



CARE IN NURSING: NURSE KNOWLEDGE OF PRIMARY HEALTH CARE

CUIDAR EM ENFERMAGEM: SABERES DE ENFERMEIROS DA ATENÇÃO PRIMÁRIA À SAÚDE

CUIDADO EN ENFERMERÍA: CONOCIMIENTOS DE ENFERMERA DE LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: to identify the primary care nurses' knowledge about the concept of care. **Method:** descriptive and exploratory study with a qualitative approach, which had the backdrop of six Traditional primary care units and four units of the family health strategy of the municipality of Juiz de Fora/MG/Brazil. In the data collection, were used semi-structured interview and recording in Mp3.18 nurses were interviewed after signing of informed consent, as approval of the Research Ethics Committee of the Universidade Federal de Juiz de Fora, under n°. CAAE 0080.0.180.000-09. **Results:** after analysis of thematic categories emerged: << Care as compassion >>, << Care as prevention and health promotion >>, Care as systematization of nursing care >>, << Care x administer >>. **Conclusion:** it is considered that the nurses showed important features about the proposed theme, but had difficulties in defining the issue under study. **Descriptors:** Nursing; Primary Care; Nursing Care.

RESUMO

Objetivo: identificar os saberes dos enfermeiros de atenção primária sobre o conceito de cuidar. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, que teve como cenário seis Unidades de Atenção Primária Tradicional e quatro Unidades de Estratégia de Saúde da Família do município de Juiz de Fora/MG/Brasil. Na coleta de dados utilizou-se de entrevista semiestruturada e gravação em Mp3. Foram entrevistados 18 enfermeiros mediante assinatura do Termo de consentimento Livre e Esclarecido, conforme aprovação do Comitê de Ética em Pesquisa da Universidade Federal de Juiz de Fora, sob CAAE nº 0080.0.180.000-09. **Resultados:** após análise dos dados emergiram as categorias temáticas: << O cuidar como compaixão >>, << O cuidar como prevenção e promoção da saúde >>, << O cuidar como sistematização da assistência de enfermagem >>, << O cuidar x administrar >>. **Conclusão:** considera-se que os enfermeiros demonstraram características importantes acerca da temática proposta, porém apresentaram dificuldades na definição da questão em estudo. **Descritores:** Enfermagem; Atenção Primária; Cuidados de Enfermagem.

RESUMEN

Objetivo: identificar el conocimiento de los enfermeros de atención primaria sobre el concepto de atención. **Método:** estudio exploratorio y descriptivo con un enfoque cualitativo, en seis unidades de atención primaria tradicional y cuatro unidades de la estrategia de salud de la familia del municipio de Juiz de Fora/MG/Brasil. En la colección de los datos fue utilizada la entrevista semi-estructurada y grabación en Mp3.18 enfermeros fueron entrevistados por la firma del consentimiento informado, como la aprobación de la Comisión de Ética de investigación de la Universidad Federal de Juiz de Fora, bajo nº de CAAE 0080.0.180.000-09. **Resultados:** después de análisis, fueron definidas las categorías temáticas: << El cuidar como compasión >>, << El cuidado como promoción de la prevención de la salud >>, << El cuidar como sistematización de la asistencia de enfermería >>, << El cuidar x administrar >>. **Conclusión:** se considera que las enfermeras mostraron características importantes sobre el tema propuesto, pero tuvieron dificultades para definir el problema en estudio. **Descriptores:** Enfermería; Atención Primaria; Cuidados de Enfermería.

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INTRODUCTION

Nursing is a profession characterized by having a specific body of knowledge and tools which facilitates the performance of its tasks with independence, competence and responsibility.¹ Is a health care professions whose essence and specificity is careful to human beings, individually, in family or in the community; developing activities of promotion, prevention, recovery and rehabilitation of health.²

To understand the human care as indispensable, both as a way of life as relate and that the need for care in all situations of survival Time³ becomes necessary, for that is the essence of the profession of nursing, be shown and be relevant to the development of the practice and who is being careful. In this way it can be said that when provided in a planned and systematic, is characterized as own nursing.⁴

Nursing professionals can demonstrate the essence, values and conceptual frameworks of the profession in a variety of ways, one of them would be to consolidate assistance methodologies based on theoretical frameworks of nursing practice, which will reflect in the modes of care and in the worldview of the professionals. The incorporation of both theoretical nursing practice and health care contributes to the consolidation of the visibility of the nurse and the social representation of the profession.

During workshops, study on nursing theories promoted by the multiprofesional residency in family health in the years 2008 and 2009, showed the importance and relevance for the professional nurse to understand the meaning of care in nursing, which is in essence the Act in this profession, and occur independent of healing and so authentic, through intersubjective relations between those involved in this process by promoting the wellbeing and the Transpersonal teaching-learning, which should be based on scientific evidence and on critical and reflective thinking.

It is believed that these considerations are essential for the nursing profession while say, seeking autonomy and self-awareness with consequent consolidation of your professional identity.

From this assumption, we elect as the aim of this study to analyze the knowledge of primary care nurses about the concept of care.

METHOD

Exploratory and descriptive study of qualitative approach, in order to facilitate the understanding of the concepts presented by the nurses in the profession. The choice of this methodology is appropriate for working the universe of meanings, values, attitudes, relationships that do not allow operations.⁵

The scenario was set up by 10 (ten) basic health units (in Portuguese, UBS) in the municipality of Juiz de Fora, which were randomized considering six traditional units and four units with the family health strategy (in Portuguese, ESF). This Division was intended to meet the objectives of this research highlighting the differences in care and the values of the practice among nurses of traditional health units and the ESF, whereas the principles and objectives that differentiate these practices.

Were part of these study 18 nurses involved in primary care, who have agreed to participate freely. The subjects were given an alphanumeric code because of their participation, and the word means ENF nurse and the paragraph after the word order of the interview. For nurses of UBS with ESF the ENF and traditional word UBS ENFT.

For data, collection used semi-structured interviews. The questionnaire used was composed of questions that favored the understanding regarding the concepts of care in nursing and others, which were held because of the responses of the subject. This type of instrument supports the description of social phenomena, its explanation and understanding its entirety in specific situations and of larger dimensions. In addition, keep the conscious presence of researcher and at the same time preserves the significance of the interviewee.⁶

The interviews were conducted in the actual working environment with scheduled time, respecting the wishes and the privacy of the subjects. Were documented in recording mp3 type and General notes about attitudes or behaviors of the interviewee. After each interview was carried to his transcript, in order to enable a better interpretation of data investigated because the faster is the transcription, better for the researcher, since he will still have vivid in memory the words of the respondent, which may help in case of any doubt about what you are listening to.⁶

Data analysis was based on three steps: the pre-analysis, which consists in organizing the material, the analytic description that is the in-depth study of the same, the categorization of the data and finally the referential

interpretation that relies on information materials used since the pre-analysis, which now reaches a greater intensity.⁷

The National Health Council guidelines and standards for research with human beings according to Resolution 196, October 10, were observed. Participants signed the consent form and clarified. The project was approved by the ethics and Research Committee of the Universidade Federal de Juiz de Fora (UFJF), Opinion No. 126/2009, 1756.100.2009 and Protocol CAAE No. 0080.0.180.000-09.

RESULTS AND DISCUSSION

After data analysis, the following categories emerged the care as compassion, the care as prevention and health promotion, care as systematization of nursing care and care x administer that will be discussed below.

♦ The care as compassion

Godly compassion had its start around the end of the 18TH century, known as "the time of kindness", a period in which the virtuous benefactor was his action to another (sufferer) and this became eternally grateful to that. In this sense, the relationship of unequal social time was disguised and reaffirmed between good and submissive, being the first (pious) exercised power over the last (powerless).⁸

For two nurses the term care is linked to the vocation, to charity and donation. This can be verified from the following lines: "look, I think it's the giving and receiving." (ENF3)

The source of care is the vocation! The care for me is divine, for me is something that comes from God is that gift, it is not because I think beautiful white clothes, it's not that I find beautiful nurse, no! It is something that comes from within! (ENF1)

The presence of few lines of nurses related to care associated with the donation, vocation and divine Act, can be linked to the growth of nursing as profession scientifically based and extension of the concept of care since they relate to this care away from science and approaches of the model of compassion. It was also found that society keeps influenced "the goodness" putting the professional who cares how kind and pious.

The Catholic Church had a strong influence on the mentality of the human being, at the beginning of Christianity were care provided by people connected to the Church and take care of each other had as a consequence the remission of sins, which attracted many in search of purification and a place in paradise.⁹

The transition from feudalism to capitalism promotes change in health care model that used to be religious vocations, and what differentiates one from the other the incorporation of lay people in care instead of people connected to the Church, although this influence lasts to the present day. For the author this influence should be eliminated to reaffirm nursing as a work, seeking the professionalization, as well as improvements to the professional class and improvements in working conditions.⁹

The nursing profession as a vocation, donation and religious influence total will have difficulties to consolidate as a scientific profession and autonomous with social prestige and recognition.

♦ The care as prevention and health promotion

The basic attention is considered by the professionals interviewed, ideal place to be exercised the nursing care that goes beyond the curativismo-still very present in Brazilian culture, to a care aimed at promotion, prevention and health education, involving both the individuality of the person assisted as his social environment, as you can see in the following passages: "all of us will closing with the same health promotion and prevention, flowing for us to promote the well-being and health of the person, the family health. Understand? "(ENF9T)

Caring in nursing in primary care it is very broad. It is beyond the care directly, making the dressing, injection, making fogging making directly! Is also doing work of health education, is also how to care, is to make home visits, and is making speeches. She has issues of prevention, care related to healing, rehabilitation. (ENF14)

You don't see the person as a party, you see the whole person so I can take care of it! It covers a much greater part understood? Prevention and other things. In addition, I think these other educational prevention and other parts more it's all embedded in this care. (ENF5)

Health policies of a country always reflect the historical-social context, in accordance with the prevailing economic and political models. In the case of Brazil, until the Decade of 80, assistance models that reflected this corresponded to the interests of the State, but did not correspond to real needs of population health.¹⁰

To revert this picture, in 1988, a new proposal for the Organization of assistance model based on the principles of universality, integrality, fairness, resoluteness, intersectoral approach, humanization of care

and social participation called unified health system (in Portuguese, SUS).¹¹

To contribute to the operationalization of the SUS, establishing new practices in the provision of health services, in 1994 the family health program (in Portuguese, PSF), which presents itself as an alternative to overcome the hegemonic model, Medical Center, which had as its predominant healing practices.¹⁰

The PSF is proposing the reorganization of primary care in health promotion, prevention of disease, assistance in resoluteness and health recovery, with quality and approaching the community health services.¹¹

Therefore, a program puts the multiprofessional teams closer to households, families and communities. This concept seems to be clear to the professionals interviewed as the following: *"there is no nursing care for the subject. Both take care of sick, how to take care of the family, how to take care of the community."* (ENF17T)

Today is focused on the community, in the community, it is important you take care of the patient or user, is [...] so you have to involve the family, working with the patient's family, is not only work the guy understand? Because to succeed in care have to engage the people of conviviality in the family. (ENF5)

The nursing care is you work the individual's bio psychosocial, the family and the community. Then you welcomes both the basic human needs of the individual, but it in the family context, social context. (ENF16T)

Even though traditional unit the nurse has the vision of expanded service enters that question [...] health as a whole [...] when you talk about caregiving, is knowing what's going on in the patient's home, as that's his life [...]not only that, he's here, I'll take care of what's in it. (ENF11T)

It is evidenced in the speeches of the nurses, that biological vision of subject gave room for a broader view, in other words, it is clear that caregiving must overcome a fragmented vision of the human being to a full understanding, both in individual, family and collective dimension, rescuing the generalist practice, thinking the health-disease process in a wide point of view¹⁰. It is worth noting that this full nursing care happens through interpersonal relationship, and it is important that the professional seek to recognize the actions and reactions of those involved in the care, in order to establish a relationship of mutual trust and for the exchange of information, which facilitates interaction and the process of nursing care.¹²

It was hoped that the nurses of the traditional units present a fragmented vision of care, because health practices developed in these units are differentiated from those of the ESF, but notes on lines above that for these professionals caregiving goes far beyond pathology and that involves the individual in its multiple dimensions, both in the individual and in the family and in the community, and to take care of this individual is to prevent and promote your health.

Analyzing the speeches in this category is the fact the nurse be a traditional or ESF unit should not interfere in the work process, because the action of the professional nurse goes beyond their training, workplace or the process in which this work occurs, but an ideology of professional life, in addition to their professional autonomy.

♦ Care as systematization of nursing

The historical evolution of nursing was based on principles, beliefs and values, without its own body of knowledge until the 50. To reverse this situation, establish nursing as a profession and consolidate it as a science came to be nursing theories developed and both made necessary the creation of a specific scientific and systematic method for the development of the practice of the nurse, emerging the nursing process (in Portuguese, PE) also known as systematization of nursing care (in Portuguese, SAE).¹³

The PE is the way of professional nurses organize their actions, allowing you to master your own work, in order to reach goals set in agreement with the customer. The steps that make possible this process are: the identification of the client's health problems, the nursing diagnosis, the elaboration of a care plan, the implementation of planned actions and the evaluation, being that all these phases interrelate.¹⁴

In this way, the SAE becomes a tool that enables a more scientific practice, what makes the Humanized, continuous care, fairer and quality. In addition, the SAE is in the practice of nurse the ideal means to apply its technical and scientific knowledge.

Some nurses reported so feeble and superficial caregiving coupled to the process of Systematization of nursing care, as we can see in the following passages: *"and care is not only act, but also to plan some actions that will lead to some future care. Evaluate some actions already taken as well as took care of the past."* (ENF17T)

Is we take a case whatever it is! Moreover, try to solve it in the best way, more appropriate to that person within the conditions of the person too! I think this is

care that differentiates the nursing care! Because we're going to adapt everything according to the need of the person! The nursing professional he has this commitment and has this feature to draw up that plan according to the needs of the person. (ENF2)

It is that history that we make and [...] of the customer [...] right! In addition, there you will propose that care for that person; it will assemble it so that it reaches the goal. Is [...] systematized and professional himself accompanied the resolution proposed care and then makes those interventions that are needed right! (ENF2)

It is observed in these speeches that mention of the nursing process and its steps occurs partially, demonstrating a superficial knowledge about the topic. It is believed that this shallow mention on the SAE can be related to a theoretical-practical knowledge of the subject, and that these professionals, not having their knowledge based on scientific knowledge, can do the same intuitively. Conduct this contrary to the thinking of some authors on the incorporation of SAE, and what defines a category as profession.¹⁵

Although there has been a gradual reversing of models assists, with changes of paradigms related to teamwork, still faces some institutional difficulties, among them, insufficient human resources, lack of professional training, and ideological issues of each professional, these facts that may limit the Organization of the work process and the use of SAE as an instrument establishing the quality of nursing care.

♦Care x administer

Some nurse has elucidated knowledge about the relationship between the administer and taking care. From the speeches, presented below, you can identify that these respondents consider the administrative process unlinked from the profession and the Act of care. "We have to be doing service that is not a matter for us. Because I am here, plus I am a Nurse Manager." (ENF11T)

I can't even say that today I am health unit nurse ESF because I'm more an administrator than a nurse is. I am more focused to administrative and supervision of aides. Who does care right here are the helpers and the doctor, I just give the support, get it? (ENF6T)

Based on the foregoing, it is proposed that a discussion about the controversy between the relationship of the Administration and of care, based on Humanistic nursing Theory of Paterson and Ziderard¹⁶ and the authors Guimarães e Bastos.¹⁷

On the Humanistic Theory observes that to be careful there needs to be an interpersonal relationship, requiring the presence of nurses and characterized, as a unique encounter between two people, where what prevails is the dialogue that must occur lived creatively involving the meeting, the relationship, be present, a necessity and a reply.¹⁶

Analyzing the theory, one can say that the Administration is not as a way to take care of, since, for the Theoretical care only occurs when there is an interpersonal relationship, you must be with the user and do it with the user. The professional involved in the administrative procedure does not exercise its function of interpersonal manner during your work process there is the presence of the user, therefore does not occur the dialogue referred to by such Theoretical.

On the other hand, Guimarães and Bastos¹⁷ assert that the Administration is housed in the dimensions of care and that the dimensions of care if configure in manage, assist, educate and investigate. This study highlights the administrative dimension, which is presented as being a supplementary Act to take care of nurses in their multi dimensions and not a dichotomous or antagonistic to this action. Believe that the administrative act and favor has or facilitates the care of nursing.

The dichotomy between the managing and caring for observed in the speech of the respondents is not based on benchmarks but in everyday life, which is coupled with inadequate human and material resources and that such professionals in their daily practice, coexist with an overload of activities that interfere with the quality of care provided and a little dedication to care, itself, performing more activities linked to health service administration.

Can be seen in the excerpt below the respondents' dissatisfaction with the lack of resources and direct interference in the development of professional practice. *"The care that we want to make things right without having to take care of is that is the basis of the question! Because sometimes you have goodwill, you want and you don't have material!" (ENF1)*

We developed here is a lot of activity that is not of our competence; type, this business of getting pulling plug, holding plug right, that's one thing that demands time, what if we instead had guiding more patient, I think it would be much easier to take care of it right, that is our job. Here in public health especially in you one day have one thing, you have a lot, and the other day you have nothing. (ENF6T)

Note that the talks related to workload was of a respondent who works at traditional UBS, that is, has no minimum team, featuring a number of human resources than the present in the ESF. It is believed that the nurses' working process can be harmed when this professional experience an overload on your work/care.

FINAL CONSIDERATIONS

Before the results obtained it is noticed that the primary care health nurses when they are asked about their knowledge about the nursing care demonstrate important features in the definition of this issue, however, it was observed an inhibition of most subject when formulating their responses on the topic, considering this difficult definition.

There is a need to create strategies as: greater encouragement of scientific research, stimulating critical thinking and reflective, development of theoretical body based practice profession itself and review in the form of teaching the theory and practice of nursing in nursing course with the purpose of improving vocational training. In addition to these strategies, we propose other studies on the subject, as well as investigations on nurses' assistance offered in the UBS, because it is believed to be important to examine whether the knowledge and values of these interfere in the quality of care provided.

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