



The role of institutional support in monitoring primary health care indicators:

Perceptions of professionals and managers in a municipality in Northeast Brazil

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perceptions of professionals and managers in a municipality in the north-east of Brazil

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Summary

Introduction: Monitoring health indicators is essential for improving the quality of care.

Primary Health Care (PHC), supporting the planning, management, and evaluation of actions. However,

its use in daily services still faces challenges related to the organization of

work, professional qualifications, and structural conditions. **Objective:** To analyze knowledge,

the practices and challenges related to monitoring primary health care indicators, based on

Perceptions of institutional supporters, nurses, and health unit managers. **Method:**

A qualitative study, conducted through semi-structured interviews with institutional supporters.

and primary health care professionals working in the municipality of Jaguaribe-CE. The selection of participants took place

The data was collected through purposive and convenience sampling, and data collection was concluded at theoretical saturation.

They were analyzed using thematic content analysis. **Results:** The findings show that

Knowledge about indicators is dynamic and constantly evolving, influenced by changes.

Standards and professional practice. Challenges such as work overload stand out, Structural limitations, weaknesses in information systems, and low user adoption. Institutional support is recognized as fundamental, although it is still focused on actions. Operational indicators are used in organizing the work process, especially in meetings and active search strategies; however, its effectiveness depends on the quality of the data. Furthermore, the need for more accessible and applicable support materials became evident. **Conclusion:** Monitoring indicators in primary health care is a complex process that requires strengthening the... institutional support, improved working conditions, and the development of technologies Educational initiatives that promote decision-making and improve the quality of care.

Keywords: Basic Health Indicators. Health Management. Primary Health Care.

Abstract

Introduction: Monitoring health indicators is essential for strengthening Primary Health Care (PHC) and supporting the planning, management, and evaluation of health actions. However, its use in daily practice still faces challenges related to work organization, professional training, and structural conditions. **Objective:** To analyze the knowledge, practices, and challenges related to monitoring PHC indicators from the perspective of institutional supporters, nurses, and health unit managers.

Method: A qualitative study conducted through semi-structured interviews with institutional supporters and PHC professionals in Jaguaribe, Ceará, Brazil. Participants were selected through purposive and convenience sampling, and data collection was finalized by theoretical saturation. Data were analyzed using thematic content analysis. **Results:** Findings indicate that knowledge of indicators is dynamic and continually evolving, influenced by regulatory changes and professional experience. Key challenges include work overload, structural limitations, weaknesses in information systems, and low patient adherence. Institutional support is recognized as essential, although it remains focused on operational activities. Indicators are incorporated into work processes, especially through team meetings and active search strategies, but their effectiveness depends on data quality. There is also strong demand for more accessible, practical support materials. **Conclusion:** Monitoring health indicators in PHC is a complex process that requires strengthening institutional support, improving working conditions, and developing educational technologies to enhance decision-making and the quality of care.

Keywords: Health Status Indicators. Health Management. Primary Health Care.

1. Introduction

Primary Health Care (PHC) forms the organizing basis of health systems and plays a central role in coordinating care, preventing harm, and promoting well-being. health. In this context, health indicators are essential tools for... planning, monitoring and evaluating the actions taken, allowing for an analysis. continuous monitoring of the population's health situation and supporting decision-making at different levels. management. As highlighted by Sousa (2018), these indicators allow for the identification of needs, monitoring service performance and evaluating results health interventions. In addition, Bahia (2021) points out that the indicators go beyond Measuring goals, acting in the definition of priorities, aligning actions and providing guidance. strategic adjustments, in addition to promoting more qualified decision-making processes.

In the Brazilian context, the use of indicators in Primary Health Care (PHC) is supported by legal and regulatory frameworks of the Unified Health System (SUS), such as Laws No. 8,080/1990 and No. 8,142/1990, which They establish guidelines for the organization, planning, and evaluation of actions in health. Instruments such as the National Health Plan, the Annual Health Programming, and the Reports of Management reinforces the centrality of indicators in the management process (Lima; Antunes; Silva, 2015).

Furthermore, initiatives such as e-SUS APS have contributed to the modernization of primary health care management. information, expanding the capacity for collecting, storing, and analyzing health data (Silva et al. al., 2020). However, despite these advances, challenges related to data quality persist. to the integration between systems and the ability of professionals to use this information effectively. strategic (Franco; Pereira, 2021; Pinheiro; Almeida, 2019).

The implementation of recent policies, such as the Previnha Brasil Program, has further reinforced this. the centrality of indicators in primary health care by linking funding and performance to the achievement of previously established goals. According to Hanson et al. (2022), this strategy has the potential to Strengthen the attributes of primary health care; however, its effectiveness is directly related to the capacity to local management and the teams' understanding of their responsibilities. On the other hand, studies such as that of Rodrigues and Eberhardt (2024) point out that this model can induce changes in the process of work with a strong managerial orientation, which may generate tensions with the structuring principles of

The Brazilian Unified Health System (SUS), including its principles of comprehensive care and social participation.

In this scenario, institutional support emerges as a fundamental strategy for qualification. the management and care processes in primary health care. According to Campos et al. (2014), the support The institutional framework constitutes a mechanism that seeks to reshape traditional management methods. Promoting co-management and the collective construction of solutions. The National Humanization Policy

(PNH) defines institutional support as a “way of doing” that promotes changes in practices, connecting managers, workers, and users in collaborative processes (Brazil, 2008). In this sense, institutional supporters play a strategic role by activating collective spaces to promote communication between stakeholders and contribute to improving the quality of healthcare actions. (Oliveira, 2011; Feuerwerker, 2014).

However, the work of these professionals is not without its challenges, as evidenced in research by Bellini, Pio and Chirelli (2016), who, when investigating the experience of supporters institutional factors pointed to difficulties related to the implementation of new management practices, to The need for supervision and the strengthening of continuing education. Similarly, Prata, Araújo and Arce (2023) point to the need for greater integration between management instruments and the The daily practice of supporters, highlighting the importance of redefining the role of support. institutional context within primary health care.

Despite recognizing the importance of health indicators and institutional support, There is a gap in understanding how these elements interact in everyday life. services, especially with regard to knowledge, practices and challenges faced by professionals in monitoring primary health care indicators. The appropriation of these instruments. It depends not only on the availability of information systems, but also on the support. institutional, professional training, and the incorporation of this data into processes. decision-making.

In this context, this study aims to analyze the knowledge, practices, and... challenges related to monitoring primary health care indicators, based on Perceptions of institutional supporters, nurses, and health unit managers.

2 Methodology

This is a qualitative study conducted in the municipality of Jaguaribe, in Ceará, Brazil, involving institutional supporters, nurses, and managers of Primary Care Health (PHC). Data collection was carried out through semi-structured interviews, conducted in person, with the aim of analyzing the knowledge, practices and challenges related to the monitoring of primary health care indicators. This type of interview is characterized by its Flexibility, allowing for adaptations to the context and promoting the free expression of participants. about their experiences (Santos, 2008; Creswell, 2010).

The selection of participants was done through purposive sampling, including professionals from... ten Basic Health Units (UBS) in the municipality, ensuring the participation of at least one A representative from each unit, who could be a nurse or manager. The institutional supporters were selected by convenience sampling, prioritizing those with the longest tenure and Experience in the role, in order to encompass different experiences related to institutional support. The number of supporters interviewed was determined based on the principle of theoretical saturation, and Data collection was halted when no new relevant information was identified. It is estimated that approximately ten supporters will participate.

During the interviews, participants were asked to share their experiences. freely, it is up to the researcher to delve deeper into the aspects that remain unclear during the dialogue. All participants were previously informed about the objectives of the research and signed the Informed Consent Form (ICF) was obtained, ensuring compliance with ethical principles. The project was approved by the Research Ethics Committee and is registered under CAAE No. 91118825.8.0000.5534, according to Opinion No. 7,857,734, issued on September 24, 2025.

The data analysis was conducted using content analysis, as proposed by Bardin (2016), involving the stages of pre-analysis, material exploration and treatment of Results with inference and interpretation. Initially, a preliminary reading of the interviews was conducted. for familiarization with the material, followed by coding the speech and organizing it into categories. themes.

The categories of analysis were defined based on the study's objectives and the guiding principles of the research script. from interviews, including: professionals' knowledge of primary health care indicators; challenges in Monitoring of indicators; technical support and tools used; use of indicators in decision-making; and the need for support materials for monitoring. Based on these Based on the categories, the data were interpreted, seeking to identify patterns, convergences, and... divergences in participants' perceptions, in order to understand the dynamics related to Monitoring indicators in the context of primary health care.

3. Results and Discussion

The analysis of the interviews made it possible to identify thematic cores that express the perceptions, Practices and challenges experienced by participants in monitoring healthcare indicators. Primary Health. Based on content analysis, five analytical categories were identified: (1) (1) knowledge of professionals about primary health care indicators; (2) challenges in monitoring the indicators; (3) technical support and tools used; (4) use of indicators in decision-making



decision; and (5) need for support materials for monitoring. These categories enable to understand, in an integrated way, the technical, organizational, and subjective dimensions that permeate The use of indicators in the daily routine of services, highlighting both advances in the incorporation of these tools, as well as weaknesses, still limit their use as strategic instruments of management and quality of care.

3.1 Professionals' knowledge of primary health care indicators

Analysis of the interviews revealed that both institutional supporters and professionals of Primary health care (PHC) understands knowledge about health indicators as a dynamic process, in constant construction and directly influenced by regulatory and operational changes of health system. Among institutional supporters, this perception is quite evident. expressive, as in the statements: "there's always something new to learn" (E4) and "the indicators are very dynamic" (E3), which demonstrates an understanding that the domain of indicators is not static, but it requires continuous updating. This characteristic reinforces the procedural nature of the work in health, especially in contexts marked by frequent reformulations of public policies, as observed in the implementation of the Previn Brasil Program.

Similarly, primary health care professionals also recognize a level of knowledge considered satisfactory, but limited by complexity and constant updating of technical instruments. One of the participants points out that "he considers it good that knowledge, but finds it difficult due to the amount of updated technical notes" (PS1), while another acknowledges that they still possess an "intermediate" level of knowledge, highlighting the need for continuous improvement (PS6). This finding is consistent with studies Recent studies indicate that information overload and a multiplicity of regulations constitute... significant barriers to the qualified appropriation of indicators by frontline professionals (Carmo et al., 2022; Rodrigues; Eberhardt, 2024).

Furthermore, it was observed that professionals with management experience demonstrate greater familiarity with the indicators, regulations, and normative instruments, as evidenced in the statements. of PS4 and PS5, which indicates that the managerial experience favors the appropriation of this content. This The result aligns with the literature, which indicates that involvement in management spaces broadens the... analytical capacity of professionals, favoring the understanding of indicators as tools. strategic, and not just operational (Campos et al., 2014; Bertussi, 2010). In this sense, the Knowledge about indicators is built not only through formal training, but also above all, in everyday practice, mediated by institutional experiences and processes of



work, as discussed by Minayo (2014).

From a health management perspective, these results are consistent with Mendes (2011), when to highlight that the consolidation of a monitoring culture depends not only on the existence of indicators, but also the ability of professionals to understand, interpret and use them. critically examine them in the decision-making process. However, there is a recurring perception that knowledge The phrase "being consistently 'insufficient' or 'under update'" highlights structural weaknesses in the processes of training and continuing education within the scope of primary health care.

Studies such as those by Bellini, Pio and Chirelli (2016) and Prata, Araújo and Arce (2023) reinforce that The absence of systematic spaces for training and reflection on work compromises its appropriation. Criticism of management tools, including indicators. Furthermore, the literature indicates that, When the use of indicators is restricted to a normative logic and the fulfillment of goals, there is a risk of reducing their analytical power, transforming them into bureaucratic instruments, disconnected from the real needs of the territory (Feuerwerker, 2014; Franco and Merhy, 2012).

In this context, the need to strengthen Continuing Education in Health emerges. as a central element, not only as a strategy for technical qualification, but also as A political-pedagogical device capable of promoting critical reflection on work processes. As Ceccim and Feuerwerker (2004) argue, lifelong learning must be anchored in real-world, everyday problems, enabling professionals to redefine their practices and expand your capacity for intervention.

Additionally, recent literature has highlighted the importance of data literacy. In the field of health, it is understood as the ability to interpret, analyze, and use information to... decision-making (Hanson et al., 2022). In this sense, the challenge lies not only in access to indicators, but also in building skills that allow for their strategic use, critical and contextualized.

3.2 Challenges in monitoring the indicators

The challenges in monitoring the indicators have been widely reported by participants and constitute structuring elements of the analysis, showing that this process is far from being merely technical, it is deeply influenced by the specific working conditions in Primary Health Care. Among the institutional supporters, difficulties related to Primary Health Care stand out. due to time constraints, excessive demands, and the complexity of coordination between teams. These These aspects become evident in the daily routines of these professionals, who juggle management roles, monitoring and support, which tends to fragment their work and reduce the time available for

qualified monitoring of indicators.

Among primary health care professionals, work overload is one of the main obstacles. PS3's statement summarizes this reality by saying that "it's a lot for a nurse to do," while The PS4 version describes the process of reconciling assistance, management, and monitoring as "almost..." "Inhumane." These narratives reveal an intensification of work in healthcare, characterized by... overlapping functions and the requirement for multiple skills, which compromises not only Monitoring the indicators, but also the quality of care provided. This scenario is interconnected with studies that indicate that Brazilian primary health care has been marked by processes of precariousness and work overload, especially after changes in the funding and organizational model of work (Rodrigues; Eberhardt, 2024; Carmo et al., 2022).

In this sense, a structural tension is observed between the current care model, often driven by goals and productivity, and the principles of primary health care, such as comprehensiveness, Longitudinality and care coordination. Mendes (2012) already warned that the organization of primary health care... In contexts of high demand and limited resources, there is a tendency to prioritize immediate actions to the detriment of... more analytical and reflective processes, such as the systematic monitoring of indicators.

Another key aspect concerns user engagement, identified as one of the biggest factors. challenges for both supporters and professionals. Among the supporters, the following stand out: difficulty in ensuring user attendance and engagement, as expressed in the following statement: "There are patients who don't want to go to the appointment" (E7). Similarly, primary health care professionals They state that "the biggest challenge is getting the patient to accept being monitored" (PS7) and that, without the user commitment, "nothing will be productive" (PS2). These findings show that the Monitoring the indicators depends directly on the active participation of the population and is influenced by social, cultural, and economic factors that are beyond the control of services health.

The literature reinforces that low user adherence is frequently associated with barriers. access issues, difficulties in understanding care, weakened relationships with teams, and conditions adverse social conditions (Starfield, 1998; Brazil, 2019). In this context, monitoring indicators, especially those related to chronic conditions and longitudinal follow-up, requires strategies that go beyond the biomedical dimension, incorporating health education approaches, Strengthening community ties and participation.

Furthermore, difficulties related to structural conditions were identified, such as Failures in information systems and lack of supplies. One of the professionals reports that there are situations in which "the data disappears or does not reflect reality" (PS4), while another mentions the absence of Basic equipment, such as scales and measuring tapes (PS6). These reports highlight weaknesses.



important aspects of service infrastructure and information systems, which compromise the

The reliability of the data and, consequently, the quality of the monitoring.

These findings are in line with studies that point to limitations in the use of e-SUS APS.

especially regarding data inconsistency, difficulties in feeding data into the system, and...

interoperability problems (Silva et al., 2020; Franco and Pereira, 2021). The quality of

Health information is a central element for the functioning of indicators, and its fragility

It compromises the entire cycle of planning, execution, and evaluation of actions.

Furthermore, the lack of basic supplies reveals that, in many contexts, problems still persist.

structural problems that directly impact data production and the execution of actions of

health. This scenario reinforces that the monitoring of indicators cannot be analyzed in isolation,

It should be understood within the context of a broader system that involves financing.

Infrastructure, management, and work organization.

Therefore, the findings reinforce the understanding that monitoring the indicators

It is not limited to a technical-operational process, but involves micropolitical dimensions of

work in health, as discussed by Merhy (2002) and Franco (2003). The production of care.

It depends on relationships, connections, negotiations, and the concrete conditions of daily life, which makes it...

Monitoring is a complex process, influenced by multiple determinants.

In this sense, the institutional supporter emerges as a strategic actor to mediate these

tensions, although it is also subject to the same structural and organizational limitations. Thus, the

Addressing the identified challenges requires not only technical improvements, but also

broader transformations in work processes, with the strengthening of teams, the

improving structural conditions and promoting collaborative and reflective practices within the scope

from APS.

3.3 Technical support and tools used

Technical support was recognized as an essential element for monitoring the

Indicators, and institutional supporters were identified as the main mediators of this.

This process is part of the daily routine of Primary Health Care. Primary Health Care professionals highlight its relevance.

this support, highlighting its proximity, accessibility, and facilitating role, as in the statements of PS1

and PS7, which highlight the active presence of supporters in the day-to-day operations of the units. This proximity

It reinforces the role of the supporter as a liaison between management and teams, contributing to the...

Organization of the work process and for the operationalization of monitoring.



The main tools used include name lists, periodic meetings, and communication through apps like WhatsApp, which facilitate the sharing of information and the organization of actions. Among the supporters, the practice of generating and stands out. Comparison of lists, as evidenced in the statement: "we generated a list, we compared it with the one from the month." Next, we plan actions" (E7). This type of strategy highlights the use of lightweight and lightweight technologies. tough in the work process, articulating information, communication and planning in health, as proposed by Merhy (2002).

The use of instant messaging applications, such as WhatsApp, has also been... widely described in the literature as a powerful tool for streamlining the flow of to provide information and strengthen communication between teams, especially in resource contexts. limited (Silva et al., 2020; Carmo et al., 2022). However, its use also raises questions. related to the informality of the processes, the communication overload, and the absence of Systematization of information, which may compromise the institutionalization of monitoring.

Despite recognizing the importance of technical support, both supporters and Professionals point to significant limitations. Among supporters, there is a perception of fragility in support coming from higher levels of the system, as expressed in the statement: "from outside, this support "It doesn't arrive" (E8). This finding highlights a lack of coordination between the different levels of management, suggesting that institutional support, while strengthened at the local level, still lacks greater scope. Integration with regional and central authorities.

Among primary healthcare professionals, there is an emerging need for closer, continuous support. and analytical. PS2's statement points to the need for more frequent monitoring, while PS10 reports missing the physical presence of the supporter to assist in interpreting the data, which This indicates that support should not be limited to simply passing on information, but should also include... processes of mediation, reflection, and collective construction of knowledge. This aspect is fundamental. since simply making data available does not guarantee its qualified use in the process. decisional.

These results are consistent with studies that indicate that institutional support, when restricted, In its operational and informational functions, it loses its transformative power, being reduced to a supervisory or performance-based enforcement mechanism (Campos et al., 2014; Feuerwerker, 2014). In Conversely, when understood as a co-management mechanism, institutional support takes on a... strategic role in building collective spaces for analysis, in improving the processes of work and in strengthening the autonomy of the teams.

In this sense, the literature highlights that the institutional supporter should act as a facilitator of reflective processes, promoting the problematization of daily life and the shared construction of



solutions, in accordance with the principles of the National Humanization Policy (Brazil, 2008). In However, the findings of this study indicate that this potential is not yet fully exploited. since support remains focused on activities such as data submission, list organization, and Monitoring indicators.

Additionally, there was a lack of more structured technical support from higher levels. This could compromise the sustainability of monitoring actions, reinforcing the need for Institutional policies that strengthen the role of support in all spheres of the health system. Prata, Araújo and Arce (2023) highlight the fragility in the articulation between management and institutional support. This can overload supporters and limit their ability to act strategically.

Thus, the results show that, although institutional support is recognized While fundamental, it is still in the process of consolidation, oscillating between practices. operational and pedagogical potential. Strengthening this mechanism requires investments in training, redefining roles and expanding co-management spaces, in order to transform the support technical expertise in an effective tool for improving the monitoring of indicators and... work processes in primary health care.

3.4 Use of indicators in decision making

Health indicators are widely recognized as fundamental tools for the organization of work in Primary Health Care, being incorporated both in discourse and in the practice of professionals. Among institutional supporters, they are described as "the guiding force of basic actions" (E3), which highlights its central role in defining priorities, in planning of the activities and in the implementation of care strategies. This understanding reinforces the idea that Indicators go beyond their evaluative function and assume a strategic role in management. Careful.

Among primary health care professionals, the incorporation of indicators into the teams' routine is observed. especially through periodic meetings, analysis of nominal lists, and active search strategies. PS5 describes a systematic process for discussing indicators with the entire team, including community health workers, with the goal of identifying flaws and correcting them before closure. monthly. Similarly, PS7 and PS10 report that the indicators directly guide the organization. from the agenda and prioritization of actions, demonstrating its practical use in the daily routine of services.

These practices demonstrate that indicators have been appropriated as tools. operational and organizational, contributing to the reorganization of the work process. Such use This is similar to the logic of formative assessment, in which data is used continuously to...



to subsidize adjustments in practices and improve the quality of care, as discussed by Donabedian (1988). In this sense, indicators cease to be merely instruments for measuring results and become... to be configured as active care management tools.

The literature corroborates these findings by highlighting that the systematic use of indicators can... to promote evidence-based decision-making, contributing to greater efficiency in allocation of resources and for the improvement of health outcomes (Mendes, 2012; Sousa, 2018). Furthermore, Studies indicate that incorporating indicators into the daily routines of teams strengthens the culture of... evaluation and planning, especially when associated with collective spaces for discussion and analysis. (Campos et al., 2014; Carmo et al., 2022).

However, the effectiveness of this use is strongly dependent on the quality of the data available. Participants report problems in information systems and inconsistencies. Failures to properly record information compromise its reliability, limiting its use to a limited scope. qualified decision-making. This aspect highlights an important contradiction: although the While indicators are recognized as fundamental, their full utilization is hampered by limitations. structural and operational.

This scenario aligns with Donabedian (1988), who highlights that the quality of evaluation in health depends directly on the reliability of the data. Similarly, studies on systems of Health information in Brazil indicates inconsistencies in records, underreporting, and failures in... Power supply systems are recurring challenges that directly impact the reliability of indicators (Silva et al., 2020; Franco and Pereira, 2021).

Furthermore, recent literature has raised concerns about the risks of using indicators under a strictly normative and productivist logic, especially in contexts such as the Program Prevents Brazil, in which goals and performance are directly linked to funding. (Rodrigues; Eberhardt, 2024). In these cases, there is a risk that the indicators will be used primarily as instruments for collection and control, to the detriment of their analytical function and reflective.

Despite these limitations, the findings of this study indicate important advances in incorporating indicators as management tools at the local level, especially when associated with collective practices, such as team meetings and shared planning. This The move signals the construction of a monitoring culture that is more integrated into the process of work, even though it is fraught with challenges.

Thus, the use of indicators in decision-making in primary health care proves to be a process in consolidation, which depends not only on the availability of data, but also on the qualification of Information systems, professional training, and the creation of collective spaces for analysis.



Strengthening these elements is fundamental for the indicators to fulfill their role.

as strategic management tools, contributing to the improvement of the quality of care and for the effectiveness of actions in health.

3.5 Need for support materials for monitoring

The need for more suitable support materials emerged as one of the most significant findings. expressive findings from the research, highlighting a significant gap between technical and regulatory production and its applicability in the daily routine of Primary Health Care. Both institutional supporters and Primary health care professionals point out that the materials currently available are extensive and excessive. These tools are technical and not very accessible, which hinders their practical use in day-to-day services.

Among institutional supporters, recurring criticism of the technical notes stands out. often described as long, dense, and difficult to read, which limits their accessibility. perception reveals a mismatch between how knowledge is produced at different levels. central management systems and the operational reality of services require more objective information. synthetic and applicable. In this sense, the need for clearer and more targeted materials arises. as a strategy to facilitate knowledge mediation and support the work process.

Among primary healthcare professionals, this demand becomes even more pronounced. The statement by PS5, when... Comparing the need for a guide to a "cake recipe" highlights the search for guidance. Practical exercises, organized sequentially and easily implemented in daily life. In this way Similarly, PS10 highlights the importance of standardized material that allows all teams to... "speak the same language," pointing to the need for standardization of practices and reduction of Ambiguities in the interpretation of the indicators.

These findings indicate that the difficulty lies not only in accessing information, but also in its translation into useful and operational knowledge. The literature in health education reinforces that The effectiveness of educational materials depends directly on their suitability to the context of the students. users, considering language, format, applicability and practical relevance (Ceccim; (Feuerwerker, 2004). When these elements are not considered, there is a greater risk of underutilization. of the materials, even when technically well-made.

Furthermore, there is a preference for diverse and more interactive formats, such as Short videos, flowcharts, visual diagrams, and illustrated materials that facilitate understanding and... quick consultation. This result aligns with recent studies that indicate the use of technologies Multimodal educational approaches promote meaningful learning and the incorporation of knowledge. in professional practice, especially in contexts of high demand and reduced time (Grol;

(Wensing, 2004; Moreira; Nóbrega; Silva, 2003).

Another relevant aspect concerns the need to integrate these materials into the processes. continuing education in health. As argued by Ceccim and Feuerwerker (2004), education Permanent work should stem from the real needs of the job and be constructed in a problem-solving manner. which implies developing tools that directly address the challenges faced by professionals. In this sense, support materials should not be understood only as informative tools, but also pedagogical devices that enhance the reflection, autonomy and the qualification of practices.

Additionally, standardizing content and guidelines can help reduce... variations in practice between teams and strengthening the coherence of actions in the territory, especially in contexts of high staff turnover or weaknesses in training processes. Studies They point out that the availability of practical guides and simplified protocols is associated with greater Adherence to recommendations and improvement in the quality of care (Carmo et al., 2022).

Conclusion

This study allowed us to analyze, from the perspective of institutional supporters, Nurses and managers in Primary Health Care: knowledge, practices, and challenges. related to the monitoring of indicators, highlighting a complex and dynamic scenario, heavily influenced by the organizational and structural conditions of the services.

The results demonstrated that, although professionals recognize the centrality of Indicators as fundamental instruments for the planning, organization, and evaluation of Actions in health, their use in daily life is still permeated by significant limitations. Knowledge Regarding the indicators, it is presented as a process and under constant construction, influenced by Frequent regulatory changes and the need for continuous updating, which highlights Weaknesses in training processes and in the institutionalization of a monitoring culture. based on data.

In terms of practice, it was observed that indicators are effectively used as work organization devices, guiding the definition of priorities, the structuring of Agendas and the development of proactive search strategies. However, this use occurs in a context marked by work overload, time constraints, weaknesses in information systems and difficulties in user adoption, factors that strain the ability of teams to incorporate Fully integrate the indicators into decision-making.



Institutional support was recognized as a strategic element in this process, acting as a mediator between management and teams, especially through the provision of data, conducting meetings and organizing monitoring. However, the findings indicate that this Support is still, in many cases, focused on operational actions, lacking greater... analytical density, proximity to the teams, and strengthening of their role as co-management and continuing education mechanism.

Also noteworthy is the significant demand for more practical and accessible support materials. aligned with the daily needs of the services, which highlights gaps in the translation of Technical knowledge of applicable tools. In this sense, the development of an educational guide. Monitoring indicators in primary health care is a relevant strategy and necessary, with the potential to enhance professional practice, support decision-making, and strengthen Evidence-based management.

Therefore, it can be concluded that improving the monitoring of indicators in primary health care does not It depends entirely on the availability of systems and instruments, but requires investments in continuous training, strengthening institutional support, and improving working conditions. and in the development of educational technologies that engage with the reality of the services. Thus, This study contributes to the understanding of the dynamics involved in this process and offers further insights. for the development of strategies that promote more qualified, effective management aligned with the principles of the Unified Health System.

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