

HEALTH INFORMATION IN THE PERSPECTIVE OF FAMILY HEALTH NURSES

INFORMAÇÕES EM SAÚDE NA ÓTICA DE ENFERMEIRAS DA SAÚDE DA FAMÍLIA

INFORMACIÓN EN SALUD DESDE LA PERSPECTIVA DE ENFERMERAS DE SALUD DE LA FAMILIA

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ABSTRACT

This study aimed to analyze the usefulness and use of health information as a tool to organize the work process from the perspective of nurses working in the Family Health, specifically in the municipalities of Campinas / SP and Dourados / MS. It is a descriptive study, qualitative approach, was used as data collection instrument an online electronic form, via Google Docs application, composed of semi-structured questions. The interpretative analysis, based on the theoretical and conceptual framework of Work Process in Health, has produced three categories: a) Health information for organizing the work process in Family Health; b) Management of information on Family Health practices; c) Nurses training for interacting with information systems. It was found that nurses use the information for planning daily actions below its potential use. Although nurses recognize the potential of health information, they do not use it closely on planning daily actions, compared with its potential use. The training aimed at all the human resources have been described by professionals as sparse, disjointed and disintegrated. We conclude that the use of health information as a tool for organizing actions in Primary Health shown inconsistent because on the one hand, nurses understand its importance and its value, but on the other, do not use the organizational processes in their everyday practices in family health.

Keywords: Nursing; Family Health; Health Information Systems; Health Information Management; Primary Health Care.

RESUMO

Este estudo possui o objetivo de analisar a utilidade e a utilização das informações em saúde como ferramenta para organizar o processo de trabalho a partir da ótica de enfermeiras que trabalham na Saúde da Família, especificamente nos municípios de Campinas-SP e Dourados-MS. Trata-se de uma pesquisa descritiva, de abordagem qualitativa, utilizou-se como instrumento de coleta dos dados formulário eletrônico online desenvolvido a partir do aplicativo Google Docs e composto de questões semiestruturadas. A análise interpretativa, com base no referencial teórico-conceitual de processo de trabalho em saúde, produziu três categorias: a) informações em saúde para organização do processo de trabalho na saúde da família; b) manejo das informações nas práticas da saúde da família; c) capacitação das enfermeiras para a interação com os sistemas de informação. Identificou-se que as enfermeiras utilizam as informações para planejamento das ações no dia a dia aquém do seu potencial de uso. Apesar dos sujeitos reconhecerem as potencialidades das informações em saúde, estas não são utilizadas para o planejamento de suas ações cotidianas em saúde. As capacitações voltadas para o conjunto dos recursos humanos foram descritas pelos profissionais como escassas, desarticuladas e desintegradas. Conclui-se que a utilidade das informações em saúde como ferramentas para a organização das ações na atenção primária se mostra inconsistente, pois, por um lado, as enfermeiras compreendem a sua importância e o seu valor, mas, por outro, não as utilizam nos processos organizativos no cotidiano de suas práticas na saúde da família.

Palavras-chave: Enfermagem; Saúde da Família; Sistemas de Informação em Saúde; Gestão da Informação em Saúde; Atenção Primária à Saúde.

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RESUMEN

*Este estudio se ha propuesto analizar la utilidad y el uso de la información en salud como una herramienta para organizar el proceso de trabajo desde la perspectiva de las enfermeras que trabajan en salud de la familia, concretamente en los municipios de Campinas/SP y Dourados/MS. Es un estudio descriptivo de abordaje cualitativo, que utilizó como instrumento para recogida de datos el formulario electrónico en línea desarrollado a partir de la aplicación Google Docs compuesto por preguntas semiestructuradas. El análisis interpretativo, basado en el marco teórico y conceptual del proceso de trabajo en salud, ha producido tres categorías: a) Información en Salud para la organización del proceso de trabajo; b) Gestión de la información en las prácticas de Salud de la Familia y c) La formación enfermeras para la interacción con los Sistemas de Información. Se identificó que las enfermeras utilizan por debajo de su potencial la información para planificar acciones cotidianas. Aunque los sujetos reconocen el potencial de la información en salud, no la utilizan para planificar sus acciones diarias. La formación dirigida a todos los recursos humanos ha sido descrita por los profesionales como dispersa, desarticulada y desintegrada. Se concluye que el uso de la información en salud es inconsistente como herramienta para organizar acciones en la atención primaria porque, por un lado, las enfermeras entienden su importancia y su valor pero, por el otro, no la utilizan en los procesos organizativos en sus prácticas cotidianas en salud de la familia. **Palabras clave:** Enfermería; Salud de La Familia; Sistema de Informaciones en Salud; Gestión de la Información en la Salud; Atención Primaria de Salud.*

INTRODUCTION

As in any other activity, information in the health sector should be understood as reducing uncertainties and may be considered a useful instrument for the recognition of the health situation, identifying priority of action and creating opportunities for nurses, thus, planning for solving the problems of a given population and enabling the necessary transformations.^{1,2}

The information is important in our day to day because it becomes an axis that directs us towards learning and experience, allowing also making a parallel between data, information, and indicators.¹

The development of a health information system helped to change the care model from the information technology, with emphasis on information relevant to the Family Health Program (FHP), although the use of strategic information for decision-making is of long-term and considered as a challenge to be faced.^{3,4}

The recognition of the nurse has expanded nursing actions, “[...] at the same time that it was instrumentalized to act in coordination, supervision, and control of the health work process,” assisting in the strengthening of an information system that enables the applicant evaluation of activities.⁵

With the implementation of the FHP in 1994, now called the Family Health Strategy (FHS), the nurse held various assignments in the family health team in primary care. Thus, a new job opportunity is configured, although this situation demands the restructuring of training and continuing education of these professionals.^{6,7}

The training and the work of these professionals have suffered changes in recent decades, expanding every day. The practice of nursing is being developed in the care, management, and also in education, so the profession became respected by the family health team gaining more social recognition.

The nurse in the FHS, who already manages the work of the health unit, also has the duty of effect a teamwork and achieve a level of quality of health service, being the agent of

change and transformation to coordinate the team, to become an instrument facing assertive and resolute actions.^{8,9}

We face situations, and/or difficulties to use, access and analysis health information by health professionals, as well as we understand some specific weaknesses in information systems.⁴

In this sense, the study of this topic is justified by its relevance, because it discusses the use of information in the work process of nurses and it shows the structural conditions of positive effects (facilities) and negative (difficulties) in the management of this information.

Therefore, the main contribution of the study is to show why nurses do not use the health information available to provide improved quality of information, and promote continuing education to the health team, so they know how to access, analyze and use such information. In addition, this project also contributes to the awareness of nurses about the need to improve the use of such health information in their daily practices, supporting also the discussions necessary for the resulting information of systems and research with best quality, which would allow its less use restricted and geared largely to the needs identified by them.

Thus, this research seeks to understand the interrelation of information with the organizational processes of family health teams. Therefore, this study aimed to analyze the usefulness and use of health information as a tool to organize the work process from the perspective of nurses working in family health, specifically in the municipalities of Campinas – SP and Dourados – MS.

MATERIAL AND METHODS

It was carried out a qualitative research of descriptive nature, with emphasis on the use and usefulness of information on health, which contextualize the opinions collected from 32 participants of the two municipalities to understand the importance of the information in the work process organization of family health of their daily lives and use them to make con-

ditional, structural, organizational and educational issues by answering the online form.

It was chosen to carry out research in municipalities of the interior of the states of São Paulo and Mato Grosso do Sul, respectively, in the cities of Campinas-SP and Dourados-MS. The choice of these two cities was for convenience.

The study participants were nurses of both genders, and we use the term "nurses" during the research or "enfermeiras" in Portuguese. The predilection for calling them in a "female" way was due to the historical identification of nursing as a profession composed mostly by women, and also for being the most active women in professional practice within the Family Health Units in the Unified Health System (SUS) of Campinas-SP and Dourados – MS.

The initial composition of the target population were all nurses working in family health in the municipalities of the study. However, considering that the city of Campinas – SP is a great city, it was preferred to do research only covering the Southwest Health District. In the city of Dourados, MS, the participants were all nurses of the FHS of the urban region. Thus, the sample selection was intentional. There was a total of 96 nurses. Those who were on leave (leave-pregnant, sick leave), holidays or retirement were excluded, updating the number of subjects, which increased to 62 nurses.

Considering the specificity of the city of Dourados – MS, which has indigenous nurses, it was decided to exclude them from the study due to the process of authorization to participate in research being more complex and specific to each of the ethnic groups represented by these professionals coming from different Indian people of the region.

It began the study making contacts with them, requesting a signature on the consent form (TCLE) and concomitantly acquiring the e-mails. Then, the forms were sent to each family health nurse. There were 32 forms answered, 14 operating in Campinas – SP and 18 professionals working in Dourados – MS. Then, the corresponding response rate was 51% of nurses.

There were all procedures related to research ethics. Thus, participants were informed that the risks related to their participation could be constraints against people and institutions if their identity became public in the event taking their name from a hacker/virus when answering Google Docs. However, the secrecy and anonymity needed to avoid such situations were assured. In the TCLE there were research objectives to the participants, their importance of participation and their signature was asked, since it would contribute to the improvement of the work of nurses in primary care, creating a basis for future discussions improving even their working conditions.

Respecting Resolution CNS/MS 466 of 12 December 2012, the study was approved by the Research Ethics Committee of the State University of Campinas with number 548,100.

Electronic form online technology through Google Docs application was used as a tool for data collection enabling an individual form with questions related to the research objective and easy and quick access to participating subjects.

Lately, Google Docs has proven to be a widely used resource and has become more popular because it allows the creation of online surveys without charging any amount for its use, further reducing the costs of research projects. The tool works on-line as a "virtual HD" accessible directly in the web browser, allowing researchers to monitor the progress of research as the data are fed by the participants.^{10,11}

To improve the data collection instrument, a form by e-mail to six nurses was sent to carry out a pre-test of their functions. After receiving the forms with the answers, the content and suggestions were analyzed for the viability of each question. It is emphasized that the pre-test participants were not included in our sample. Actual data for the study were collected in the period from May to July 2014.

The information contained in this form are distributed in two parts. In Part A, there is the characterization of the subjects; and in Part B, there are the opinionated information, that is, information that expressed the views of nurses of family health teams, information that, by its characteristics, require "interpretation of both parties, who give it and who need to register it or decode it at the time of analysis."¹²

Data analysis was given by the method of interpretive analysis based on the text in which the researcher infers and plays who collected the forms. Thus, to interpret means "taking its position regarding the stated ideas, to overcome the strict text message to read between the lines, to explore the fruitfulness of the ideas, collating them with others, it is to dialogue with the author."¹³ The interpretative analysis was based on the theoretical and conceptual reference of the health work process.^{2,3,6,9}

Therefore, it was conducted all the interpretative work according to the following technical steps: 1) reading unit was delimited in frames to favor the global understanding of the meaning of answers exhibited by the participants; 2) it began the textual reading by first doing a quick reading get an overall view; 3) later, these units were divided, calling them categories, which were: health information for the organization of working process in family health; management of information on family health practices and training of nurses for interaction with information systems. Then, there was the initial reading identifying what was in between the lines outlined in each category, discovering and inferring what was implicit in the text that served as the basis to support the reasoning of each participant; 4) finally, a critical summary of the study was elaborated.¹³

RESULTS AND DISCUSSIONS

CHARACTERIZATION OF THE RESEARCH PARTICIPANTS

Most of the study subjects were female (23), and only nine of them were male. The age of the respondents ranged from 25 to 30 (nine), 31 to 35 (15), 36 to 40 (three), 41 to 50 (three) and two individuals were over 50 years old.

As for the time of graduate of the subject, most of them (19) had less than 10 years of higher education and the rest (13) were graduated 10 years ago or more. Regarding the state/federal unit which concluded the studies, 56% were graduated in the state of Mato Grosso do Sul, 41% in São Paulo and 3% in Minas Gerais. Of them, 24 subjects had their training in a public institution and eight completed their studies in the private educational institution.

The working time in the nursing area ranged from four to 25 years of activity, with an experience period of six to 10 years on their jobs. The operating time specifically in the FHS ranged from one to two years (1), two to three years (five), three to four years (four), four to five years (five), and other 17 subjects in FHS for more than five years. Also concerning to the FHS, when considering participation in introductory training, it was found that, of the 32 nurses, 17 had to train, and 15 had not participated in training so far.

Regarding the training subjects, there was the following picture: 29 had some expertise, one was attending his first specialization, and two did not have any expertise in health. Among the areas of expertise, it was found that most of them (26) have expertise in public health area (primary care), and the rest had specialization in other areas. The courses were: public health and health unit management; health education, nursing and public health and the family; family health and public health; family health; public health and indigenous health; family health and auditing; public health and hospital administration; primary care and family health; management and education; health management; health strategy of the family; emergency; public health and the family; basic unit of management and regulation in the SUS; public health and occupational health; management; public health and finally, urgency and emergency.

Of the total of participants, six had a master's degree: two in Psychiatric Nursing, one in Health Sciences, Gerontology, Public Health and Psychiatric Nursing and lastly Management. Still considering the total number of participants, it was found that three subjects are enrolled in Ph.D. in the areas of Health Sciences, Nursing and Gerontology.

With this data, it can be stated that the profile of the study nurses is characterized by a majority of young profes-

sionals under 10 years of graduation, predominantly from public institutions and graduate.

ANALYSIS CATEGORY 1: HEALTH INFORMATION FOR THE ORGANIZATION OF WORKING PROCESS IN FAMILY HEALTH

About this category of analysis, it should be noted that some aspects emerged from the reports of nurses and should be considered in the appropriation of these professional process for the use of such information.

The first aspect refers to the frequency that nurses use the information in their practices, since the study found the following distribution: professional use the health information daily (one), weekly (10), monthly (18), annually (one) and sporadically (one), and only one of them reported not using it. As can be seen, at some point the professionals are using the health information; regardless of the frequency, they do it, using this information to the organization of their actions in family health.

Another aspect reported refers to the importance of this information for planning and evaluation of results. Planning is understood as an organizational tool that is part of a broader process of development organizations (a macro process). Such statements are present in some statements of the transcripts obtained as follow.

[...] The health information provide the basis of how to plan, execute and evaluate our actions as a way to transform a current situation in a better future situation [...] (COD11)

[...] The information is essential for effective strategic planning objectives based on the logic of the local reality... Planning goals, review objectives, propose intervention actions [...] (COD21)

[...] Through it [the information], we can see if the strategies used are working. So we continue with the same management practice or we draw new strategies [...] (COD18)

[...] To evaluate the effectiveness of services [...] (COD32)

In the reports of nurses on the importance of information for planning, most of them agree that such information is important to support health actions (macro). However, it was set the same underuse of such information when they have no means of making proper use on the day of family health, as expressed in the following report:

[...] The information is a tool that can help care processes if it is well used since it can update the practices and conduct in the daily services [...] (COD12).

While recognizing the importance of information for local management, the usefulness of information was highlighted because the Information System in Primary Care is little or is not used by most teams compared to their real potential.¹⁴ It is noteworthy that the information system is used more for research than as a guiding instrument of actions within the unit.^{14,15}

Another aspect exposed by the subjects participating refers to the reliability of the information to manage actions in a simple way so that everyone can use and enjoy these converted data into useful information, which is illustrated with excerpts from the upcoming reports:

[...] All actions depend on health information, and this information must be reliable [...] (COD07)

[...] The proposals and actions should come with purposes to explore how is the information management of the Family Health Program, trying to create systems of information to rely on their data [...] (COD15).

These reports indicate that the use of the information is the establishment of trust with the data produced. The authors confirm this condition when they say that they need a good support information to occur its effective use, because the approach to the "system efficiency depends on obtaining in time, reliable information about the services, resources, and material, financial and human demand, diseases treated in the service, epidemiological profile of the population."¹⁶

These issues on the importance of the information for the organization of the work process in the health of the family will be discussed now with the management of this information on family health practices.

ANALYSIS CATEGORY 2: MANAGEMENT OF INFORMATION ON FAMILY HEALTH PRACTICES

The nurses interviewed reported some common difficulties that are faced to organize the health work process, linked to structural, organizational and educational conditions, as described below.

The structural conditions the following difficulties were raised in the study: lack of investment in computer equipment (damaged computers, poor quality and/or old), absence of quality internet connection (the current connection is slow, and/or sites are blocked from access) and structural problems in the system (which does not generate relevant information for professionals).

[...] In my daily practice, this [use of the information system for obtaining useful information] is very hampered by a lack of investment in computer equipment [...] (COD08).

It also happens the system generates a not so relevant information and [in reverse] the necessary information [to our practice] it [system] does not generate [...] (COD32).

Regarding organizational conditions, since the responsibilities in developing a and organized systematic in nursing practice have been on these professionals, the most common problems reported are accumulation of activities and responsibilities, lack of planning for daily actions (which negatively impacts the achievement of the objectives to be achieved), lack of time (due to excessive administrative work and/or assistance, as well as excess demand) and, consequently, lack of group discussions, in addition to the contact gap between health professional and client/patient.

[...] I do not use it [the health information] ... [because of] excess demand of assistance [...] (COD14).

[...] Lack of computers available for access to this information and the access is locked [prompted] by the city hall [as] to sites than the federal government within the unit [also hinder this scenario, it does not allow access, for example, data from international banks such as the WHO] (COD27).

If the search for a systematic practice should not leave the scope of this professional field, it is known that the Information is presented as a driver instrument of this systematization, being useful to the nurse's decision-making in the development of their work to encourage the integration needed between care, teaching and research, which results in improved services to users of the health system.¹⁷

Another important aspect evidenced in the opinions of nurses is the problems to the management of health services. At this point, it should be clarified that the municipalities are recognized as autonomous government entities that therefore they should have the responsibility to plan, organize, control and evaluate the actions and health services in their region, so to achieve these purposes, information decentralization is necessary for the construction of autonomy at the municipal level.¹⁸

Thus, considering that this study was conducted in two separate municipalities, each presented their specificity for the management of health information. In Campinas – SP, for example, the local practice planning is interpreted as subordinate to the culture of organizations, and, in addition to municipal management for this city decentralized local management (health unit coordinator), as noted in the following sections reports:

[...] [It is] difficult to obtain data generated, since we use an information system [SIGA] different from what is

used in the rest of the country. Thus, for each required information, it must be sought the data in a particular place [...] (COD05).

[...] With the demand for care and the lack of managerial nurses in the unit where I work, the information is passed on the coordination [health unit] and not always have the facility to use such information in health, it is the coordination that gives it to nurses [previously interpreted information] (COD22).

[...] In general, the information can be found in various sources of data and not always organized in an easy way to find it. Producing information or feeding information sources is also a difficulty in the health unit daily (COD27).

[...] Difficulty in accessing the data, which are with the coordinator [of the unit] (COD28).

[...] Often the data arrives late and no longer useful as they should [...] (COD31).

[...] Unfortunately access to this information is not so easy [because] we depend on municipal management [which is] the transfer of this information, which does not always happen [...] (COD32).

This reports by nurses in the city of Campinas – SP showed that in them shall use the health information as a tool in their planning in their everyday practices, which is attributed to the difficulties they encounter in accessing the data, often centralized in superiors.

In Dourados – MS, there is the figure of the local manager (health unit coordinator) because the nurse also has the unit coordinator function, as well as the family health team. Problems reported by these professionals are similar to the previous ones, namely the difficulties in carrying out the action planning based on the data collected, by the following lines:

[...] We cannot always accomplish everything we put into planning because some items are dependent on the management and other organs. In these cases, we are vulnerable and cannot achieve the goal [previously defined] [...] (COD06).

[...] It is everything linked, from top to bottom, even observing the data available in information systems and our opinion [the] planning often have no relevance, since the health management continues unclear, [because] the mentality is not to invest but to control the resources ... the results are [unfortunately] tied to partisan political in-

terests. However, that is alive today such a negative reality that discouragement is installed ... [...] (COD08).

[...] [There is] difficulty of the management in keeping information updated, [the] little incentive management to use the information, [and also] little or no feedback from the management [...] (COD21).

The production, management and dissemination of information are strategic subsidies aimed both to strengthen the objectives and actions of the state as to the effectiveness of the actions of social control. It is observed that one of the major challenges of effective management of municipalities is precisely the structure and availability of reliable, timely and customized to support the decisions of the municipal public administration and to prepare and control the strategic planning of the city lined to the wishes of citizens.^{18,19}

Despite the problems being similar in both cities, there is a different dimension described by the nurses, because while in the city of Campinas – SP, the difficulties in accessing the data is focused on higher levels, especially in unit coordinators, in the case of the city of Dourados – MS, as no figure of this local manager, the difficulties are basically linked to the city manager.

Thus, the problem is in an arena where there is the greater influence of political interests (health and party). Nurses realized both the lack of investments and subjected to the interests that are beyond the purview of professionals, feeling dispirited and unmotivated for the full exercise of their functions.

Still in the city of Dourados – MS, other factors are identified as obstacles to the full and systematic use of health information, including the lack of stimulation of the municipal administration to use the information, the difficulty in keeping up to date information and the absence of any feedback from the management of information is centralized at the Health Municipal of Dourados – MS.

ANALYSIS CATEGORY 3: TRAINING OF NURSES FOR INTERACTION WITH INFORMATION SYSTEMS

One of the challenges of the SUS is related to the training of health professionals to solve health problems, and management services, as in general training and courses offered are insufficient for professional interaction with existing information systems.

Through continuing education actions, they can be developed more effectively. Thus, it can be said that education is one of the fundamental strategies to mitigate the problems today because only manuals that are available to professionals are not enough to plan according to the needs presented in their daily lives.²⁰

In this study, the training aimed at all the human resources have been described by professionals as sparse, disjointed and

crumbled. Thus, that nurses have identified difficulties in putting into practice the actions based on health information, due to the poor understanding by some team members about the importance of getting data generated and consequently incorporate it as useful information to assist in the work process, as seen in the following reports:

[...] [Courses for continuous training] are most lacking in family health strategy. Moreover, when it happens, they are carried out in stages, dividing the team, dismembering the team [and render dialogue for the exchange of experiences, for example] (COD02).

[...] much information just underreported ... Despite [I am] specialized in basic unit of management, I have difficulty in putting into practice based on my health information actions [...] (COD19).

Therefore, the lack of qualified human resources is a factor of difficulty that was visible in this study. It is necessary for enough workers to participate in education and supervision activities, considering the workload commonly referred by professionals. Thus, their participation is subjected to the absence in the health unit for a certain period:

[...] There is not enough time for professional study, [because] we are now tied up in production. [And] the system is not improving anything in lifelong learning, [so that] lack people trained to work and pass it to other professionals [...] (COD15).

One of the choices to address this problem would be the urgency to build an information structure capable of transforming data into useful information for planning and evaluation of health care, with emphasis on the quality of the information generated by the systems.

Updates are important to improve and even recreate the knowledge. However, it is important that the amount of training opportunities does not constitute a synonym for quality, because many capabilities do not have focus and serve only to fulfill a determination of superior instances in a context in which the nurses do not have time to assimilate this information critically, applying them in the form of knowledge for their benefit and the job. The statements below reflect this issue:

[...] We do not need a lot of training, but a system that integrates all the information so we can use it for real [...] (COD05).

[...] Training is relevant to the extent that professional associates their practice with theory, otherwise they are not valid [...] (COD24).

Thinking about it, the continuing education program should be developed critically and reflectively, focusing on local specificities, as only a formal fulfillment of disjointed activities does not justify nor contributed financial investment. In this sense, it is also necessary for the team to take the data produced so that all members know how to use such information that, in the ideal context, are regularly discussed.

CONCLUSION

It was concluded that the use of health information as a tool for the organization of actions in primary care are inconsistent because, on one hand, the nurses understand its importance and its value, but on the other hand, they do not use it in the organizational processes in their daily practice in family health.

The Family Health Strategy is configured as a dynamic and complex process. For this, professional nurses need the recorded, classified, organized, related and interpreted data to impart knowledge to the understanding of the facts or situations put in their daily work. However, such information must have to be reliable, and these professionals access to material resources, structural, human and financial resources for the effective and efficient operation of health services.

Thus, nurses should also rethink the usefulness of health information in their health practices, so that they are not merely passive consumers of information, but rather agents that use such tools to develop the functions of planning, programming, monitoring and evaluating, advancing the quality and resolution of healthcare and nursing.

It is possible to ensure that this restricted use of information in health nurses come from several problems and/or situations reported in the study. As well as challenges that need to be overcome, there is the contribution to the quality of information, the requirement of feedback between those who process the data aiming to work with updated information, the development of research and, especially, the aid in building comprehensive care.

Other important factors for the best use of health information would be the integration of information with confidence, familiarity, and speed on record, systematization, and dissemination of information, so engaged teams in developing quality management would be more likely to develop such factors.

It is believed that to overcome these challenges, it is necessary to incorporate the assessment of a systematic practice, promoting the reorganization of the work process within the

family health, since the use of health information favors the resolution of problems. It is also the need to build an environment that enables the use of data for an effective management plan for solving problems, making possible the necessary changes.

It is noteworthy that the problem raised on continuing education for the interaction of professionals with the information systems got the stronger impact, considering the difficulties in the use of information due to lack of knowledge by the nurses. Therefore, it would be interesting the development of further research to enable understanding of the question: how to relate the need for professionals to be in health facilities meeting the demands with the release of them to participate in educational activities?

In these terms, it is expected that managers and health professionals working in these cities be sensitive to the magnitude of the problem and the knowledge from this study can contribute to the awareness of this population about the need to effect the regular use of the information in health in our practices. It also expected that our efforts can support the discussions necessary for the resulting information of information systems and research are of better quality, allowing them to be widely used in real contexts of health practices.

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