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ORIGINAL ARTICLE

MEANINGS OF HEALTH CHILDCARE BASED ON THE HEIDEGGERIAN HERMENEUTICS

SIGNIFICADOS DO CUIDADO DE SAÚDE À CRIANÇA À LUZ DA HERMENÊUTICA HEIDEGGERIANA

SIGNIFICADOS DEL CUIDADO DE SALUD AL NIÑO BASADO EN LA HERMENÉUTICA HEIDEGGERIANA

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ABSTRACT

Objectives: to analyze the meanings of childcare by the nurse based on the philosophical thought of Martin Heidegger and to discuss the nurse's daily assistance to the child in the family health strategy. **Method:** qualitative study with phenomenological approach, carried out with 13 nurses of the family health strategy teams of Teresina, Brazil, through individual phenomenological interviews. For the analysis interpretation of the reports, hermeneutics was used. The results were presented in categories and interpreted according to Heideggerian hermeneutics. The study had the project approved by the Research Ethics Committee, Protocol 0138/2004. **Results:** after the analysis of the lines four categories emerged: << Taking care of the child through the mother >>; << Rewarding childcare >>; << Assistive care to the child >>; << Interdisciplinary care to the child >>. **Conclusion:** For nurses, childcare in the Family Health Strategy means to prepare mothers and guide them. It is a rewarding, assistance and interdisciplinary healthcare. **Descriptors:** Nursing in Community Health; Childcare; Family Health.

RESUMO

Objetivos: analisar os significados do cuidado infantil situado no enfermeiro à luz do pensamento filosófico de Martin Heidegger e discutir a assistência cotidiana do enfermeiro à criança na estratégia saúde da família. **Método:** estudo qualitativo com abordagem fenomenológica, realizado com 13 enfermeiras das equipes da Estratégia Saúde da Família de Teresina/PI, Brasil, por meio de entrevistas fenomenológicas individuais. Para a análise interpretativa dos relatos, utilizou-se a hermenêutica. Os resultados foram apresentados em categorias e interpretados segundo a hermenêutica Heideggeriana. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo nº 0138/2004. **Resultados:** após a análise das falas, emergiram quatro categorias: << Cuidar da criança através da mãe >>; << O cuidado gratificante à criança >>; << O cuidado assistencial à criança >>; << O cuidado interdisciplinar à criança >>. **Conclusão:** o cuidado à criança na Estratégia Saúde da Família significa para as enfermeiras preparar às mães e orientá-las. É um cuidado gratificante, assistencial e interdisciplinar. **Descritores:** Enfermagem em Saúde Comunitária; Cuidado da Criança; Saúde da Família.

RESUMEN

Objetivos: analizar los significados del cuidado infantil situado en el enfermero basado en el pensamiento filosófico de Martin Heidegger y discutir la asistencia cotidiana del enfermero al niño en la estrategia salud de la familia. **Método:** estudio cualitativo con enfoque fenomenológico, realizado con 13 enfermeras de los equipos de la Estrategia Salud de la Familia de Teresina/PI, Brasil, por medio de entrevistas fenomenológicas individuales. Para el análisis interpretativa de los relatos se utilizó la hermenéutica. Los resultados fueron presentados en categorías e interpretados según la hermenéutica Heideggeriana. El estudio tuvo el proyecto aprobado por el Comité de Ética en Investigación, Protocolo nº 0138/2004. **Resultados:** después del análisis de los discursos surgieron cuatro categorías: << Cuidar del niño a través de la madre >>; << El cuidado gratificante al niño >>; << El cuidado asistencial al niño >>; << El cuidado interdisciplinar al niño >>. **Conclusión:** el cuidado al niño en la Estrategia Salud de la Familia significa para las enfermeras preparar a las madres y orientarlas. Es un cuidado gratificante, asistencial e interdisciplinar. **Palabras clave:** Enfermería en Salud Comunitaria; Cuidado del Niño; Salud de la Familia.

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INTRODUCTION

Health childcare represents an important activity for the children's healthy growth and development, since this population is very vulnerable at this stage of the life cycle, requiring specialist care of the health team. From the monitoring of healthy child, exercised by childcare, it aims to reduce the incidence of diseases.¹

In Brazil, from the Health Reform, by the Family Health Strategy (FHS), until the present moment, the pediatric nursing is gaining greater participation in public health, highlighting the Primary Care to Health (BCH). In these assistance services, nursing performs various activities for the childcare, promoting his access, hosting and collaborating for the resolution of grievances, disease prevention, thus promoting the health of this population.²

As responsible for the nursing consultation on childcare in BCH, the nurse performs an important role in the grievances early identification to health, planning and implementing care, guided by health indicators, in order to offer a better assistance to this clients.³

For monitoring child, Ministry of Health manuals are used with existing programs, such as the Protocol of Low Risk Prenatal, Monitoring of Child Growth and Development and the Integrated Management of Childhood.⁴

As nurses, when reflecting about daily life assistance to the child, we see that it happens under the pressures that the public system and health routine impose. This concern about the daily life of nurses caring for children especially in FHS units directed us to unveil the universe of these nurses in primary health network of the city of Teresina, Piauí, Brazil. Then the following guiding questions were created: what does it mean for you to take care of a child in this service? What strategies do you use to solve the everyday situations of health of children?

The meaning shows structuring function in people's lives, since they organize their lives around what things mean to them.⁵ In this way, the nurse care to the child in FHS daily life is related to the meaning perceived by this professional about his action to care. In this perspective, it is very important to understand the meanings for the nurse child care in FHS daily life and how that care is performed, since it will allow the reflection of the nurse about his way of being, improving quality of nursing care to the child in the context of primary health care.

OBJECTIVES

- To analyze the meanings of nurse's child care based on the philosophy of Martin Heidegger.
- To discuss the daily assistance of nurses to the child in the Family Health Strategy.

METHOD

Descriptive study of qualitative nature, using Heideggerian Phenomenology as philosophical-theoretical and methodological approach, that questions the being, questioning the entity and seeking the meaning of being.⁶ In this perspective, it was necessary to question the being-professional, questioning the nurse entity to understand the sense that justifies the way of being of nurses in childcare in the primary health network in family health units.

The phenomenological method tries to understand the phenomenon, not worrying about generalizations or explanations. Phenomenological research is not started from a problem, but a question mark about a phenomenon, which requires being experienced or have already been lived by the subject.⁷

Thirteen nurses' members of the FHS teams from the city of Teresina, Piauí participated in the study. It was held with previous contact with nurses of the units and clarifications on the research were provided, following all the recommendations of the Resolution 196/96 of the National Council of Health. The study was approved by the Research Ethics Committee of the Federal University of Piauí, under paragraph 0138/2004.

The phenomenological interview was used individually, performed in primary health units, where the nurses acted in an appropriate place for a deepen dialogue. The main question that were the basis for phenomenological analysis were: what does it mean for you to take care of a child in this service? What strategies do you use to solve the everyday situations of health of children?

The dialogues were recorded with the permission of the deponents, transcribed by the lead researcher and enumerated by sequential order of achievement. The interviews finished when convergences in the reports to achieve wave and median understanding were observed. To preserve the identity of the subjects, pseudonyms were used randomly.

In an attempt to understand the meanings that nurses have expressed in their testimonies, the interviews were read

successively, seeking to find in each one of the testimonials, significant answers about our intentional curiosity while researchers. Gradually the nurse in different modes of childcare was shown, the ontic way of the nurse in the health units.

For interpretative analysis of the reports, hermeneutics were used, which considers the man, the world, as possible symbols of interpretation.⁸ With the nurses' speeches about their experiences, the moment of understanding and later interpretation were followed, expressed by units of signification, about what was said. From the units of meaning four categories emerged: << Taking care of the child through the mother >>; << Rewarding childcare >>; << Assistive care to the child >>; << Interdisciplinary care to the child >>.

RESULTS AND DISCUSSION

♦ Taking care of the child through the mother

The nurses, in their way of being, think to be necessary to prepare the mothers so that they can properly take care of their children, since this is not easy to be effective at home. For the deponents, it is necessary to guide mothers, to work with them, to teach them to assist the child into what he requires, as noted in the reports below:

For me the most difficult in childcare is to prepare the mother. If you don't prepare the mother we will never get the caregiver to take care of a person who is totally dependent on another. The most important thing is to take care of the mother, or the grandmother, or the person responsible for the child, to be able to take care of the child. (Teresa Fabri)

My care here in the service is restricted more to the guidelines to the mother about the care at home, especially because we see that many are caring thinking is correct, but when we see [...]. (Teresa Inácia)

I find it a bit hard to take care of child even because this care depends on someone else, usually the mother. So, we have to take care of the child educating the mother, the adult. I think one of the hardest jobs in the FHP is to take care of the child ... (Teresa Joaquina)

There is concern by nurses that the person who takes care of the child at home (grandparents, aunts), especially the mother, is instructed to perform such care. In a few moments is the professional who can exchange knowledge with the mother, since their purpose is to make it through health education, able to take good care of the children. It is highlighted that health education represents important resource facilitator for the community capacitation.⁹

For the nurses, the most important thing to take care for children in service is taking care of mothers. To care for the child is crucial considering the fundamental role of caregivers in recovery, maintenance and prevention of diseases to the health of children in the home environment.¹⁰

The nurse wants the security of mothers with their children to do it right at home. They assume that from the guidance work they do, essential for mothers, give better condition so that they have autonomy to what to do in relation to the health of children, which make them object of the action of the nurse.

To promote the health of the child it is necessary to intervene in the context of this family. The family approach differentiates care performed and allows the professional planning and implementation of strategies in accordance with the reality of the children cared. The childcare needs to be directed to the family, understood in their physical, social and cultural context.¹¹

Mothers have important role in the growth and development of their children, being responsible, through their care, for health promotion of the child. The use of health education by professional appears as a strategy for health promotion and evaluation of maternal conditions to carry out childcare satisfactorily.¹²

[...] When in my day to day I found a sick child, I see how the child is being cared at home. This is crucial. I need to count on his mother to help this child. (Teresa Emília)

Encouraging the mother to look after the health of his child represents a viable strategy, through actions for the prevention of diseases and health promotion, such as vaccination, personal and environmental hygiene practices, precautions for the prevention of accidents at home and the early identification of any injury to the health of the child. These activities should be implemented in order to enable a better quality of life for the child.¹³

♦ Rewarding childcare

The nurse, in his way of being, was gratified to take care of children, because he recognizes that is contributing to his future. He feels that with his work can provide conditions for the child to remain healthy. In assistance daily life, nurses' aim to not only take care of now, the situation that is at that moment, but they visualize that taking care of the sick child, they favor good perspectives for their health, as noted in the reports below:

I find it rewarding assisting the children because you see that if the child is well cared, they will have in the future, or better, they will be healthy people, qualified people. I feel like I'm contributing to that. (Teresa Margarida)

Our childcare work that is the monitoring of growth and development is gratifying. We can treat diseases prevalent in childhood and that's gratifying [...] We always care and we are happy, in fact we have a very large compensation. (Teresa do Carmo)

Loving what they do, the nurses involved with children's problems by performing actions that express commitment to the health of the child, with his future and with the family of the child, to keep always available to help mothers in health care.

In a study conducted at the Vale do Paraíba region in order to understand the meaning attributed by the nurse to carry out nursing consultation on childcare, in the FHS context, it was realized that the assistance of a nurse is experienced in a pleasant and enjoyable way. This professional expressed gratification and satisfaction to understand child development and prevention of diseases, in addition to the management of childhood assistance.¹

♦ Assistive care to the child

In the FHS daily life, the nurse expressed the professional act in carrying out assistance tasks. In their way of being there are the care of the child, monitoring valorization of growth and child development, the vaccine situation, seeking to act in health promotion and prevention of diseases, through guidelines, as noted in the testimonials below:

[...] What I can do better is to consultation, talking about breastfeeding, prevention of IRAS, diarrhea [...] of children up to seven years old, we monitor them month to month in the area, looking to do activities in the community, prepared the soup of malnourished, weighed the child ... We also monitor the vaccines, searching for the absentees making the home visit... (Teresa Madalena)

Childhood diarrhea represents one of the main causes of morbidity and mortality in this population. To monitor the child's vaccine status and guide about breastfeeding, the nurse is preventing the occurrence of this aggravation, since these factors are directly related to the involvement of diarrheal diseases.¹⁴

They expose that assistance in their daily lives are involved with the care of the child, including through home visits. According to what it is established by the FHS, the nurse home visit takes place only to users who have priority needs of health, facilitating approximation with family and planning

individualized health practices to the reality of users.¹⁵ When doing home visit, professionals realize the reality of the assisted population, identifying their real needs in health care.¹⁶

The home visit represents a strategy for the promotion of health, prevention of diseases and monitoring of real conditions experienced by the population in the home environment, being an instrument for professional care organization to fully assist their community.¹⁶

[...] it is the weigh, the measure, the monitoring of growth development, vaccines, is the guidance. (Teresa Maria)

The nurse must have knowledge about the growth and development of the child to perform childcare consultations in the primary care.¹⁷ The growth and child development monitoring represents an indicator of the health of the child, which enables the identification of health risks and the realization of preliminary interventions to aggravations, which can encourage the reduction of morbidity and mortality in childhood.¹⁸

For the nurse, performing the child nursing consultation represents the realization of full care to the child and his family, which does not consider only the complications, but it is concerned with health education, preventing the harms to health. In this way, the nurse checks the anthropometric measurements, examines the child, evaluates growth and development, verifies the vaccine situation and guides the family to be able to act properly with some problems¹.

♦ Interdisciplinary care to the child

The nurses, in their daily lives recognize their limitations work to care for a sick child, to require the support of other professionals, as a doctor, dietitian, dentist or more complex services. It is observed the need of interdisciplinary for the resolution of problems related to child health, emerging as a new strategy in the work to achieve a common objective, the promotion of child health.¹⁹

When the child is sick, we are based on the AIDPI, we try to follow those guidelines. We treat the pathologies encountered, if it's not our job, forwarding, to the dentist. With some complexity I redirect as already said to a location of higher resolution. (Teresa Joaquina)

To fully taking care of the child, considering it as a multidimensional being, the nurse realizes the need for interdisciplinary of health care. This full care requires the articulation of the practices and knowledge of

each professional, in addition to knowledge of the professional skills of another.^{11,20}

When they come with a problem we use the AIDPI, evaluating and classifying, so if it is a pathology that is inside our professional law, I prescribe, if it is within the AIDPI, I classify, prescribe. If not, I redirect to the team doctor. (Teresa Rosa)

A study in São Luiz, Maranhão, aiming to understand how childcare practices are produced in the primary care, noted that health professionals in the care of the child are searching for the other members of the team and other teams to exchange knowledge, aiming at solving the problems of child health.¹¹

◆ Hermeneutics childcare developed by FHS nurses

The opening to the child occurs in the occupation routine of Family Health Unit. To determine the mode of being of the nurse, the occupation guide their attention to those everyday problems of the FHS. In the daily life of the unit, the nurse does not realize that acting mechanical, expected because they comply with what the Family Health Strategy expect them to do.

In the daily life of childcare in primary health unit, the nurse presents thst to the Heideggerian phenomenology ontology is humor, "the mood exacerbated can relieve the weight revealed by the being"^{6:193}, so the nurse even realizing how difficult child care is, feels willing and gratified when performing this care.

When expressing gratification and satisfaction with the care they carried out, the nurses are as a be-in-world. As professionals, we are be-in-world sharing with others what we know and what we experience, "the basis of this be-in-world determined by with, the world is always the world shared with others. The world's presence is a shared world. The be-in is be-with others. The be-in-self intra-world of those others is co-presence".^{6:175}

As be-in-world, the nurse needs to other professionals in the team to perform an full assistance to the child, expressing as be-with-the-other, and with their mothers in child care, caring in guiding the mother and prepare her for caring for her child at home. The concern can be seen, therefore, as "an ontological constitution of the presence that, according to their different possibilities, is closely tied with both their be into the world of occupation as with be for themselves".^{6:179}

Another aspect to highlight is that the childcare performed by nurses is mainly a care based on dialogue. It is therefore necessary

that the message wanted to see in an act of caring, is understood by the mother/family in order to be executed. "Only where there is existential possibility of discourse and listening is that someone might hear." Who "cannot hear" and "must feel" might do it very well, and then listening. Hear out there is a deprivation of listening comprehension. Speech and listening founded on understanding".^{6:227}

The learning capacity of the mother is also a question place by the nurse who, in his educational action, thinks necessary to increase or decrease in quality or in quantity of the information that will be provided to mothers. There are considering also that "talking a lot about something does not ensure any greater understanding".^{6:227-8} Long speeches leave the listener dispersed and mothers have other tasks that do not exclusively take care of that son who presents health problem. The silence that sometimes arises at the moment of a guideline can be revealing speech understanding, but also manifesting the opposite and even an urgency to complete the consultation. Silence may reflect a passivity who accpet the control on the other. In testimonies there was not this concern by the professional, but also not unveiled the concern about what they listen to ensure understanding of what is said.

CONCLUSION

In a more narrow approach with nurses working in FHS, a world of worries expressed in different ways was found: to know about the evolution of a child, if they are following the guidelines, if the care is being performed properly at home. The nurses feel useful, take on the role of guardians of the health of children, but they are limited because they depend on childcare held at home.

The nurses also showed that they work with the guidance. We understand as necessary to revise mothers approach postures, to rescue care that they already practice, leaving aside the attitude for guidance on everything that surrounds us, the attitude that ignores the existence of consciousness on the other.

The home visits described by the participants were identified as a strategy that allows the nurse to participate in family dynamics. More than an approximation with the family, the home visit must have finally seeking a greater understanding of the relationships that are established in that space.

When the nurses takes care of the child, they try to give the possibility to follow in

pursuit of the development of their potential as be-in-world. As they believe that protecting their existence is their responsibility, dealing with mothers in search of redemption of care they consider essential and, more than that, they need to be on constant alert for the quality of life of families.

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