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PLANNING PROCESS IN HEALTH CENTERS: STUDY OF MULTIPLE CASES

PROCESSO DE PLANEJAMENTO NOS CENTROS DE SAÚDE: ESTUDO DE MÚLTIPLOS CASOS

PROCESO DE PLANIFICACIÓN EN LOS CENTROS DE SALUD: ESTUDIO DE MÚLTIPLES CASOS

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Objective: to describe the planning process in health centers with contrasting results, according to health indicators. Method: multiple case study, consisting of four cases. Data collection took place between March and May 2017, in health centers, through documentary and bibliographic research, semi-structured interview and non-participant observation. Participants were 25 subjects, coordinators of health centers, higher level professionals of the teams, supporters of the health district and a manager of the planning area. Each case was analyzed individually, seeking similarities and contrasts. The findings of all cases were totalized and analyzed by cross-synthesis of cases. Results: lack of human resources, interpersonal problems and individualized work processes were problems that made it difficult to achieve better results. Final considerations: integrated work and communication between professionals facilitates the development of planning and helps achieve better results.

Descriptors: Health Management. Health Planning. Unified Health System. Primary Health Care. Nursing.

Objetivo: descrever o processo de planejamento em centros de saúde com resultados contrastantes, segundo os indicadores de saúde. Método: estudo de casos múltiplos, composto por quatro casos. A coleta de dados ocorreu entre março e maio de 2017, em centros de saúde, mediante pesquisa documental e bibliográfica, entrevista semiestruturada e observação não participante. Participaram 25 sujeitos, coordenadores dos centros de saúde, profissionais de nível superior das equipes, apoiadores do distrito sanitário e um gestor da área de planejamento. Cada caso foi analisado individualmente, buscando similaridades e contrastes. As descobertas de todos os casos foram totalizadas e analisadas por meio de síntese cruzada dos casos. Resultados: falta de recursos humanos, problemas interpessoais e processos de trabalho individualizados foram problemas que dificultaram o alcance de melhores resultados. Considerações finais: o trabalho integrado e a comunicação entre os profissionais facilita o desenvolvimento do planejamento e auxilia o alcance de melhores resultados.

Descritores: Gestão em Saúde. Planejamento em Saúde. Sistema Único de Saúde. Atenção Primária à Saúde. Enfermagem.

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Objetivo: describir el proceso de planificación en centros de salud con resultados contrastantes, según los indicadores de salud. Método: estudio de casos múltiples, compuesto por cuatro casos. La recolección de datos tuvo lugar entre marzo y mayo de 2017, en centros de salud, mediante investigación documental y bibliográfica, entrevista semiestructurada y observación no participante. Participaron 25 sujetos, coordinadores de los centros de salud, profesionales de nivel superior de los equipos, partidarios del distrito sanitario y un gestor del área de planificación. Cada caso fue analizado individualmente, buscando similitudes y contrastes. Los descubrimientos de todos los casos fueron totalizados y analizados por medio de síntesis cruzada de los casos. Resultados: falta de recursos humanos, problemas interpersonales y procesos de trabajo individualizados fueron problemas que dificultaron el alcance de mejores resultados. Consideraciones finales: el trabajo integrado y la comunicación entre los profesionales facilita el desarrollo de la planificación y ayuda a lograr mejores resultados.

Descriptores: Gestión en Salud. Planificación en Salud. Sistema Único de Salud. Atención Primaria de Salud. Enfermería.

Introduction

Planning is a process aimed at modifying an unsatisfactory situation or solving problems. It can be used as a management tool, requiring a set of theoretical, practical and organizational knowledge necessary to program actions and achieve objectives[1].

Used in the administrative practices of many public and private health institutions, the planning helps to rationalize the actions of protection, promotion, recovery and rehabilitation of health, guided by the purpose of improving the health situation of individuals. It involves different professionals who have governance to act in the situation, being the "planner" the one who acts as a facilitator of the process. The first step is to analyze the reality and reflect on the actions that can modify this scenario, and then program action strategies. For each situation or institution, the appropriate planning model is chosen, considering the context and the people involved in the process[2-3].

Developed with the decentralization of actions and offered in the place closest to people's lives, Primary Health Care (PHC) welcomes people at different stages of their life, in attending to spontaneous and scheduled demand. The Family Health Strategy (FHS) teams work in health centers and seek to develop work processes based on interdisciplinarity and integrated with the different knowledge that complement each other in achieving the improvement of the population's health conditions[4-5].

The bond that FHS professionals develop with families helps situational analysis, so that planning is performed based on safe information. It is up to the teams to carry out the health diagnosis of the population attending throughout the territory of coverage and develop the programming of actions through a plan of action, monitoring and evaluation of the implemented actions. By knowing the reality of the community, the health professional will be able to elaborate an action plan that is reliable to the needs of the individual and his family[6].

In the recent review of the National Primary Care Policy (PNAB), the figure of health team professionals as potentiating agents of the planning of actions in the scope of health centers is highlighted, as well as the need for adequacy and possible adaptation of the health service provided to the population, according to the different realities of each place[7].

Also, considering the internal dynamics of health centers and their important articulation with the Health Care Network, it is observed difficulty in its constitution, which comes from problems with the development of planning, understood as a necessary and structuring tool[8]. Management and planning in PHC are themes worked by Nursing in recent decades, especially in the academic area, in which universities seek to train students prepared for the implementation of the inherent managerial activities of the profession. Its discussion has intensified and

expanded to other areas of knowledge in recent years due to the insertion of different professionals in charge of the management of health institutions[1-2].

Taking into account the importance of planning to program strategies that aim to improve the attention to the health needs of the population, it is stated the relevance of knowing the planning process in the management of different units, such as health centers, and its influence on the results obtained. By performing this analysis, it is possible to point out similarities and divergences and thus establish a comparison between the planning developed in health centers with contrasting results.

Although it uses a management method that presents outstanding results in the Brazilian scenario, a capital in the south of the country has health centers with discrepant indicators, which shows results far above or below the agreed goals. Even if the Municipal Health Department (MHS) adopts a planning method, health centers have different ways of managing their services, which possibly influence the results achieved.

Given the above, it is questioned: Considering the health indicators in health centers with contrasting results, how does the planning process occur in these scenarios? Thus, this study aimed to describe the planning process in health centers with contrasting results, according to health indicators.

Method

Qualitative research that had as methodological strategy the study of multiple cases. The case study is concerned with solving research questions that highlight "how" and "why" using different sources of evidence[9]. The study was conducted in a capital of southern Brazil that has 49 health centers distributed in 4 health districts: Center, Continent, North and South[10].

To select the cases, an analysis was carried out in the historical series from 2012 to 2016 of the following indicators: Coverage of the first scheduled dental consultation; Vaccination coverage with the Pentavalent vaccine in children under one year of age; Number of medical consultations per inhabitant/year; Percentage of the population attended in all services; Percentage of the population of the area that used the Health Center in the last year, according to data from the Brazilian Institute of Geography and Statistics (IBGE); Percentage of nursing visits; Percentage of medical visits; Percentage of dental visits; Percentage of cure of new cases of bacilliferous pulmonary tuberculosis; Percentage of live births of mothers with at least seven prenatal visits; Population (IBGE projection); Ratio of screening mammography tests performed in women aged 50 to 69 years and population of the same age group; Ratio between cervical cytopathological tests in women aged 25 to 64 years and the population of the same age group[10].

These indicators refer to the annual self-assessment that health centers perform for the analysis of the health situation, determination of goals and achievement of results and are monitored by SMS. They are derived from the Municipal Health Plan, the National Program for Improving Access and Quality of Primary Care (PMAQ-AB), the Public Health Action Organizational Contract (COAP), the Performance Index of the Unified Health System (IDSUS) and also those indicated by the Ministry of Health (MH)[10].

The first step was to calculate the average results (indicators) in the historical series (2012 to 2016) of the 49 Health Centers. The next step was the analysis and selection of the two health centers that obtained the most significant results and the two health centers with inexpressive results. The aim was to study the planning process of each health center as an isolated case, so that the cross-synthesis of cases could be performed, seeking similarities and contrasts.

The study participants were 25 subjects, coordinators of the selected health centers and professionals of higher level of the health teams indicated by the coordinator, taking as reference the time of operation in health centers and experience with planning and management of health actions. Supporters from the Health

District and a central management professional from the Health Planning Board also participated.

Data collection occurred between March and May 2017 and it was chosen to use documentary and bibliographic research, semi-structured interview and non-participant observation. Bibliographical and documentary research helps to corroborate the evidence from other sources of information, being very valuable for case studies. In this study, official documents such as ordinances, resolutions, legislation, as well as books, protocols and the existing literature were analyzed[9].

The other way to collect the data was through semi-structured interviews, conducted with the coordinators of the selected health centers, with the health professionals of higher level indicated by the coordinator, with the supporters of the Health Districts of each selected health center and with a professional of the Municipal Health Department. The indication and selection of professionals were based on the time of performance in the FHS teams and participation in the planning process of health actions.

The study used a script composed of two parts; the first, with identification and characterization data of the participants, such as name, age, sex, contacts, graduation year, postgraduate courses. The second part of the instrument contains questions regarding the recording of information, the relationship of the multidisciplinary team and the development of the health planning process.

Non-participant observation was performed in the monthly meetings of the selected health centers, following a pre-established script, in order to rescue the reality experienced by health professionals regarding the planning of actions in the different areas of the network. The information was recorded in a field diary and analyzed along with the transcription of the interviews of each case studied. The field diary notes were incorporated to the results, in order to strengthen the findings of this research.

Cross-synthesis of multiple cases was used as an analytical technique, in which individual cases are conducted as a pre-designed part of the same case study. The analysis began with the structuring of data in tables for the organization of information. Each case (health center) was analyzed individually, considering its characteristics and particularities. The next step was to identify similarities and contrasts in the four cases studied, considering the themes that emerged in the data collection. The findings of all individual cases were totalized and analyzed by cross-synthesis of cases[9].

To guarantee the confidentiality of information and anonymity of the participants, the subjects involved in the study were presented in the male gender and identified according to the health center studied, with the letter "A" for the first case, "B" for the second, "C" for the third and "D" for the fourth, followed by a related ascending numbering (A1, A2, A3...).

The research was carried out according to the ethical precepts involved in research with human beings, being approved by the Research Ethics Committee (REC) of the *Universidade Federal de Santa Catarina* (UFSC) under the n. 1.721.219 and Certificate of Presentation of Ethical Appreciation (CAAE) 59118816.5.0000.0121.

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Results

The results present the description of the planning process carried out in the four cases studied, as well as the relationship that the participants make of the type of planning adopted with the results obtained through their health indicators.

Initially, the cases will be presented individually, considering their characteristics and particularities, and then a synthesis articulating the four cases, regarding the planning and results achieved.

Health Center "A"

Health center "A" has a weekly meeting per team, in which the professionals draw care goals by area, such as home visits, spontaneous

and programmatic demand. In these meetings, professionals seek to put into practice the planning developed at the beginning of the year and seek solutions to the most immediate needs.

> *We usually have a weekly meeting per team, where we outline our small area service goals. We decide which are the home visits, what we want to achieve as a team, we contextualize the cases, the results we want to achieve, we talk about meeting spontaneous and programmatic demand.* (A1).

According to testimonies, the teams have previously used the SWOT matrix (Strengths, Weaknesses, Opportunities and Threats) to assist the planning of actions. Initially, they contextualized relationships, professional purposes and reorganized their process. They sought to identify their weaknesses and potentialities in order to base the planning.

> *We started to see what was more difficult for us to deal with and what was the potential. We use those quadrants* [from SWOT matrix] *to see what is potential and what is weakness, to see what we can do and what we cannot do, what is in our instance or is not.* (A1).

For the interviewees, the professionals of this health center carry out the team planning process, in which everyone shares experiences and knowledge in the pursuit of achieving their goals by developing an action plan consistent with the reality of that community. Generally, they share successful actions among other teams to assist colleagues in their planning.

> *The planning, in fact, has that of the large group and each one of its team, all with the same objective. We almost always manage to achieve the goal we set. When a plan of mine is working or an action is working, we share it with the other team.* (A2).

Health Center "B"

According to the participants, the weekly team meetings are directed by users' needs, such as home visits, etc. The monthly meetings are developed to organize and monitor the planning actions and guide the daily lives of professionals, having as a guide the MHD planning proposal.

> *The team meeting is very user-centric* [...] *at the area meeting they are there defining the home visits, they are discussing the therapeutic projects, so it is a little more focused on the community.* (B4).

The health center follows the planning offered by the MHD, based on the actions and goals to be achieved, but adjust the schedule according to the characteristics of its population. The interviewees cited that they have flexibility to list actions that they deem necessary and possible to be executed. Many reports pointed to the concern to develop actions within its governance and power of problem-solving.

> *We follow the secretariat's planning based on actions, on the goals that have to be achieved.* (B2).

> *We've been trying to stick to what we think we'll be able to accomplish.* (B3).

According to the testimonies, professionals can develop most of the proposed actions. Those performed partially are usually performed the following year, so that the health center reaches more comprehensive data as needed.

> *We did an overview last year to see what was done and what was not done. Even an action from last year was elected again this year, because it was done partially. That doesn't mean it can't be the same action. If we couldn't do it last year, but it's still important to do it, then let's keep this action.* (B5).

Health Center "C"

According to the interviewees' report, a few years ago, the health center was able to hold weekly and monthly meetings, but with the lack of human resources, increased demand and the health center needed to reorganize the agenda of the professionals, starting to hold only the monthly meetings.

> *Planning takes place at monthly meetings, that's all. Before that, there is a history that they also made weekly planning as a team, but now it is monthly.* (C4).

Another interviewee reported that they also held monthly meetings to address aspects related to functioning. However, planning was often not mentioned in these meetings due to the large amount of issues addressed and interpersonal problems. It was mentioned by one participant that planning is not the main focus of the monthly meeting. Another interviewee pointed out that some professionals do not think the meeting is important, they do not participate, with planning focused on a minority.

> *Because the monthly meeting is the meeting I say to wash all the dirty clothes, and it ended up having a lot of subject and the main one didn't have. It was more of an administrative meeting than a planning meeting.* (C1).

Health Center "D"

In this health center, professionals hold team meetings and monthly meetings. The first two meetings of the year are intended to carry out annual planning. One of the first steps is to evaluate the indicators forwarded by MHD.

> *We use the first two monthly meetings of the year to plan and the others, every month we evaluate* [...] *The secretariat sends us the status of the indicators and then, we take it there.* (D1).

They use the method proposed by HD, but believe that many indicators have already been worked on, so they feel trapped in actions guided by MHD. They seek to choose their priorities and list actions that can be worked.

> *We try to plan what we think, that we have legs, that we think it is possible to make a change.* (D3).

For another interviewee, the teams offered resistance when planning actions. They even started the process, but the next steps fell into oblivion, being in the background. The teams give priority to everyday actions, being compromised the registration of information in the system and in the monitoring.

> *They can observe, with a lot of resistance, what their weaknesses are. They end up taking actions and building the plan, but over the course of the year, they put this in the background, not being a priority, they end up giving preference to other day-to-day matters.* [...] *planning is well forgotten* [...] *last year they didn't even register in the PDCA health*. (D6).

Relationship: planning and results achieved

For the participants of the health center A, the organization and the way of planning help the search for good results. For the work to succeed, it is important that it is carried out in a team.

> *The organization and the way of planning help the search for good results* [...] *Planned teamwork makes it easy for everyone. One team interacts with the other with integrated work.* (A2).

For an interviewee, the professionals at this health center are very critical, always looking for information to assess the quality of their care and see what can improve.

> *They are always looking for information, working on indicators, looking for information and seeing what they can improve. They even look for other indicators that are sometimes not those recommended by the secretariat.* (A7).

The interviewees of the health center B attributed their good results to the dedication and commitment of the team in carrying out their activities. They believed that teamwork makes a difference in serving the population and, consequently, brings good results.

> *We can do everything as a team, everything is discussed. There's no guy who doesn't talk to anyone and just does his job. All modifications and planning are done together. I think this is essential. Thus, we were able to perceive the flaws* [...] *And the things that we don't have management to change, we try to minimize on a daily basis.* (B3).

For some interviewees at the health center C, the inexpressive results are related to the lack of human resources, which affects the team work process, in which many activities are not performed.

> *I don't believe it's the planning process adopted. I believe it is more the deficiency of human resources.* (C5).

For another participant, the lack of interest and commitment of professionals, impaired interpersonal relationship, combined with the daily demand for care have a direct influence on the results, and these, perhaps, were the negative points that affected the results achieved by the health team.

> *The way of working interferes with the results achieved. If the person doesn't work hard, if he doesn't have the clarity of what his role is in the team, the planning, the actions don't happen. You can plan, but not reach the goal, because the person doesn't have the dedication. You don't have the clarity that that's important there.* (C3).

For a participant of the health center D, the results achieved were influenced by internal problems, such as administrative issues. Another factor of influence was the profile of the population that uses the health center. The vast majority of people living in this neighborhood use the private health network and do not value the work of professionals.

> *What gets more here are more administrative issues, internal organization, the delay in the waiting time for consultations, surveillance of the territory, the most administrative part, which we need to organize better.* (D1).

For another participant, there was no relationship between the work process and the results achieved, regardless of the type of planning adopted. He highlighted the lack of professionals to provide adequate care to the community.

We have many discovered areas, we don't have a health agent in this nobler area, so there's no way to keep doing an active search, it's unfeasible. (D3).

Discussion

The results show that health centers A and B develop a well-structured planning in its different stages, rooted in the work process of different professionals. The planning is carried out with the participation of all professionals and the process is strengthened by the valuation and commitment of the teams. The testimonies of the participants of these two health centers are homogeneous, being possible to observe synchrony of ideas and affinity for the objectives established in group.

During the planning of actions, professionals mobilize knowledge about the physical structure of the health center, the health condition of the population assisted, available information systems, risk groups, previous experiences, aiming to prepare an action plan consistent with reality. Among the administrative functions in primary care, planning is a fundamental instrument, so that actions are directed to the achievement of previously established objectives. In this way, it is avoided that the system works in a disjointed way[1-2].

The process of planning health actions should be developed by the different professionals working in the health center, elaborated in a participatory and ascending way, so that everyone can contribute to their body of knowledge and thus fully meet the health needs of the population. It is important for teams to understand that planning requires integrated work and shared responsibilities, because its success requires collective work and commitment in the different stages of the process[2].

The development of the stages belonging to the planning process allows obtaining a response linked to a future situation. The elaboration of the action plan promotes the beginning of the process by specifying what to modify, how to incorporate this change, who will be responsible, how long the implementation of this action will remain, what resources are needed, what results are desired. The expected result is the mobilization of a group in search of a shared goal. Planning can be indicative of an effective workplace culture in which individuals take responsibility for their actions and quality[2, 11].

Although nurses and other primary care professionals do not always have the time and resources to carry out the planning process. Planning actions are partially implemented by family health teams. Professionals diagnose the health situation of the population, but few elaborate strategies for coping with the main social problems of their assigned territories[1].

In health centers with inexpressive results, such as the health center C and D, planning is hampered by factors that influence not only this process, but that damage interpersonal relationships and the work developed in the health center. Planning at the health center C is affected by the deficiency of human resources and problems arising from interpersonal relationships. The health center D has professionals with contradictory ideas and divergent work processes.

The insufficient number of human resources is a common problem in many health institutions and affects the development of various daily activities of primary care. Overload of professionals occurs, causing physical and mental wear and compromising the health of the worker. This factor affects the work process of teams and user satisfaction[12]. Despite the shortage of professionals to carry out daily tasks, it is important that the health team seeks to maintain a good interpersonal relationship and the ability to interact, thus contributing to the organization and execution of the work developed, especially if it is conceived by the union and dialogue of the professionals of the multidisciplinary team[4,6].

Another relevant factor for the good development of the team and integration in the work environment is the profile of the professional, the different personalities and the divergent values. Communication problems and lack of commitment to colleagues and the institution are usually pointed out as causing conflicts in health teams. Despite this, it is important that managers identify the obstacles that hinder the progress of the group and manage the problems,

so that collective work prevails and interpersonal problems do not affect the quality of care provided to the population. One suggestion is the training through the permanent education of the team members, as well as the stimulation to the development of collective activities of leisure and relaxation with the teams[4].

The health center A used the SWOT matrix to perform an analysis of the institution, allowing a look at the forces they have. The main objective is to identify the strengths, weaknesses, opportunities and threats, in order to assist the planning of actions[13].

In a survey, the SWOT analysis, was used to investigate the level of understanding of public servants of a complex of health regulation on planning. According to the responses acquired, the authors sought to evaluate the institution internally and externally, concluding that the participants did not have a clear knowledge about what strategic planning is and what it is for[3].

The involvement of the teams, the motivation of the professionals and the organizational capacity are considered important factors in the accomplishment of the SWOT analysis. It is considered that it is not always possible to achieve the involvement of the entire team to carry out activities in the community, but this must be considered a potentially stimulating factor[14].

Some participants cite governance as a factor to be observed when choosing actions compatible with the reality of available human and physical resources. The structure of teamwork configured by the FHS requires articulation between different professionals, and especially the development of collective and collaborative practices. Communication between team members should be well established and free of restrictions, focused on the network of care aimed at quality and completeness. In this context, governance can be understood as the way a system or program can be directed, considering the actors involved, the structural factors and their interactions in the governance process. It is explained by the interaction capacity of all these factors to meet the needs of individuals[15-16].

It is relevant to consider the adversities, faced with so many structural problems, disengagement of colleagues and scarcity of resources. However, however hostile the scenario may seem, it is necessary to create governance to draw new plans, providing directionality to the action plan and, consequently, change in the current context. In this way, we do not become slaves to circumstances, but objects seeking better conditions[15-16].

The statements are heterogeneous in health centers with inexpressive results. For the professionals of health center C, the problems resulting from the lack of human resources and commitment of the team affect the work offered to the population and, consequently, generate inferior results. In health center D, participants relate the results lower than the population profile, problems in feeding the information system, areas discovered by the lack of community health workers, among others.

PHC brings together in its various services, the integrated work of different professionals who need to assume the commitment to act as a team, providing comprehensive and quality assistance in the midst of unequal power relations. Researchers reveal problems found by PHC nurses and that affect the work processes, generating negative results, including the great demand for care, disrespect among team members, the reduced number and turnover of employees and the unpreparedness of professionals to work in this area[17].

In PHC, health professionals deal directly with the demands arising from the population, as well as with stressors related to the work process, among them those linked to interpersonal relationships with the team. These stressors can cause exhaustion in the professional, as well as great dissatisfaction and difficulty to deal with everyday problems. In addition to harming the health of the professional, this exhaustion directly reflects on the service provided, decreasing their productivity and affecting the quality of the service provided to the population[4].

In health centers with expressive results, the statements are homogeneous. Most participants

attribute the good results to the dedication, commitment and union of professionals. Teamwork consists of the interaction and mutual relationship of the different knowledge and technical actions of the professionals, and communication, the tool that enables the connection between the various actors. Collaboration and division of responsibilities are important characteristics that determine the union of the group, as well as the joint elaboration of common languages and objectives. In the end, the results obtained will be better if they are performed in the collective, rather than the sum of individual efforts[18].

The good interpersonal relationship and the ability to interact contribute to the organization and execution of the work developed. Worker satisfaction can be related to their previous experiences, as well as to their actual expectation of work. The professional who identifies with the care model and has good rapport with the team, tends to feel greater satisfaction with the work, being more committed and productive. This factor is linked to the good integration of the team, especially if it is conceived through the union and dialogue of professionals from different areas of knowledge that make up the PHC. The result is satisfaction with the relationship built by the team over time[4].

In general, health centers hold weekly and monthly meetings to address issues related to spontaneous and programmatic demand, attendance of priority groups and organizational issues. General and team meetings are part of the routine work in primary care and enhance interdisciplinarity. These are moments used by professionals to plan services, such as sending reports, defining general strategies for working with the community, exchanging experiences between teams and organizing the health center's activities in its entirety. These moments of interaction favor relationships and help the sharing of knowledge in the health institution[19-20].

Given the relevance of these meetings, many teams hold weekly meetings with all their members to discuss cases, resolve conflicts, plan actions and share knowledge. The frequency of meetings is usually weekly and/or monthly, as these meetings are full of information to be passed on and decisions that need to be taken together. The organization of the work process and service, planning of team actions and discussion of cases are the topics frequently addressed in the meetings[4].

It is essential that professionals who occupy management positions facilitate and encourage the opening of spaces for communication and discussion of work, so that planning does not occur in an individualized way, with each worker defining and scheduling their activities. Thus, it is avoided that collective knowledge loses its potential for action and articulation between disciplinary fields and becomes deficient. In interpersonal relationships, communication is highlighted by having elements that can facilitate this process. The FHS team must communicate constantly aiming at the direction of information, values and emotions, for the development of care practices. This becomes an important resource for establishing trust and creating a bond between the health team and, especially, the population assisted[4].

One of the limitations of the study is the small number of international research on planning in this work perspective. It is believed that this fact is linked to the different context in the health care practices of the population in other countries, which diverges from the Brazilian Unified Health System. Another point to highlight is the lack of a specific health indicator for management and planning, to select teams based on the use of this tool in their health process.

This study contributes to highlight the role of nurses in Primary Care, with a view to using planning to organize health actions, achieve objectives and qualify the service to the population. As soon as health team professionals become aware of contexts and work processes in which there is success in the achieved goals, they have the opportunity to modify their daily lives and incorporate actions so that they can improve their practice and obtain better results.

Final Considerations

The health centers that have expressive results develop a structured planning in its different stages and rooted in the work process of the team professionals. Most stages are developed sustained by the valuation and commitment of the teams. On the other hand, the planning of health centers with inexpressive results is impaired by factors that influence the developed work process, such as the deficiency of human resources and low adherence to the fulfillment of the planning stages.

Health center professionals with significant results attributed the good results to teamwork, organization, dedication, team unity and way of planning. While the health centers with little expressive results present lack of human resources, divergence of opinions, interpersonal problems, problems in feeding the information system and areas discovered by the lack of community health worker, that have a negative impact on indicators.

It is possible to observe the influence of positive factors in the planning process of health centers with significant results. The integrated work of professionals in the development of all stages benefits the completion of the planning process and consequently the achievement of better indicators. Health centers with inexpressive results have different characteristics. While one is affected by insufficient number of professionals and interpersonal problems, the other presents individualized work processes and lack of synchrony in the team.

Considering the interface between health indicators and the planning developed by health centers, it is pointed out that the individual commitment of professionals needs institutional subsidies. These must ensure an adequate number of professionals to meet the work and support process in a qualified way, to mediate situations that internally the team is not able to solve.

Thus, knowing how the planning process occurs in cases that have excellent performance in health indicators is a first step to reflect their practice and incorporate similar attitudes in their daily lives, aiming to obtain similar results.

Collaborations:

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