SUPPLY MANAGEMENT AND NURSING AUTONOMY IN PRIMARY CARE: CHALLENGES AND THE NEED FOR TRAINING THE NURSING TEAM IN WOUND CARE AND MEDICATION ADMINISTRATION

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Abstract: The management of supplies in Primary Health Care (PHC), including ointments, medications, and materials used in wound care, is essential to ensure continuity of care and patient safety. In this context, nurses have technical and scientific autonomy to make decisions regarding the selection of products and clinical interventions, according to professional regulations and institutional protocols. However, in practice, there is often a lack of necessary supplies to properly implement

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clinical decisions, which compromises the effectiveness of care. This study aims to discuss supply management in PHC, nursing autonomy, and the importance of training nursing technicians in wound care and medication administration. This is a literature-based analysis grounded in scientific studies and guidelines from the Brazilian Unified Health System (SUS), highlighting the need for management plans and continuing education strategies. It is concluded that the integration of resource management, professional training, and nursing autonomy is essential to improve the quality of care in Primary Health Care.

Keywords: Continuing Education; Nursing; Primary Health Care; Supplies Management; Wound Care.

INTRODUCTION

Primary Health Care (PHC) is the main gateway to the Unified Health System (SUS) and plays a strategic role in the organization of the care network, being responsible for the coordination of care and the resolution of the population's health demands. In this scenario, nursing occupies a central position, especially in the Family Health Strategy (FHS), where nurses work directly in care, service management and clinical decision-making based on scientific evidence.

The work of nurses in PHC is supported by legal provisions that guarantee their technical and scientific autonomy, including Law No. 7,498/1986, which regulates the professional practice of nursing in Brazil. In practice, this autonomy is expressed in the evaluation of users, in the prescription of nursing care, in the request for exams according to institutional protocols, and in the choice of materials for dressings and topical therapies. Recent studies indicate that nurses' autonomy in PHC is directly associated with the expansion of care problem-solving, especially when supported by well-established clinical protocols and efficient management of available resources (Geremia et al., 2024;).

However, despite the normative and technical advances of the profession, the literature shows that nurses' autonomy is still frequently limited by structural factors related to the management of

inputs and material resources. The unavailability of medications, ointments, special wound dressings and other essential materials compromises the proper execution of the prescribed conducts, forcing the professional to adapt care according to the availability of the unit, which can have a direct impact on the quality of the care provided.

According to studies on the management of material resources in health, the inadequate organization of supply and the absence of efficient planning in Primary Care services represent important obstacles to the continuity of care and patient safety (Borba et al., 2023). These findings demonstrate that the management of inputs is not only an administrative activity, but an essential component of clinical practice in nursing, as it directly interferes in decision-making and in the effectiveness of care interventions.

In addition, recent literature highlights that nurses play a fundamental role in the management of health units, being responsible not only for direct care, but also for planning, organizing and supervising the work process of the nursing team. Studies indicate that the role of nurses in Primary Care is related to their ability to articulate resources, coordinate teams, and implement strategies that ensure the continuity and quality of care (Santos et al., 2024).

In this context, the nursing team is composed of nurses, technicians and auxiliaries, the latter being fundamental in the direct execution of procedures such as dressings, medication administration and support for care actions. However, it is observed that the training of these professionals still has weaknesses, especially with regard to the standardization of conducts and the appropriate use of materials available in Primary Care.

Recent research shows that the fragmentation of the work process and the absence of structured continuing education contribute to inconsistencies in care practice, in addition to increasing variability in the quality of care provided (Sousa et al., 2025). Thus, the need to implement continuous training strategies aimed at the nursing team becomes evident, with a focus on dressings, wound management and rational use of inputs and medications.

Another relevant aspect identified in the literature is that work overload, associated with

the scarcity of material and human resources, compromises nurses' ability to fully exercise their autonomy in PHC. This reality generates a scenario of constant adaptation, in which clinical decisions are often influenced by the availability of inputs, and not exclusively by the best scientific evidence.

In addition, inadequate material management directly impacts patient safety, which can lead to delays in treatment, inadequate product replacements, and increased risk of wound complications and infectious processes. Thus, the management of inputs should be understood as a strategic component of the quality of care, and not just as a logistical activity.

In view of this, it is essential to discuss the need to implement more efficient management plans in Primary Health Care, combined with continuing education programs that strengthen the training of nursing technicians and expand the autonomy of the team. This articulation between management, training and professional autonomy is essential to ensure safer, more problem-solving and evidence-based care.

Therefore, this study is justified by the need to understand how the management of inputs influences nursing practice in PHC, as well as by the importance of strengthening the training of the nursing team as a strategy for qualifying care and improving health outcomes.

OBJECTIVES

General Objective

To analyze the management of inputs in Primary Health Care (PHC) and its relationship with nurses' autonomy and the training of nursing technicians in dressing care and medication administration.

Specific Objectives

To describe the role of nurses in the management of inputs, medicines and materials used in

Primary Health Care;

Identify the main challenges related to the availability and organization of inputs in PHC;

To analyze the autonomy of nurses in clinical decision-making in the face of limited material resources;

Discuss the importance of continuous training of nursing technicians in dressing and administering medications;

Reflect on the impact of the scarcity of supplies on the quality of care and patient safety;

To propose the need for management strategies and continuing education in nursing aimed at the qualification of care in PHC.

METHODOLOGY

This study is characterized as a qualitative research, exploratory and descriptive in nature, developed through a narrative literature review, with the objective of analyzing the management of inputs in Primary Health Care (PHC), the autonomy of nurses and the training of nursing technicians in dressing care and medication administration.

The qualitative approach, according to Minayo (2014), allows us to understand social and organizational phenomena in health from their subjective, contextual and structural dimensions, and is suitable for investigations involving work processes, nursing management and care practices in the SUS.

The narrative review was chosen because it enables a broad and interpretative analysis of the existing scientific literature, allowing the synthesis of relevant knowledge on material resource management, professional autonomy and continuing education in nursing. According to Rother (2007), this type of review is appropriate to describe and discuss the state of the art of a given theme, contributing to critical reflection on professional practice.

The data search was carried out in recognized scientific databases, including Scientific

Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Virtual Health Library (VHL) and Google Scholar, as well as official documents from the Ministry of Health and legislation related to nursing practice in Brazil.

The following inclusion criteria were used: scientific articles available in full, published in Portuguese, with an approximate time frame of the last 15 years, in addition to official and normative documents related to Primary Health Care, health management, nursing and continuing education. Duplicate studies, publications without scientific rigor, articles outside the proposed theme or that did not directly address the management of inputs or the performance of nursing in PHC were excluded.

The descriptors used for the search were selected based on the Health Sciences Descriptors (DeCS), namely: "Primary Health Care", "Nursing", "Resource Management", "Permanent Education", "Dressings" and "Professional Autonomy", combined through Boolean operators such as AND and OR, in order to refine the results and expand the relevance of the evidence found.

Data analysis was carried out through exploratory, selective, analytical and interpretative reading, with subsequent organization into thematic categories. This process allowed the identification of convergences and divergences among the authors, enabling the construction of a critical discussion about the management of inputs, the autonomy of nurses and the training of the nursing team in PHC.

According to Bardin (2011), content analysis is a technique that enables the systematization of qualitative data through thematic categorization, allowing consistent inferences about the object studied. Thus, the findings were interpreted in the light of the scientific literature and public health policies in force in Brazil.

Finally, it should be noted that this study does not involve research with human beings, and submission to the Research Ethics Committee is waived, according to Resolution No. 510/2016 of the National Health Council, as it is a literature review.

RESULTS AND DISCUSSION

Input management and nurse autonomy in Primary Health Care

The findings of the literature show that the management of inputs in Primary Health Care (PHC) is one of the most determinant components for the quality of nursing care, directly impacting professional autonomy, continuity of care and patient safety. PHC, as the gateway to the Unified Health System (SUS), depends on the efficient organization of material resources to ensure problem-solving capacity and comprehensiveness of care. In this scenario, nurses occupy a strategic position both in direct care and in the management of work processes.

The autonomy of nurses in PHC is legally recognized by Law No. 7,498/1986 and reinforced by institutional protocols and public health policies. This autonomy is expressed in the clinical evaluation of the user, in the prescription of nursing care, in the request for exams according to protocols and in the choice of materials for dressing and therapeutic interventions. However, the findings demonstrate an important contradiction between formally guaranteed autonomy and its practical implementation in the daily routine of services.

Geremia et al. (2024) highlight that, although nurses have technical and legal support to practice advanced practice in PHC, the limitation of material resources constitutes a significant barrier to clinical decision-making. The absence of adequate supplies, such as specific wound dressings, healing ointments, antiseptic solutions, and certain standardized medications, means that professionals need to adapt their conducts based on local availability, and not necessarily on the best available scientific evidence.

This scenario reveals one of the main findings in the literature: nurses' autonomy is conditioned by the organizational structure and resource management of the health unit. In other words, autonomy is not fully exercised, but rather mediated by structural limitations that directly interfere with the quality of care.

Another relevant finding refers to failures in the process of managing materials and inputs.

Borba et al. (2023) point out that the absence of adequate planning, inefficient inventory control, and lack of integration between administrative and care sectors result in frequent shortages in basic health units. This reality compromises not only the work of nursing, but the entire flow of PHC care.

In addition, the literature shows that the management of inputs is still often understood as an exclusively administrative activity, when in reality it should be recognized as an integral part of the health work process. Nurses, as care managers, should actively participate in the definition of acquisition protocols, standardization of materials and consumption planning, since they are the professionals who are directly involved in patient care.

Santos et al. (2024) reinforce that the role of nurses in the management of family health units still faces institutional limitations, such as centralization of decisions, bureaucratization of purchasing processes, and low administrative autonomy. These factors reduce the nurse's ability to organize care in an efficient and evidence-based manner.

Another aspect identified in the studies is the direct impact of the shortage of supplies on patient safety. The lack of adequate materials for dressings, for example, can lead to the use of less effective substitutes, increased healing time, a higher risk of infection, and aggravation of injuries. Thus, the inadequate management of material resources is not only an organizational problem, but also an important care risk factor.

The findings also demonstrate that units with better organization of the management of supplies have better indicators of quality of care, greater problem-solving capacity of the cases attended, and less need for referrals to secondary levels of care. This shows that efficiency in resource management directly impacts the effectiveness of PHC.

Another relevant point is that nurses' autonomy is directly related to the availability of institutional support. When there is adequate planning, active participation of nursing in management and well-defined flows of material replacement, nurses are able to perform their clinical practice in a safer, more grounded and problem-solving way.

Thus, the results demonstrate that the management of inputs cannot be dissociated from

clinical practice, being a structuring element of professional autonomy and the quality of nursing care in PHC.

Training of nursing technicians and impact on the quality of care in dressings and medication administration

The second axis of analysis shows that the training of nursing technicians is an essential element for the quality of care in Primary Health Care, especially in practices related to dressings, medication administration and direct support to nurses' care activities. Nursing technicians represent the largest operational workforce in PHC and are directly involved in the execution of daily care for users.

The findings of the literature demonstrate that, despite its strategic importance, there are still significant gaps in the continuous training of these professionals. The absence of structured programs for continuing education in health compromises the standardization of care practices, generating variations in the execution of procedures and increasing the risk of inconsistencies in care.

Sousa et al. (2025) highlight that the fragmentation of the nursing work process is directly related to the absence of continuous and systematized training of the technical team. This fragmentation directly impacts the quality of dressings, the safe administration of medications, and the proper use of supplies available at the health unit.

Another important finding refers to the role of nurses as permanent educators of the nursing team. The literature indicates that when nurses actively assume the role of supervision, training and guidance of technicians, there is a significant improvement in the quality of the procedures performed, greater safety in care and reduction of technical errors.

Continuing education in health is understood as a fundamental institutional strategy for the transformation of work practices. Unlike one-off training, it must be continuous, integrated into the daily routine of the services and based on the real needs of the team. In this sense, the findings show

that units that implement structured training programs have better care results.

In addition, the training of nursing technicians has a direct impact on the management of inputs. Well-trained professionals tend to use materials more rationally, avoiding waste, reducing costs, and contributing to the sustainability of the system. This aspect is especially relevant in contexts of resource scarcity, as often observed in PHC.

Another point identified in the literature is the relationship between training and patient safety. Improper dressings, for example, can lead to infections, delayed healing, and aggravation of injuries. Likewise, errors in the administration of medications can generate avoidable adverse events, compromising the quality of care and increasing the demand for more complex services.

The findings also indicate that the training of the nursing team contributes to the strengthening of teamwork and to the improvement of communication between nurses and technicians. This integration is essential to ensure the continuity of care and the standardization of care practices.

Another relevant aspect is that continuing education contributes to the development of the technical autonomy of mid-level professionals, within the legal limits of their performance. More qualified nursing technicians are able to perform their activities with greater safety, clinical understanding and responsibility, which directly reflects on the quality of the care provided.

Finally, the literature converges in pointing out that the articulation between team training, efficient management of inputs and the nurse's role as a care manager results in a safer, more problem-solving and efficient care model. Thus, continuing education in health is configured as a structuring axis for the qualification of Primary Care and for the strengthening of nursing as a professional category.

CONCLUSION

The present review showed that the management of inputs in Primary Health Care (PHC) exerts a direct influence on the quality of nursing care, especially with regard to nurse autonomy and

the training of nursing technicians. The findings demonstrate that, although nurses have legal and technical support for clinical and managerial decision-making, the effectiveness of this autonomy is still limited by structural weaknesses related to the availability of material resources and the organization of work processes.

It was found that the scarcity or inadequacy of inputs such as medicines, ointments and dressing materials compromises the continuity of care, forcing the professional to adapt care conducts based on the availability of the unit, which can negatively impact the quality and safety of the care provided. Thus, the management of inputs is configured not only as an administrative activity, but as an essential component of clinical practice in nursing.

In addition, the results indicate that the training of nursing technicians represents a fundamental element for strengthening PHC. The absence of structured continuing education programs contributes to the variability of care practices and can compromise the proper execution of procedures such as dressings and medication administration. In this sense, the nurse's role as a permanent educator of the team is indispensable for the qualification of care.

Another relevant point identified is that the integration between resource management, professional training and nurse autonomy contributes significantly to the improvement of health indicators, greater patient safety and strengthening of teamwork. When these elements are articulated, it is possible to observe a more problem-solving, efficient care that is aligned with the needs of the population served in Primary Care.

Therefore, it is concluded that it is essential to strengthen institutional strategies aimed at improving the management of inputs, valuing nurses' autonomy and implementing effective policies for continuing education in health. These actions are essential to ensure the qualification of care, patient safety, and the consolidation of a more integrated, efficient, and evidence-based care model within the scope of the Unified Health System (SUS).

The nurse as a leader and permanent educator in the training of nursing technicians in Primary Health Care

In the organization of health work in Primary Health Care (PHC), nurses assume a strategic position not only in direct care to users, but also in the coordination of the nursing team and in the management of the work process. In this context, their performance as a leader is directly related to the managerial competencies provided for in the policies of the Unified Health System (SUS) and in the Primary Care Guidelines, which recognize the nurse as responsible for organizing care and supervising the actions of the multiprofessional team. According to the Ministry of Health (Brasil, 2017), PHC requires professionals capable of integrating management and care, with nursing being one of the pillars of this articulation.

Nurses' leadership in PHC is directly associated with their ability to organize workflows, establish care priorities, and ensure continuity of care. According to Santos et al. (2024), the nurse in the Family Health Strategy plays a fundamental role in coordinating the work process, acting as a mediator between management and care. This role requires decision-making skills, effective communication, and technical oversight, ensuring that the team's actions are carried out safely and based on scientific evidence.

In this scenario, continuing education in health stands out as one of the main tools for the head nurse in the training of nursing technicians. As recommended by the Ministry of Health (Brasil, 2004), continuing education is a structuring strategy of the SUS, aimed at transforming work practices based on critical reflection on the reality of the service. Unlike one-off training, it is a continuous process, integrated into the daily life of the units, which aims to qualify care and strengthen the autonomy of professionals.

In the daily routine of PHC, nurses play a fundamental role in the practical guidance of nursing technicians, especially in procedures that require technical standardization and care safety, such as dressings, medication administration and wound care. According to Oliveira et al. (2020), the

nurse's direct supervision in these procedures significantly reduces care errors and increases patient safety, since it ensures the correct application of techniques and the appropriate use of available materials.

In addition, the nurse's role as an educator contributes to the standardization of care practices within the health unit. According to Souza et al. (2022), the absence of well-implemented protocols and continuous team training results in variability in care, which can compromise the quality of care. Standardization guided by the nurse allows for greater uniformity in conduct, ensuring that procedures are performed according to scientific evidence and institutional guidelines.

Another relevant aspect is that the continuous training of nursing technicians has a direct impact on the management of inputs and the efficiency of services. Well-trained professionals tend to use materials more rationally, better understanding the indication of each product and avoiding waste. According to Borba et al. (2023), the efficient management of material resources in health depends directly on the qualification of the team that uses them, and continuing education is a determining factor for the sustainability of the system.

However, the literature also points out important challenges for the exercise of this educational function by nurses. Among them, work overload, high demand for care and insufficient time for in-service education activities stand out. According to Figueiredo and Machado (2019), these structural factors limit the effective implementation of continuing education in basic health units, making it difficult to consolidate a culture of continuous learning.

Despite these difficulties, studies show that units where nurses actively play their role as leaders and educators have better care results. According to Geremia et al. (2024), the practice of nursing leadership associated with continuing education is related to the improvement of quality indicators, greater patient safety, and greater integration of the health team. This demonstrates that continuous training should not be seen as a complementary activity, but as an essential component of the organization of health work.

Thus, it is concluded that the head nurse plays a central role in the qualification of the nursing

team in Primary Health Care, being responsible for articulating leadership, continuing education and care management. Its performance is essential to ensure patient safety, the standardization of care practices and the rational use of inputs, thus strengthening the quality of care provided within the scope of the SUS.

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