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ORIGINAL ARTICLE

THE PROCESS OF NURSE'S WORK IN INTEGRAL ASSISTANCE PROGRAM TO THE WOMEN'S HEALTH

O PROCESSO DE TRABALHO DO ENFERMEIRO NO PROGRAMA DE ASSISTÊNCIA INTEGRAL A SAÚDE DA MULHER

EL PROCESO DE TRABAJO DEL ENFERMERO EN EL PROGRAMA DE ASISTENCIA INTEGRAL A LA SALUD DE LA MUJER

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ABSTRACT

Objective: analyzing the activities developed by the nurse in the management of Integral Assistance Program to Women's Health in primary care network. **Method:** an exploratory, descriptive study with a qualitative approach, which was carried out in the Health Units of the Family Health District IV in João Pessoa/PB. The sample consisted of 20 nurses who met the study criteria. The data obtained through semi-structured interviews were analyzed based on Bardin content analysis. The project was approved by the Research Ethics Committee, CAAE 17607513.0.0000.5183. **Results:** although the nurses develop managerial, assistance and educational activities, it has not yet managed to achieve the goal of PAISM. **Conclusion:** the activities developed by nurses at health centers studied contemplate partially the comprehensive health care to women. It is suggested the expansion of practices compatible with the principle of completeness articulated to PAISM. **Descriptors:** Women's Health; Primary Care; Nursing.

RESUMO

Objetivo: analisar as atividades desenvolvidas pelo enfermeiro na gestão do Programa de Assistência Integral à Saúde da Mulher na rede de atenção básica. **Método:** estudo exploratório, descritivo, com abordagem qualitativa, realizado nas Unidades de Saúde da Família do Distrito Sanitário IV, em João Pessoa/PB. A amostra foi composta por 20 enfermeiras que atenderam aos critérios do estudo. Os dados obtidos por meio de entrevista semiestruturada foram analisados com base na análise de conteúdo de Bardin. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 17607513.0.0000.5183. **Resultados:** embora os enfermeiros desenvolvam atividades gerenciais, assistenciais e educativas, ainda não se conseguiu atingir a meta do PAISM. **Conclusão:** as atividades desenvolvidas pelos enfermeiros nas unidades de saúde pesquisadas contemplam parcialmente a atenção integral à saúde das mulheres. Sugere-se a ampliação de práticas compatíveis com o princípio da integralidade articuladas ao PAISM. **Descritores:** Saúde da Mulher; Atenção Básica; Enfermagem.

RESUMEN

Objetivo: analizar las actividades desarrolladas por la enfermera en la gestión del Programa de Asistencia Integral a la Salud de la Mujer en la red de atención primaria. **Método:** es un estudio exploratorio, descriptivo con un enfoque cualitativo, llevado a cabo en las unidades de salud del Distrito de Salud Familiar IV en João Pessoa/PB. La muestra estuvo conformada por 20 enfermeras que cumplían los criterios de inclusión del estudio. Los datos obtenidos a través de entrevistas semi-estructuradas se analizaron con base en el análisis de contenido de Bardin. El proyecto fue aprobado por el Comité de Ética en la Investigación CAAE 17607513.0.0000.5183. **Resultados:** aunque las enfermeras para desarrollar la gestión, bienestar y actividades educativas, aún no ha logrado alcanzar la meta del PAISM. **Conclusión:** las actividades realizadas por las enfermeras en los centros de salud estudiados parcialmente incluyen parcialmente el cuidado de la salud integral de las mujeres. Se sugiere la expansión de prácticas compatibles con el principio de exhaustividad articulado al PAISM. **Descriptores:** Salud de la Mujer; Atención Primaria; Enfermería.

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INTRODUCTION

The growth of the Health Care Network, driven by the decentralization process in the Unified Health System (SUS), has contributed to changes in the management and provision of services in the industry, stimulating the health labor market. Nursing, as part of this system, has significantly participated in this process, the expansion of the Family Health Strategy - FHS.¹

The nurse as a manager and leader, is also responsible for health care within these organizations and the development of strategies in the context of the drive to strengthen the implementation of these programs, encouraging the participation of the multidisciplinary team in the organization and production of health services and identify problems, search for solutions to reorganization of health practices to meet the real needs of users, workers and institution.²

In this context, actions aimed at women's health have been the subject of discussion and elaboration of public policies over time. A study³ revealed that the theoretical and conceptual context of the health system and biomedicine is an important epistemological obstacle to the proposal of completeness. In addition, health problems are not articulated by the social, cultural, economic and political context, what influences the health and disease goes beyond the field of health policies. Accordingly, the Integral Assistance Program to Women's Health (PAISM), published in 1984, thanks to the feminist struggle built over time, advocated comprehensive care as a central strategy of actions directed to women, which represented a break with the policy on maternal and child biological aspect that historically was the main objective of community policy dealing with women.⁴

The PAISM provides assistance to women in an integrated manner, respecting the specificities of the life cycle of adolescent women with menopause, including assistance to prenatal, delivery and postpartum period (pregnancy and childbirth), family planning (reproductive cycle); assistance, clinical and gynecological (prevention and control of gynecological and breast cancer and prevention of sexually transmitted diseases - STDs) and menopause. Its goal is to improve women's health conditions and reduce maternal morbidity and mortality rates.⁵ This program has brought innovation in relation to the extended health concept, opposing the implemented programs of vertical and fragmentary.^{1,4}

The PAISM pointed out that the main problems identified in the female population were: the lack of positive effect of prenatal care; the search of mothers for several hospitals in search of assistance for childbirth; the gradual reduction of breastfeeding by changing values of industrialized society; inadequate obstetric practices during birth care; the lack of rooming; high rates of morbidity and mortality of cervical and breast cancer; the increased incidence of STDs; abortion; increasing the number of systemic diseases in women; the lack of information and means for regulation of fertility.⁶

It also pointed out the increase of STDs, pregnancy before the age of 15, deaths from direct obstetric causes in the group of adolescent women. And among the women over 49 years old highlighted the risk of breast and cervical cancer related to the phase of menopause. However, this problem still persists to this day, although in a more attenuated form, due to the implementation of the National Policy for Integral Attention to Women's Health - PNAISM.⁷

In this new scenario, the programmatic objectives of PAISM were defined in line with several Brazilian laws in order to: increase the coverage of prenatal care; improve the quality of delivery care; increase breastfeeding rates; deploy or expand the identification and control actions of cervical and breast cancer, sexually transmitted diseases and other most prevalent pathologies in women; develop regulation activities of human fertility; and prevent abortion by preventing unintended pregnancies.⁶

The strategies adopted in the expansion of assistance to women in the current health policy advocated by SUS, assist women to reach, in general, 70% of consultations in primary care. In this perspective of expanded intervention, the actions of nurses must be incorporated in doings to visualize the woman in her life context, ie someone with history and family, in which care happen from her demands and needs in all life cycle phases.⁸

Given the above, it justifies the importance of this study the health of women within the FHS, in order to contribute to the knowledge and conceptions of the doings of nurses articulating theories and practices, proposing a reflection on the performance of this professional in the context of women's health.

This study focuses on issues related to nursing work process in PAISM, in the primary health care network, linked to the FHS, in order to analyzing the activities developed by the nurse in the management of Integral

Assistance Program to Women's Health on the net primary care.

METHOD

This is a descriptive study with a qualitative approach, developed in 20 FHS units in the Health District IV, in João Pessoa, with 20 nurses.

The data production occurred from November 2013 to January 2014, which was applied a structured instrument, which included the variables: sample characterization; characterization of the activities developed by the nurse at the clinic based on PAISM/MOH.

The subjective questions were analyzed based on Bardin Content Analysis.⁹ This method involved three phases: pre-analysis, where there was organization and reading of data, coding (to signal the multiple issues and ensure the confidentiality and anonymity of the subjects; they were identified by randomly Nurse pseudonym followed by letters of the alphabet from A to T) and initial reading in search of recurrences in the speeches; then it was carried out exploration of the material through the formation of Key

Expressions that best describe and represent the content and organization of the same in central ideas (categorizing the stages of a woman's life); and finally made the speech content analysis to identify the perceptions and actions on the subject. For the interpretation of excerpts from speeches that led categories were kept the original meaning of the interviews.

This study considered the Resolution 466/12 of the NHC¹⁰, and was submitted to the Research Ethics Committee of the University Hospital Lauro Wanderley - HULW, opinion adopted under the number of the Presentation of Certificate for Ethics Consideration - CAAE: 17607513.0.00005183.

RESULTS

This part of the study is an analysis of the role of nurses working in PAISM in health facilities, according to the discourse of these professionals, and the profile sociofuncional of these professionals, as illustrated in Table 1, below:

◆ Socio-functional profile of nurses who work in the Program of Full Assistance to Women's Health-PAISM in FHS:

Table 1. PAISM nurses’ profile of the FHU (n = 20). João Pessoa- PB, 2014.

Nurses’ Data		
Profile	n	%
Academic Training		
Graduate	05	25
Specialization	15	75
Professional performance time (in years)		
1-5	02	10
6-10	02	10
11-15	01	05
Over 15	15	75
Time of performance in Health Unit (in years)		
1-5	03	15
6-10	04	20
11-15	09	45
Over 15	04	20

In the analysis of Table 1 it shows the predominance of female participants in the Women's Health management in primary health care network, being 75% of them with specialization course. Regarding the professional work time, 75% have more than 15 years of professional experience, working in the same health facility.

◆ Activities developed by the nurse in the Integral Assistance Program to Women's Health-PAISM in FHS:

The nurse's role of analysis in the FHS at each stage of the life cycle of women was effected through a data content analysis grouped by theme: the assistance to the

woman in adolescence, prenatal, postpartum, prevention control of gynecological and breast cancer, prevention of STD and AIDS and women in menopause.

◆ Nurse’s assistance to the woman in adolescence

There were examined the activities that nurses develop together with adolescents. Based on the results, we expound them following speeches:

I perform activities related to the assistance mainly in homeless adolescents and the users of CAPSi (Psychosocial Care Center Children and Youth). (Nurse F)

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I encourage the entry of adolescents in the area PROJÓVEM (National Program for Youth Inclusion). (Nurse N)

It was observed that in the Family Health Strategy (FHS) the promotion, prevention and care actions of these individuals are focused on lectures and verbal directions during nursing visits. As stated by the nurses:

I guide them verbally during the consultation. (Nurse T)

I do the upgrade of the vaccine portfolio and guide about family planning, and conduct educational talks in schools as the School Health Program (PSE); however, the cytological is done infrequently, due to the low demand. (Nurse F)

I do guidance about STD / AIDS, early pregnancy and family planning.

Furthermore, the Nurse G reported:

Realize individual counselling to patients with STD/AIDS. (Nurse D)

Regarding one of these performances, one participant reported:

Here in the unit the adolescent is assisted by me and the doctor and together we guide; also distribute condoms, oral and injectable contraceptives, and make immunization, if necessary. (Nurse B)

◆ Nurse's assistance to prenatal women

About the activities aimed to prenatal care, the interviewees reported:

Questioning during consultation in a multidisciplinary way, introducing the doctor and the dentist. (Nurse T)

Another participant assured:

In my unit the nurse performs the first prenatal consultation to all pregnant women. (Nurse M)

Regarding the routine test ordering the respondents reported performing the activity, highlighting the speech below:

I request all the tests recommended by the MOH, and highlight the introduction in 2012 of a new complementary examination that is hemoglobin Electrophoresis if the pregnant woman is black, has a family history of sickle cell anemia or present history of chronic anemia. (Nurse O)

In relation to health education during pregnancy, nurses mentioned conduct educational talks.

I hold lectures in micro areas of coverage or on the unit itself, particularly encouraging exclusive breastfeeding. (Nurse L)

I provide guidelines on physical activity and healthy eating. (Enfermeira F)

However, one of them reported:

I have many difficulties in carrying out the talks, because I have no physical space and users only participate if there is snack or food basket distribution, making it the most

costly activity. So only realize once a month. (Nurse N)

On routine examination request, the interviewees perform this activity, highlighting this speech:

I request all the tests recommended by the Ministry of Health, and highlight the introduction in 2012 of a new diagnostic test that is hemoglobin electrophoresis if the pregnant woman is black, has a family history of sickle cell anemia or present history of chronic anemia. (Nurse O)

Concerning the support of the social condition of the pregnant woman, one of the interviewed corroborated:

I work in a very deprived area and collect donations for the baby layette, as a way of also help adherence of women to prenatal care. (Nurse N)

With regard to immunization:

Routine requested vaccines in pregnancy are: DT (diphtheria and tetanus); influenza (fragmented) and hepatitis B (recombinant). (Nurse F)

However, not all units surveyed have a favorable environment for carrying out the vaccination; as said the following nurses:

The rapid HIV test and vaccines are not being performed because there is only one refrigerator and separate to store insulin since they cannot be mixed with other substances. (Nurse A)

Vaccines are not being performed because there is no physical space to put the refrigerator. (Nurse N)

Vaccines are only made on Tuesday afternoon, because as there is no refrigerator; the same has to come from the municipality of the cold network, being allocated in a cooler to keep the temperature for a few hours. (Nurse F)

With respect to the reproductive law, the following said:

Refer pregnant women to tubal sterilization, when necessary and possible. (Nurse H)

◆ Nurse assistance to the woman in puerperium

With regard to assistance to the woman in puerperium, most interviewed claimed to perform home visits:

I carry out the visit to assess the biopsychosocial condition, family support, a feature of lochia and breastfeeding conditions. (Nurse Q)

Regarding the visit period:

I perform up to the first 45 days of puerperium. (Nurse F)

I perform the visits in the first 8 days. (Nurses E e N)

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With regard to educational talks to mothers, most nurses reported providing guidance during the home visit or consultation about breastfeeding, general care of the newborn and the mother.

I guide to breastfeeding and the continuation of the mother iron supplementation. (Nurse D)

I inform about the care to the NB: vaccine, food, personal hygiene and neonatal diseases. (Nurse F)

I guide about the importance of growth and development of the baby surveillance. (Nurse L)

I reinforce that after 42 days return for the realization of family planning. (Nurse P)

I encourage the realization of Integrative Complementary Practices by the mother. (Nurse O)

◆ Nurse assistance to the woman in the prevention of gynecological cancer control and breast

The nurse intervene to prevent the control of gynecological cancer and breast performing preventive screenings like Pap, breast self-examination, ultrasound or mammography and colposcopy, as stated in the reports below:

I always realize consultation with collection for cytological examination and breast examination. (Nurse M)

I always realize cytological and where necessary apply for colposcopy. (Nurse H)

Although actions are carried out about prevention of breast cancer and cervical cancer in the health centers studied, it is clear that there are operational difficulties of the activities thus undermining the clientele. As described:

I perform cytological weekly; however, we are today with the broken stretcher to cytology. (Nurse K)

I'm not doing cytological, for how the unit operates in only one room, there is no way to promote customer privacy, nor is there room for gynecological table. (Nurses A e N)

It is up to point out that the nurses and working in the same physical space, where each unit works on a shift, due to the fact of being without fixed head offices.

◆ Nurse assistance to the woman in the prevention of sexually transmitted diseases-STD and AIDS

Undoubtedly, health education is essential in order to promote and increase knowledge in the community so that they become increasingly conscious about their attitudes and behaviours in order to prevent STD/AIDS.

Regarding assistance for STD/AIDS prevention, it was mentioned:

In our BHU consultations, guidelines on unit and at school, condom distribution, moreover, do the cytological and rapid tests for: HIV, VDRL and Hepatitis B. (Nurse B)

I'm not handing out condoms or oral contraceptives and injectables because there is no structure to the pharmacy and in addition, users prefer to buy to come get here because it's away from the coverage area. (Nurse F)

Regarding the request for examination and referral it was reported:

(...) also I request specific tests for each case and if necessary I forward to the reference hospital for infectious diseases in the city. (Nurse F)

◆ Nurse assistance to the woman in climacteric

In relation to women in the climacteric, referral to specialists is held whenever necessary, as stated:

Regarding the nursing there is a certain limit, then perform guidelines and I forward to a specialist. (Nurse Q)

Despite also be monitoring the nurses, there is usually a need for medical follow-up (...). (Nurse M)

DISCUSSION

The results of this study show a profile managers only level of proficiency, differing research¹¹ to demonstrate that the graduates at Masters level have most significant statistical gains in skills development and results related to leadership and people management, optimization of the capacity for change in practice, communication and work as part of a team and problem solving, all attributes necessary for the leader or change agent in the health services.

The role of management is often challenging, so "adolescence", a period that extends from middle childhood to adulthood, psychologically marked by intense conflicting processes and persistent self-affirmation efforts¹²⁻³, social integration and education activities and health make it quite important.

By the account of the nurse F it was observed that it performs activities with a group of street residents teenagers and CAPSi the users, but not verified whether these actions are consistent with that recommended by the Adolescent Health Program (PROSAD), created by the Ministry of Health/ Ordinance nº 980/GM in 1989 with aims to: reducing morbidity and mortality and the individual and social instability in adolescence; monitoring of growth and development; sexuality, oral health, mental health, reproductive health, health in the school environment, accident prevention, addressing violence and abuse, as

well as family, work, culture, sports and leisure.¹⁴

But the N nurse's testimony corroborates the literature¹⁴ when ratifies access to vocational training, initial employment, and the strengthening of family ties. However, the professional does the social role of articulating between the teenager and the labor field, only stimulates.

It is for the FHS teams develop actions with the health promotion adolescent population in the territories, especially school; articulate through artistic, sporting and cultural activities; identify and enhance student and youth leaders of the community to participate in solving problems that affect health; perform health surveillance.¹⁴⁻⁵

Even if recommended, these assumptions are not being met effectively by multidisciplinary teams of FHS of District IV, due to the lack of adequate physical structure for the care of adolescents and the lack of coordination in the social, cultural, political and economic areas. With this in mind, I agree with what was observed in study¹⁵, that the main causes of morbidity and mortality of adolescents are directly related to problems that can be prevented at the primary level.

As befits assistance to women in prenatal it realized the great concern of participants with health education relating to the lactation process and the importance of breastfeeding problems and possible feeding techniques; the transmission of information and guidance on contraception alternatives, as seen above, are recommended since the formulation of PAISM in the mid-80.^{1,6,16-7}

Another highlight was the appreciation of the reproductive right of women explained the nurse H speech, and is backed by Brazilian law that allows the realization of tubal ligation for contraceptive purposes in women over 25 years of age or at least two living children, with due regard to the minimum period of 60 days between the manifestation of will and surgery. The same can only be performed during cesarean section or shortly after birth in women who present serious health problem or have made several cesareans. The woman who performed the sterilization during childbirth and want to realize it can do it after 42 days of birth.¹⁶

In contrast, the welfare activities pertaining to that period only 10% of participants reported having full autonomy in prescribing standard drugs for prenatal program: ferrous sulfate and folic acid, as well as standard drugs for the treatment of STDs, according to the protocol syndromic approach, as proposed in the literature.¹⁶

About the difficulties in implementing actions in line with the procedure for prenatal care in Brazil, the lines of this study emphasize the lack of inputs such as refrigerators for allocation of vaccines and rapid tests, confirming international data in which 50% of the sample agreed that the lack of material resources is a situation that affects the good solving the Basic Program Prenatal Care (BANC) implemented in Primary Health Care (PHC) in South Africa. Other limitations reported by nursing professionals the achievement of BANC were respectively: lack of staff; lack of training for the service; lack of cooperation from referral hospitals; difficulty in transporting samples to the laboratory; lack of material resources; lack of support from program managers; and unavailability of guidelines on BANC.¹⁸

With concern to the postpartum period, we can see greater agreement with the Ministry of Health (MOH) recommends that home visits to mothers, should be performed mainly in the first week after birth, in order to monitor the women and children, guide appropriate care, identify potential risk factors and make the necessary referrals. If the newborn has been classified as risky, the visit should take place in the first three days after discharge. The return of the woman and the newborn to the health service and a home visit between 7-10 days after delivery, should be encouraged from prenatal, maternity and by community health workers on home visits.^{1,19}

In PAISM are performed by professionals, activities and educational interventions to breastfeeding; appropriate treatment of breast diseases; evaluation and nutritional supplementation when necessary; return indication to health services for postpartum control early and late; periodic and systematic attention in the first five months of postpartum.^{2,6}

In postpartum, women should receive clinical care and statutory rights of explanations for mothers who work or contribute to Social Security. The use of strategies aimed at postpartum care should be routinely implemented by the nurse, because in this period there is a concentration of morbidity and mortality for the mother.^{2,19}

From the perspective of nursing care to women with gynecological and breast cancer, authors²⁰ claim that for satisfactory operation, it is necessary that the professional knows the culture and the reality of the target population for preventive behavior is closely also linked to social, psychological and environmental factors.

Thus, it contributes to better serve the female population, properly directing the women with abnormal cytology, and disseminate information to the population in relation to risk factors, prevention and actions of early detection of cancer.²⁰ On the occasion of check-ups for cervical cancer, the professional can influence to achieve complete gynecological exam, to screen for STDs for example chlamydia²¹, among others.

With regard to women's health, all actions aimed at setting priorities and goals for the achievement of better indicators in various fields of health. However, shares in menopause do not appear as an explicit priority, but as a necessity generated according to demand in each region.^{2,4,22}

It is worth remembering that the woman approach the climacteric is fundamental not be restricted to the biological aspect, because aging is surrounded by psychological and cultural aspects, as well as myths and social inequalities and gender.^{3,4,22}

Finally, it should be noted that the problems highlighted in the speeches of the interviewed nurses are not exclusive to Brazil; authors explain that in Mexico the performance of women's health care programs is generally insufficient and fragmented. The survey results showed that interventions with low qualification performance are: prevention of cervical cancer, access to maternal and perinatal care, screening for syphilis and sexually transmitted infections (STIs) during pregnancy, sexual violence, obstetric care emergency, family violence and promoting family planning.²³

Strengthening the guarantee of universal access to women's health can assist in more effective responses to priority issues such as the early detection of breast cancer or the availability of family planning methods.²³ Thus, the debate of SUS macro policies favoring the issue of health care models is imperative, that is, forms of technology organizations in the process of providing health services, which should include two dimensions, individual and collective, an effort to articulate promotion, prevention, recovery and rehabilitation of women.²⁴

CONCLUSION

By the speeches of the participants in this study, it was found that, although they have extensive professional experience in the Family Health Strategy (FHS), developing managerial, welfare and educational activities, have yet to achieve the program's goal.

Based on the set of functions assigned to nurses in the primary health care network linked to the FHS, secured by the Professional Practice Law 7.498/86 and reaffirmed by resolution COFEN 317/2007, it is considered that the tasks performed by nurses in health centers studied partially include the comprehensive health care of women.

Given the importance of the nurse's role as a health team member, demonstrating that the knowledge of their duties and professional commitment in the FHS is essential to harmonize the development work and improving the quality of health and community life, we suggest the expansion of best practices, consistent with the principle of integration, linked to PAISM and its specific policy, therefore, the role of nurses in the management of women's health is to develop teamwork and provide means for the customer develops his response capacity and use it as he pleases, to solve his problems. In addition, they should adopt styles of participative leadership, and share or delegate tasks, prioritizing the management of nursing care, communication, interpersonal skills, decision making and technical expertise.

Some limitations of the study were regarding to the convenience sample being composed of professionals from only one of five health districts of the municipality in question, which suggests the results just for this population. Situations like unavailability of nurses' time for the interview, refuses to share location and difficult access to some USFs were also limiting the representativeness of the sample, and however, the interviews were conducted with the numerical majority of the District IV nurses.

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