez 2];28:912-8. Available from: <https://doi.org/10.1111/jonm.13019>
36. Koskenvuori J, Numminen O, Suhonen R. Ethical climate in Nursing environment: a scoping review. *Nursing Ethics* [Internet]. 2019[cited 2020 Dec 3];26(2):327-45. Available from: <https://doi.org/10.1177%2F0969733017712081>
37. Sanderson K, Dawe J. Perspectives: getting to the heart of work-force wellbeing in health and social care: from personal practice to organisational change. *J Res Nurs* [Internet]. 2019[cited 2020 Dec 3];24(8):729-33. Available from: <https://doi.org/10.1177%2F1744987119890922>
38. Jean E, Perroux M, Pepin J, Duhoux A. How to measure the collective intelligence of primary healthcare teams? *Learn Health Sys* [Internet]. 2020[cited 2020 Dec 3];4:e10213. Available from: <https://doi.org/10.1002/lrh2.10213>