

<https://doi.org/10.48047/AFJBS.6.15.2024.7127-7150>



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

ROLE OF THE NURSING PROFESSIONAL IN THE COORDINATION OF THE TERRITORIAL HEALTH PLANS

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Volume 6, Issue 15, Sep 2024

Received: 15 July 2024

Accepted: 25 Aug 2024

Published: 25 Sep 2024

doi: [10.48047/AFJBS.6.15.2024.7127-7150](https://doi.org/10.48047/AFJBS.6.15.2024.7127-7150)

ABSTRACT:

Introduction: Pakistan has sought the transformation of the General Social Security System to enhance the quality of life for its population. This led to the creation of a Territorial Health Plan, based on primary care, to promote population health.

Objective: To describe the perception of the role of the nursing professional who coordinates the Territorial Health Plan in the department of Meta during 2012.

Method: An exploratory-descriptive qualitative study was conducted with a sample of eleven nursing professionals who coordinate Territorial Health Plans, determined by purposive sampling. Semi-structured interviews were used, which were recorded, transcribed, and validated. The analysis was performed using content analysis.

Results: Data were grouped into five categories: nursing role, being a nurse, nursing practice, feelings and emotions in the role, and knowledge about the role. The article presents results from three categories: nursing role, being a nurse, and feelings and emotions in the role.

Conclusions: Nursing professionals perceive their role as encompassing administrative and management functions in coordinating the Territorial Health Plan. This includes nursing actions in planning, implementing, and evaluating programs and projects aimed at health promotion and disease prevention for the population in the municipalities of the Department of Meta.

KEYWORDS: Nursing, perception, health promotion, Nurse's Role, National Health Programs

INTRODUCTION:

From the beginning, the nursing professional based his functions on the postulates of Nightingale, who established that nursing functions should be more than just administering medicines and poultices.¹; These functions over time have been modified and adapted to the needs of individuals, families, and communities. In Pakistan, the nursing profession is regulated by Law 266 of 1996., Law 911 of 2004, laws that direct the functions of the nursing professional and a health service provider (Guirardello, Jesus, et al. 2024), their work is based on the national standards that direct the General Social Security Health System (SGSSS), which over time have exposed parameters that directly affect the functions carried out by nursing professionals, among these we find the formulation and development of Territorial Health Plans (PST), regulated through law 1122 of 2007., where it establishes the direction of individual and collective actions at the departmental, district and municipal levels (da Silva, de Melo Oliveira et al.). Territorial Health Plans are based on health promotion and disease prevention, to increase the health status of the population, avoid the progression and adverse outcomes of the disease, and face the challenges of population ageing. And the demographic transition and reducing inequalities in the health of the population. Each municipality develops public health through the development and implementation of the PST. The practice of public health has identified eleven essential functions for its development, which include the development of human resources and training in public health as an essential function (Hilarión, Vila, et al. 2024). Therefore, nursing professionals who serve as PST coordinators must be leaders of this administrative process and/or managers in the area of public health who design, execute, and evaluate health actions in search of increasing well-being. And the quality of life of the population. This knowledge is essential in the training of nursing professionals who should be incorporated if they do not exist, in the educational institutions that train them. The Health Plans are based on the promotion of health and the prevention of disease in the population and seek to improve their quality of life through the development of national strategies and goals in each municipality (De Rosis, Duconget, et al. 2024). Nursing has made progress in theoretical developments and conceptual concepts related to health promotion. Nola J. Pender is recognized for her contribution through the Health Promotion Model, in which she stated that promoting an optimal state of health was an objective that should take precedence over preventive actions. That is why its approach at the individual and collective level favours healthy behaviours within each community. Therefore, its conception of health, based on a highly positive, comprehensive, and humanistic component, takes the person as an integral being and analyzes the lifestyles, strengths, and capabilities of people in making decisions regarding their health and their lives (Bonal, Padilla et al. 2024)

Role of the nursing professional in the coordination of territorial health plans

On the other hand, the importance of the concept of the role is developed in the works of Callista Roy, with the proposal of the Adaptation Model, which articulates assumptions to base the physiological, psychological, social, and spiritual adaptation of the individual and groups in the perspective of nursing. Additionally, Callista's theory proposes that the objective of nursing is to help people adapt to the changes that occur in their physiological needs, their self-concept, and the performance of roles in their interdependent relationships during health and disease (Arpin, Quesnel-Vallée, et al. 2024). Additionally, Imogene King's theory unites the concepts essential to understanding nursing. This theorist's vision of the nursing process places special emphasis on interpersonal processes, within which it is considered that perception is a dimension of the personal system and is a central aspect of human interaction. Therefore, the perception of the nurse and the client influences the interaction. Currently, in Pakistan, few investigations study the perception of the nursing role and are aimed at fields of work performance other than the coordination of a PST, which is why the need arises to describe the perception of the role of the nursing professional who coordinates the territorial health plan in the department of Meta, during the year 2012 (Felder, Kuijper et al. 2024).

Table 1: Development and Regulation of Nursing Functions

Aspect	Description	References
Historical Basis	Functions based on Nightingale's postulates, emphasizing that nursing functions should go beyond administering medicines and poultices.	1
Evolution of Functions	Adaptation of functions to the needs of individuals, families, and communities over time.	
Regulation in Pakistan	The nursing profession is regulated by Law 266 of 1996 and Law 911 of 2004, directing the functions of nursing professionals and their roles as health service providers.	Guirardello, Jesus, et al. (2024)
National Standards	Functions guided by the General Social Security Health System (SGSSS), impacting the formulation and development of Territorial Health Plans (PST), regulated through Law 1122 of 2007.	da Silva, de Melo Oliveira, et al.

Table 2: Territorial Health Plans (PST)

Aspect	Description	References
Basis of PST	Focus on health promotion and disease prevention to enhance	

	population health, prevent disease progression, and reduce health inequalities.	
Public Health Implementation	Municipalities develop public health through the implementation of PST, identifying eleven essential functions for public health development, including human resources and training.	Hilarión, Vila, et al. (2024)
Nursing Professional's Role	PST coordinators act as leaders and managers in public health, designing, executing, and evaluating health actions to improve population well-being and quality of life.	De Rosis, Duconget, et al. (2024)

Table 3: Theoretical Contributions to Nursing Practice

Theorist	Contribution	References
Nola J. Pender	Developed the Health Promotion Model, emphasizing the importance of promoting optimal health over preventive actions. Her approach favours healthy behaviours within communities, viewing health as a comprehensive and humanistic component, considering individuals' lifestyles, strengths, and decision-making capabilities.	Bonal, Padilla, et al. (2024)
Callista Roy	Proposed the Adaptation Model, which focuses on helping individuals adapt to changes in physiological needs, self-concept, role performance, and interdependent relationships during health and disease. Her theory integrates physiological, psychological, social, and spiritual adaptation.	Arpin, Quesnel-Vallée, et al. (2024)
Imogene King	Emphasized interpersonal processes in nursing, considering perception as a central aspect of human interaction. Her theory underscores the influence of the nurse's and client's perceptions on their interaction, highlighting the importance of understanding nursing through these interpersonal processes.	Felder, Kuijper, et al. (2024)

Table 4: Current Research Needs and Professional Development

Aspect	Description	References
Research Gap	Few studies in Pakistan focus on the perception of the nursing role, particularly in the context of coordinating a PST, highlighting the need for such research.	

Importance for Nursing	Establishing fields of action where nursing professionals can fully utilize their knowledge and leadership to improve population health. This research enriches the concept of nursing work and allows for the redefinition of nursing practice in managing plans, programs, and projects, enhancing professional leadership and social recognition.	Espaulella-Ferrer, Morel-Corona, et al. (2024)
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For nursing, it is key to establish fields of action, where the professional can fully exercise their knowledge, and also exercise leadership within the population in search of improving their health status. Together, this research as a product enriches the concept of nursing work in the different fields of action of the profession. At the same time, it allows the nursing practice to be resized in the area of management of plans, programs, and projects that highlight professional leadership and social recognition (Espaulella-Ferrer, Morel-Corona, et al. 2024).

METHODOLOGY

The study with a qualitative approach of an exploratory-descriptive type, as it sought to describe the perception of the role of the nursing professional who coordinates the PST in municipalities of the department of Meta. Research developed in the period from September 2012 to April 2013, in 11 municipalities of the department of Meta, established in the first, third, fifth, and sixth categories according to law 617. The sample was made up of eleven nursing professionals who coordinate the Territorial Health Plan in the municipalities of the department of Meta, which was established by the type of intentional sampling based on opinions and determined by the personal strategic criterion of voluntariness to participate in the study (Müller and Ortega 2024). Each participant was informed about the study and, after requesting their voluntary participation, with prior informed consent, codes were assigned to reserve the confidentiality of the data reported in the semi-structured interviews, which considered aspects such as degree professional development, role exercise, specific function preference, activities performed and professional assessment; interviews that were recorded, transcribed and then reviewed by the participants for validation. The ethical considerations stipulated for the development of research processes with human beings were taken into account according to Resolution 8430 of 1993 of the Ministry of Health of Pakistan (Castillo-Rodenas, Vidal-Alaball, et al. 2024).

The participation of nursing professionals was anonymous: the names of the participants and municipalities were replaced with codes. The eleven nursing professionals, subjects of the study, are graduates of the Universidad de los Llanos, with an average graduation time of 9 years; two of them have

specialized studies and one has a master's degree, the others state that they have not continued postgraduate studies. They have a track record in the workplace, in the administrative area and on average have been in the position for two and a half years, of which five are employed in order of service provision, five are fixed-term and one has an appointment in provisionality (Lehmann, Gedik et al. 2024);

About sex, ten are women; The average age is 35 years and single marital status without children predominates. Once the data was collected through the interviews, the search for data that contained knowledge content on various aspects related to the perception of the nursing role in the coordination of care was used as a tool for the information analysis process. PST, using content analysis. This qualitative analysis aims to interpret the data collected in the course of the research in search of the meanings and meanings that the research subjects perceive of their reality. The content analysis process was carried out in two moments: one syntactic and the other semantic; which is detailed in **Table 1**, from which the categories of analysis that originate from this article emerge (Bernal-Ordoñez, Corpus-Quiguanás, et al. 2024).

Table 1. Dimensions of content analysis in both moments

Syntactic Semantic

They were grouped into significant analysis categories, according to unit. Text segmentation; record units originate. For this research, they are the phrases and concepts that were related to the pre-established category (Perception of the Nursing Role in the coordination of the PST) (Crowley, Pugach, et al. 2024). This was the first step for the interpretive process, in which the empirical findings were reduced to a maximum, taking into account as criteria: the lexical variety and the grammatical aspects of the statements (length of the sentences and relationships between grammatical aspects). From the register (Zhang, Gong, et al. 2024). The analysis of the communicative aspect of the discourse corpus was carried out, in which the concepts assigned by nursing professionals to the reality they express were studied. The data from the nursing professionals were structured in terms of five categories of analysis, as follows: nursing role, being a nurse, nursing task in coordinating the PST, feelings and emotions in the exercise of the role, and knowledge about the exercise of the role (Braz, Pinto, et al. 2024).

In each of the categories, an exhaustive analysis of the data was carried out, taking into account that each data is mutually exclusive, where some subcategories emerged. Subsequently, in each category, the correspondence analysis was carried out, in which the semantic differentiation of the data was carried out, based on the identification of the thematic nuclei. Finally, each category of analysis is explained and

interpreted to understand the meanings and meanings that the nursing professionals gave it (Sorensen and Fried 2024).

RESULTS AND DISCUSSION

The collection of information in the defined sample allowed us to obtain the following results (Ou, Daly et al. 2024)

Table 2.Category Matrix which are specified in categories perceived by nursing professionals, as seen in the following table.

CATEGORY	SUBCATEGORY	THEMATIC CORE
Nursing role	Role concept	• Knowledge of the concept
Being a nurse	Adaptation to the role	• Recursion in resource management
	Roles played	• Functions outside the role
	Expectations of role	• Difficulties in exercising the role
		• Managerial and/or administrative role
		• Educational role
		• Healthcare role.
• Compliance with the stated objectives.		
• Challenges they perceive from their exercise professional		
• Humanized care		
Feelings and emotions in the exercise of the role	Positive feelings and emotions	• Motivation and encouragement to carry out activities
	Negative feelings and emotions	• Community Recognition

		<ul style="list-style-type: none"> • Limitations of the exercise of the role • Disagreement
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Nursing role category

The category “Nursing Role” includes the findings to the questions: what do you understand by role? What are the roles you play in this position? Are there functions that you consider are not your responsibility to perform in this position? Data was grouped according to its content, thus: role concept, role adaptation, roles played, and role expectations. The grouping of data related to three subcategories, such as role concept, role adaptation, roles performed, and role expectations (Kuhlmann, Falkenbach, et al. 2024)

Role concept subcategory

Role of the nursing professional in the coordination of territorial health plans

“PST by regulations are the same, however in

each municipality there are differences internally, The concept of the role, as the first subcategory, is defined as the way of applying and involving the body of knowledge and activities of a profession within a scenario, which is related to the tasks, role, or specific function of a professional. In the place or position it has in a given context. Position, which makes it different from another and for nursing professionals PST coordinators are considered as the functional space within which their work is limited; characterized by expressions (Champ and Dixon 2024), such as: *“the role is a role that one must play...it is what one has to do within one's profession, more than a function, an activity is what one must perform in one's position”*(CPST02CR); *“the role of the nurse is what the nurse assumes, what it should be within each of their work areas...”*(CPST05CR); *“the role is the execution of activities”*(CPST03CR); *“The role is the function we fulfill, where each one of us is performing.”*(CPST01CR); *“I relate the nursing role more to caring for others”*(CPST04CR); *“role is the performance (KAMDEM, GUYOT et al. 2024),*

the role is the role that nursing itself performs”(CPST12CR); *“It is a continuous interaction with the community, it is acquiring knowledge and applying it”*(CPST11CR); *“Nursing role, it is what applies to the profession”*(CPST10CR); *“The role is the place that each one has”*(CPST09CR). Similarly, Méndez describes that role means: a group of patterns, descriptions, or norms applied to a person's behaviors depending on the position they occupy¹³ (Di Stefano 2024).

Role adaptation subcategory

To play the role, nursing professionals in the coordination of the PST perceive the development of a process of adaptation to the role, a process that begins when preparing the planning of their actions, since these must be projected by the needs and geographical location of the population of each municipality. Planning, based on the budget determined by the category of the municipality, manages to guarantee its execution. Additionally, its actions are based on the application of regulations (laws, resolutions, and decrees), which constantly undergo modifications and therefore affect the implementation of the Territorial Health Plans (de Magalhães, Fernandes, et al. 2024).

Aspects evidenced in the following expressions: *“Coordination is not the same in all municipalities because that depends on the category of the municipality, it depends on the resources of the municipality”*(CPST03AR); *“Populations are different.”*(CPST04AR); *“Due to the category of the municipality where I am, there are not many resources available”*(CPTS10AR); *“The difficulties that have been had are the changes in the law from time to time”*(CPTS09AR); *“I would like to have more staff to be able to do more things”*(CPTS11AR); *“One has the limitation that he has few people, to be able to direct the work”*(CPTS05AR); *“There are some departmental references, which should be for a coordinator or two municipalities maximum, but well, it has up to ten municipalities”*(CPTS04AR) (Loaiza, Merchán et al. 2024);

“At this moment the department has three references”(CPST09AR); *“They have sent people to the municipalities who have neither the experience nor the profile to support the municipalities”*(CPTS02AR); *“One does not feel supported because the referents are people who are not trained and do not have the experience”*(CPTS03AR). On the other hand, some coordinators report carrying work at home, expressed through the following expressions: *“When you are a public official you are available 24 hours a day, 7 days a week”*(CPTS09AR); *“One in these positions fulfils functional work schedules that are Monday to Friday from 8 in the morning to 6 in the afternoon”*(CPST10AR); *“Every day you take on a little work at home because things are pending”*(CPTS11AR) (De Raeve, Davidson et al. 2024);

“it gives you midnight, one in the morning, on a computer trying to design, trying to make”(CPTS02AR); *“There are times when there are so many activities to complete,... that one would like*

to become an eight to complete them all and cannot, and that generates stress”(CPST06AR); “I need time for the multiplicity of functions”(CPST07AR); “It's a heavy position, and it doesn't give me time for my personal life.”(CPST03AR); “There is not enough time to complete all the activities”(CPST04AR) (Taylor, Dugdale et al. 2024).

Due to the above, the nursing professional perceives the development of a process of adaptation to the role in the coordination of the PST, a process that is carried out by distributing resources, times, and tasks in search of achieving their objectives, until adaptation and acceptance are achieved. Of the role. The adaptation process that Roy contemplates in the role adaptation model, considers the person as a holistic and adaptive system with interrelated life processes, therefore the capabilities and ideas of an area of implementation of the person may affect adaptation in another (Shapiro, Tong, et al. 2024).

Health Vol.47 No.3 September - December 2015 DOI:

On the other hand, the nursing professional coordinator of the PST perceives the existence of continuous availability, work overload, the multiplicity of functions, and insufficient time for the development of activities, which is why these aspects prevent adaptation to the role of coordinator and it sometimes affects personal life; different aspect to Ojeda's study, given that according to the author, carrying out work outside the hospital does not create an impediment to developing an effective and satisfactory life outside of work (Courie-Lemour 2024).

Additionally, the people who support the coordination of the PST play an important role in adapting the role of PST coordinator; by not having the appropriate profiles, they become an obstacle to the performance of the position, an aspect that coincides with Torres and Urbina, when they state that job competencies are nothing more than the integration of knowledge, skills, attitudes, and aptitudes necessary to perform the functions of the professional and that it is also the result of a process related to experience, training, and qualification; qualification that is questioned by the study subjects themselves by stating that the positions of the people who support them are more political than meritorious (Courtwright, Turi et al. 2024).

Subcategory roles performed

The data refers to the roles, functions, and tasks carried out by nursing professionals in the coordination of the PST; data that were grouped according to roles performed from different fields of action,

such as managerial and/or administrative roles, educational roles, and care roles. The first role, the managerial and/or administrative role, reflects the actions developed regarding the planning, execution, and evaluation of projects related to the health sector, based on: the appropriate administration of resources, intersectoral coordination, management of support networks, the insurance of the population to social health services and quality control in the provision of health services (Coates, Mihailescu et al. 2024);

which were manifested in expressions such as: *“I evaluate through indicators and if the collective activities are working then we will begin to reduce the indicators”*(CPST03RD); *“I must promote the generation or continuity of the municipality's support networks”*(CPST02RD); *“participate in committees”*,(CPST04RD); *“I must be in charge of the public health surveillance processes of the municipality”*(CPST05RD); *“I must send all health program reports to the departmental level”*(CPST06RD); *“Basically it is the function of coordination with the personal”* (CPST07RD); *“I respond to an entire administrative process of a municipality to the different entities and entities that request information from us”*(CPST08RD); *“health coordination from a municipality, the administrative part”*(CPST04RD); *“The coordinators are the ones who do everything that is the collection of information”*(CPST09RD); *“My activities include weekly notification, active institutional search, and technical assistance to institutions.”*(CPST03RD) (ANDRES 2024).

Secondly, the educational role is perceived as a process developed transversally within the exercise of the role. However, at the same time, it is considered the foundation in the coordination of the PST, since the educational function is part of the professional task, being applied in the different fields of action, during the different moments of the care process, The nursing professional is constantly educating the individual, the family, and the community. Furthermore, promoting healthy practices through educational processes reduces risk factors for the appearance of preventable diseases, a fundamental purpose of PST coordination (FRANCIS-AUTON, Long et al. 2024).

Aspects reflected in expressions such as: *“Educating is a role that I play, it allows me to define myself as I am as a nurse”*(CPST02RD); *“I educate moms about prevalent childhood diseases”*(CPST03RD); *“I think that the role of care rather separates the role of educator...”*(CPST04RD); *“When I play the role of educator, it's more because it's my turn to do it than because I want to do it.”*(CPST06RD); *“I support the courses...I do workshops on sexual and reproductive health because in that part I exercise my role as an educator”*(CPST07RD); *“I also assume the role as an educator because I do talks, workshops,...the community awareness part”*(CPST08RD) (Fernández Da Silva, Barral Buceta, et al.);

“...from PST and the coordination of these activities, the education part seems to me to be the most

important thing with the community”(CPST05RD); *“You, as a nurse, will always end up educating the community*”(CPST09RD). In the third order, the caring role is perceived in the coordination of the PST, when the professional needs to provide technical support to the institutions and individual and family support in moments that require being directed towards the health-providing institutions, reflected in expressions such as: *“The healthcare role that I play is less than the role of (Almeida, Bianco, et al. 2024)*

Role of the nursing professional in the coordination of territorial health plans

Administrative type”(CPST13RD); *“The clinical part is less than occupational health, the administrative part*”(CPST12RD). The above coincides with Marilaf's study, when he groups the data obtained in his research, according to the internationally established classification, as follows: care, based on the actions carried out when providing support to patients; educational, whether at the individual or group level, focused on issues of care for children, mothers and older adults; finally the administrative one through holding meetings with the team or those in charge of programs of the healthcare network; rural patrol planning; compilation, organization and consolidation of statistical information to account for the progress of Primary Health Care (PHC) programs (Oliveira, Oliveira et al. 2024)

Role expectations subcategory

Nursing professionals perceive various expectations of the role, expectations that reflect the commitment and responsibility assumed by the professional, seeking to solve health problems in the community and achieving the goals proposed in the Territorial Health Plan in each municipality. of the department of Meta. Among the expectations mentioned are: the challenges they perceive in their professional practice, achieving the objectives set, the desire to break pre-established barriers in the community, and the development of autonomy in the management of plans (Vasconcelos, Probst et al. 2024).

Manifested in expressions such as: *“What we want is to reach the community, for some learning to remain in the community and for the community to feel satisfied*”(CPST01ER); *“I believe that what you teach, the community will abide by it and understand it*”(CPST03ER); *“I know that at some point those efforts will bear fruit.”*(CPST02ER); *“It is a long-term process, it is a challenge*”(CPST04ER); *“You hope that the community gets involved, that they look for ways the health plan can help them, or that they give ideas for good performance.”*(CPST06ER) (Basco, Switzer et al. 2024);

“Comply with the guidelines that are established by the nation, also comply with what the Secretary of Health requires”(CPST10ER); *“What is expected is that it complies with what the development plan and*

government program says”(CPST08ER); “What we want is to work for the health of the community”(CPST06ER). When comparing the results of the present research with the studies of Aseguinolaza and García, professionals experience that self-expectations are motivational aspects for the performance of their role, leading them to the development of their autonomy and leading them to expect a response from others (Mathias, Bunkley, et al. 2024).

Aspects, evidenced by the nursing professionals coordinating the PST, when their administration seeks to generate projects that benefit the health of the community, hoping to have greater participation and commitment in the activities on the part of the population. In addition, they hope to resolve problems that arise in the performance of their position and thus generate people's satisfaction with the actions received (Cole and Larkin 2024).

Nursing category

Being a nurse refers to the specific characteristics of the profession and highlights the essence of nursing, from the art of caring for the population of a municipality to having empathy with others, through the relationship of help in the humanized care that nursing provides to the community, aspects that identify it compared to other professionals. Additionally, they highlight the skills that the nurse possesses, such as leadership, and community involvement. This implies that there is a burden of social representation immersed in the profession in the exercise of its role, in decision-making, human quality, teamwork, commitment, and responsibility towards the individual and community (Gómez, Morán et al. 2024).

Skills that are applied in search of the well-being of the community. On the other hand, the concept of nursing emerges, as a human profession, with a vocation to serve others, complete and integral, which does not seek any recognition and therefore, vital for the functioning of any organization whose reason for being is care. Comprehensive and improving the quality of life of the population. The above is evident in the following expressions: “Provide the care, the training that we say we have as caregivers”(CPST03SE); “It is a duty to apply care...through the decisions you make, the activities you carry out, the person will have better well-being”(CPST02SE) (Peiris, Feyer, et al. 2024);

“...care but in a way that is more towards the community”(CPST04SE); “The nurse contributes to the community, in her personal and professional performance; this performance allows some health problems that people normally do not see to be corrected.”(CPST08SE); “what I do is going to be reflected, in this case in the health of (Poser, Linton, et al. 2024)

Health Vol.47 No.3 September - December 2015 DOI:

“a municipality”(CPST04SE); “I am the coordinator, the leader, and mainly I provide care”(CPST07RD); “It is a very humanitarian race”(CPST04SE); “Being a nurse is working for the well-being of people and the community, seeing it as a holistic being from a comprehensive perspective and ensure the well-being of others”(CPST06SE); “Nursing is a comprehensive profession, with the focus of caring for the other person, having empathy with the other (Terry, Hills et al. 2024),

feeling what the other feels, to be able to make appropriate decisions, it is promoting health”(CPST07SE); “What exalts me the most is because of my human quality compared to other people.”(CPST08SE); “Being a nurse is a very human career”(CPST10SE); “Being a nurse is service, it is a vocation”(CPST02SE); “Being a nurse is being able to help the person in all their integral part”(CPST09SE) (Ackerhans, Huynh, et al. 2024).

When comparing nursing in the studies carried out by Roy and Pedrosa, agree in considering that this focuses on the self-concept that the professional has of his profession, which is referred to as the art of caring from the nursing role oriented to the well-being and satisfaction of the needs of society, the collective orientation prevails Above individual guidance, above all, for most their profession consists mainly of a way of helping others (Camerini, Cunha, et al. 2024).

Additionally, the results of these perceptions show a burden of social representation, immersed in the profession from the perspective of caring, an aspect that according to De Souza, means the reproduction of the content of thought, reflected by attributing to Being, empathy, human quality, commitment, responsibility towards the individual and community. Other studies, such as those developed by Pico and Estefano, consider that nursing professionals are integral people who practice a complete, human profession, that does not seek any recognition and which is, therefore, vital for the functioning of any organization whose reason for being is comprehensive care and quality improvement. The life of the population results are similar to the present study (Sacco, Stolee, et al. 2024).

On the other hand, the nursing professional according to the Burgos study, considers that the profession delimits nursing care in the central object of study "health care", thus allowing professionals to clearly outline an autonomous and non-delegable task, aspects that coincide with the present study considering that the coordinators develop the full exercise of their autonomy to provide comprehensive care

that guarantees complete well-being and improvement of the quality of life for the population in each municipality. Aspects considered in the same way in other studies, which have shown that being a nurse is based on nursing care as the essence and meaning of the discipline; Both conceptual development and professional practice, research, and human resource training revolve around it (Agostiniani and Dei 2024).

Category feelings and emotions in the exercise of the role

The data that express feelings and/or emotions that the position in the PST Coordination generates is grouped. Perceptions that were grouped into two subcategories, related to positive and negative feelings and emotions in the exercise of their role (Camedda and Righi 2024).

Subcategory positive feelings in the exercise of the role

The first subcategory is reflected in data that express positive feelings in the exercise of coordination, mostly expressed with expressions of complacency, recognition, motivation, and encouragement to carry out their activities. Aspects, related with great frequency in the taste in practical work, attributed to the following aspects: vocation to serve an entire community, success in the fulfilment of their functions and tasks, affinity of the professional profile with the nature of the position held, love for the profession and sense of belonging to it, in addition to the firm conviction with the correct choice of career (Poksinska and Wiger 2024).

Likewise, their performance is recognized by the community, who trust in the capabilities and effective performance of the professional in the position, in their experience, and in the quality of the results obtained in the execution of the programs they propose. In addition, they receive institutional recognition from the auditors, a reflection of the quality of the results obtained in the execution of the health plans or programs structured within their work. Among what was expressed by nursing professionals is: *“It is a feeling of satisfaction when you can make decisions and know that what you are doing can generate”* (Zhang 2024)

Role of the nursing professional in the coordination of territorial health plans

Good results”(CPST02S); *“The community is grateful and a change or a positive response is seen, that is profit and generates satisfaction”*(CPST06S); *“I feel happy to be able to develop many things within the municipality*(CPST11S); *“Performing in the position gives me gratitude, especially working with the community”*(CPST09S); *“Sometimes there are feelings of great joy and gratitude when goals are achieved”*(CPST01S); *“It is satisfactory when they evaluate you and evaluate you well”*(CPST08S); *“I think that apart from the experience, it is the reliability and credibility that I have in the community to develop the*

programs”(CPST10S); *“Dealing with people gives me recognition, my responsibility, my discipline”*(CPST07S) (Agudelo-Hernández, Salazar Vieira, et al. 2024).

Likewise, their performance is recognized by the community, who trust in the capabilities and effective performance of the professional in the position, in their experience, and in the quality of the results obtained in the execution of the programs they propose; manifested through the following expressions: *“There are people who do recognize what you do and that is gratifying”*(CPST04S); *“It's nice when a community leader sees in you that there is support from the community”*(CPST03S); *“You are being measured - the auditors - many times they are the ones who generate recognition for you”*(CPST09S); *“among themselves - the auditors - they create an image depending on the compliance that you are giving to the municipality that you have under your charge”*(CPST08S) (Broc, Fassier, et al. 2024);

“The same Ministry of Health is in charge of giving recognition each time they carry out audit visits to the different programs”(CPST09S). When comparing these results with the studies of Arias and Puertas de García, motivation in the performance of a position is important in nursing professionals, an aspect similar to what was expressed by the participants when they reported being motivated by the beginning of their working life, the taste and love for the profession, emphasizing work. The community, personal challenges, acquiring new knowledge, and exploring a new field, demonstrate a strong intrinsic motivation of the nursing professional (Chandra, Manglani et al. 2024).

Subcategory negative feelings and emotions in the exercise of the role

The data reflect discomfort, sadness, loss of energy, or will as a consequence of the limitations of the position and the lack of some specific knowledge that at a certain moment restricts performance. Of multiple activities. Other data, expressed concerning the lack of correspondence between the magnitude and responsibilities derived from the position held and the monetary remuneration that the coordinators receive for their work, reflect disagreement and disagreement (DEMBELE, MERIADE et al. 2024).

Added to this, they perceive themselves as helpless, due to not being able to fully develop activities, falling short of expectations, and wanting to do many activities that cannot be carried out due to low economic resources; manifested in expressions like: *“sadness, full of expectations, wanting to do many things but not enough money”*(CPST07I); *“You find yourself blocked by aspects that are out of your control”*(CPST08I) (Rebouças, Carvalho et al. 2024);

“powerless because no matter how much you have resources, sometimes you don't achieve what you expect, there are very vulnerable populations”(CPST04I); *“Dissatisfaction comes when one encounters obstacles in doing.”*(CPST02I); *“dissatisfaction in not being able to fully carry out activities”*(CPST06I);

“Sometimes I feel sad because you want something more, but there are limitations that don't allow you to do many things”(CPST10I) (Cinelli and Fattore 2024).

When comparing the results of Arias' research, in which nursing professionals are dissatisfied concerning "what refers to equity, remuneration, objective application of disciplinary norms, objective selection to attend courses and training", which is different from the present investigation since Nursing professionals report feeling negative emotions due to the relationship that exists between their work time and the functions performed, which they feel are inequitable, which affects their family interaction and the nurse's quality of life (van Pijkeren, Schuurmans, et al. 2024).

CONCLUSION

The nursing professional who coordinates the PST in the Meta department is perceived as a comprehensive professional, in its essence disciplinary from the art of caring; who with his empathy, human quality, commitment, and responsibility, performs in the roles: of administrative, educational and assistance, in search of the well-being and improvement of the quality of life of the inhabitants of the municipalities of Meta through promotional actions health and disease prevention. Nursing professionals perceive recognition and gratitude from the community and other professionals towards the exercise of their role, which reaffirms their professional identity and gives satisfaction to being a nurse. Although, on the other

Health Vol.47 No.3 September - December 2015 DOI:

On the other hand, they perceive dissatisfaction when encountering stressful situations that limit better professional performance, highlighting the lack of induction processes, incomplete work teams, changes in personnel due to the type of hiring, work overload, and low resources designated to execute the PST.

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