NURSES WORKING IN FAMILY HEALTH STRATEGY AND STRESS IN THE CAREGIVER FIELD

TRABALHO DO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA E A TENSÃO NO CAMPO CUIDADOR

TRABAJO DEL ENFERMERO EN LA ESTRATEGIA DE SALUD DE LA FAMILIA Y EL ESTRÉS EN EL CAMPO CUIDADOR

Ana Lúcia Abrahão da Silva¹, Rodolpho Fernandes de Souza²

ABSTRACT

Objective: to identify the care strategies employed in the work of nurses in family health. Method: a descriptive, qualitative study conducted with nurses from the health units of the municipality of Iguaba Grande/Rio de Janeiro/Brazil, during the year 2011, after approval of the research project by the Ethics Committee in Research, CAAE: 5496.0.000258-10. Results: the following category emerged after analysis of the data: 1. Caregiver stress field and subcategories: 1.a. Use of technologies in the work process, and 2.a. Carefully delineated in program activities. Conclusion: strategic resources employed in nursing work associated relational aspects and dressings, and can describe the importance of using resources singling attention to patient seeking innovative strategies that presuppose a look beyond the disease. Descriptors: Family Health; Professional Practice; Nursing.

RESUMO


RESUMEN

Objetivo: identificar las estrategias de atención de empleados en el trabajo de las enfermeras en la salud familiar. Método: se realizó un estudio descriptivo, cualitativo realizado con enfermeras de las unidades de salud del municipio de Iguaba Grande / Rio de Janeiro / Brasil, durante el año 2011, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación, CAAE: 5496.0.000258-10. Resultados: la siguiente categoría surgió tras el análisis de los datos: 1. Campo de estrés del cuidador y subcategorías: 1.a. El uso de tecnologías en el proceso de trabajo, y 2.a. Cuidadosamente delineado en las actividades del programa. Conclusión: los recursos estratégicos empleados en el trabajo de enfermería los aspectos relacionales y aderezos asociadas, y puede describir la importancia de utilizar los recursos singularizar atención al paciente que busca estrategias innovadoras que suponen una mirada más allá de la enfermedad. Descriptores: Salud de La Familia; Profesional de Enfermería; Enfermería.

¹RN, PhD, School of Nursing Aurora de Afonso Costa, Federal Fluminense University/EEAAC/UFF. Niterói (RJ), Brazil. Email: abrahaoana@gmail.com; ²Nurse, Teacher, School of Nursing Aurora de Afonso Costa, Federal Fluminense University/EEAAC/UFF. Niterói (RJ), Brazil. rodolphosouza79@hotmail.com
INTRODUCTION

The Health Strategy (FHS) wins a prominent space in primary care in Brazil, by expanding access and coverage of health to a significant portion of the population. The ESF was designed by the Ministry of Health in 1994 with the purpose of the reorganization of the healthcare practice in new bases and criteria, replacing the traditional model of care, aimed at curing diseases and the centrality of the hospital.1

The work in the FHS gains significance as he is based on other criteria for intervention and educational practices, strengthening the bond with the community, a greater closeness with family, most articulations among others. ie, a practice that is directed to a better quality of life.

The ESF is affixed towards the reorganization of health practice that addresses family, considering the work as the production of a non-material well. In this sense, health can be understood from a more dialogic, committed and welcoming. In this process the work of nurses is of paramount importance in the FHS since it articulates in his professional work process a set of actions able to respond to technological demands posed by the new proposal.

The nursing care is characterized to know and meet the needs to be careful in giving the user the opportunity to care for themselves and develop their potential to walk the life.2 Thinking in nursing and caring is an exciting task and in some ways represents a challenge in the current context of the conformation of health practices, in which it is necessary and essential to consider how the production of these practices has been effected, geared more to disease and not the patient. Regarding nursing is not a new discussion, is present in its history, as the care is one of the reasons and meaning of nursing, even if not exclusive, predominant action of this profession.3 Care is not just a privilege or characteristic of nursing. However, nursing has several requirements and attributes that distinguish and characterize for being a profession in which the concept of care becomes constitutive of their actions.

In this scenario, there is the importance of demonstrating the ways in which the process is being developed to work in healthcare by nurses of the Family Health Strategy of the municipality of Grande Iguaçu / RJ and resources employed by them in health care. Thus, this research aims to identify the care strategies employed in the work of nurses in family health.

By bringing the work process of nurses in family health as the object of this study seeks to broaden the debate on the production of basic health care at the same time that it fills a gap in knowledge in this area in the field of health and nursing.

METHODOLOGICAL COURSE

The study follows qualitative descriptive approach. The research scenario are the seven units of the Family Health Strategy of the municipality where they work Iguaçu Great nurses interviewed. The municipality of Iguaçu Grande is located in the heart of the Coastal Lowlands Region, also known as the Lakes Region or the Costa del Sol is important to emphasize that such units FHS cover every part of a population of 23,929 inhabitants in the municipality of Iguaçu Grande / RJ.

The construction of the data occurred by direct observation and semi-structured interview based on the daily lives of nurses and their work process in the FHS. The preceding observation and interviews took place over two days, being necessary after the first observation visit, a second visit units to complement the first records collected and thus obtain further corroboration of the data and where details were perceived more clearly.

The interviews took place consecutively during their first visit collection units, in clinics nursing after observation. No hassles all respondents helped this time. For secret the names of respondents are protected by pseudonyms flowers. The interviews took place between December 2010 until March 2011 subject to availability of respondents. After they collected the data were grouped into categories for further analysis.

This study was approved by the Ethics and Research of the University Hospital Antonio Pedro - HUAP / UFF, with the number CAAE 5496.0.000.258-10.

RESULTS

After collecting the data were sorted, grouped and sorted by analytical categories. As the strokes were identified which were drawn by the production of care by nurses, was up processing analysis and forming categories. The categories are used to establish ratings.4 To work with categories, the data were ranked from exhaustive reading of the material, as it could identify common features in the speech of the subject. Through the categorization of the data collected was possible to analyze aspects of care in family health nurses employed by which the category
emerged: caregiver stress field and from this the subcategories: use of technologies in the work process, and guided care in programmatic actions.

- **Stress in the caregiver field**

  This category expresses, from the interviewees’ and notes from direct observation in the field, the tension in the field of production of care during the working process of family health nurses in the municipality of Iguaba. Tension between an act organized under the logic of public health surveillance and identification of another act on the reference guided the actions of the hegemonic model. This category gave rise to sub-categories: use of technologies in the process of work and care based on programmatic actions.

- **Use of technologies in the work process**

  This subcategory is clear during the fieldwork, from observations and interviews that some outstanding issues in the description of the process of nursing work. After the process of content analysis, the use of technology in the process of nursing work was graduating and giving conditions to understand that in the field of care work where nurses involved in this study, there is a tension between employment actions based on either procedures medicated and sometimes in actions seeking other forms of care as a practice focused on health. The account of the nurse:

  [...] we measure everything properly as required and then we talk and we give a person time to speak, but usually what we hear changes nothing in the protocol, after the speech, transcribed or prescribe any medication or examination period. (Nurse Sambaia)

  In this speech, it is clear that she begins work based on speaking and listening, seeking to build a care in which there is room to know each other, but this fact does not change the professional conduct which remains based on protocol drug. Nurses to exercise their consulting practice nursing reiterate the medical logic and medicalized, hegemonic in Western society, acting according to the theories uni or multi-causal process health-illness 5. About this dispute it is also clear ability to capture the hegemonic model of nursing work, which can reveal the intention to perform procedures, overlapping their activity more tied to the field of health education and the use of technologies relational as in primary care, family health presents the challenge of working in partnership with the community, since it is necessary to break with the logic medicalized and curative. 6

  Other interviews also point to this feature in the tension field caregiver in the use of technology both as an area of another are present, according to the excerpt:

  [...] most of the time, we serve hypertensive and diabetic, checking pressure, controlling blood sugar, and sometimes stopped to chat and guides them on such matters. (Nurse orquidea)

  [...] yet, either in clinic or at home always take prescriptions, tracking sheets, appliances, PA, glucometer for use, is part and on top of that we draw our attention. We talk, we listen, but do not fail to complete and record the values measured (Nurse cravo).

  In this passage we can understand the concern of nurses to listen and talk to the user despite the practice being described and observed centered on the biological model, in the exercise of experimental science and the role of surveillance as the centerpiece of the work.

  In this perspective it is worth noting a peculiarity of health work which are the type of technology used, which Merhy classifies as "hard technologies" those based on the use of machines and instruments and have this name because they are scheduled in advance for the production of certain products , "soft technologies" which refer to the dialogic and relational work, guided by certain intentionality linked to the field caregiver, your way of being, of its subjectivity. And the technology "soft-hard", which are those related to knowledge, the scientific knowledge as structured protocols that professionals in health care use in the production.7

  During field observation was also possible to detect the action of nurses, despite the relational aspect always welcoming and very strong, but always based on procedures, routines and prescriptions. The possible uses of these features observed diving deep into the everyday practice of nurses. There is preliminary, as mentioned, an ongoing dispute and tension between the act of his live work, which operates between a job-centered act on the knowledge of the user, but trapped by the instrumental logic that operates supremacy the biological model of intervention and sanitarian bureaucratic.

  The field data show that daily care interventions, are sometimes made to work overload limiting the development of a more practical relational the user. The option is for the most part by the following protocol. Sometimes the nurse is responsible for so many questions that the creative capacity of...
this professional becomes smaller and little is revealed in their practice.

In the excerpt from the interview with another nurse there is the same tension in the production of their work process, when in his speech, presented below, you can see that operates in work-based protocols with intensive pressure devices, management medications, performing dressings, prescribing any examination and sometimes talk and can guide the user. As you can see:

[...] in addition to procedures also heard patients, took questions and guide patients, whether through brochures and posters explaining we instrumentalize in our health education in clinics. (Nurse rosa), or:

[...] during the service normally we measure pressure, measure blood glucose or do some more dressing also orient, talked about the difficulties although there is always some procedure involved. (Nurse yasmin)

The statements above show a daily practice of nurses in different ways to produce acts of assistance in that coexist simultaneously in the work process as the logic of technological act, more prescriptive with the logic of communicative action, more relational.

In this perspective health work can not be captured by the overall logic of dead labor, the hard technologies and soft-hard, the equipment and structured technological knowledge, because its object is not fully structured and its action more strategic technologies are configured intervention in processes in action, operating as technology relationships, the subjectivity encounters, in addition to structured technological knowledge, comprising a significant degree on the choice of how to make such production. Accordingly noncapturing global respondents demonstrate the use of technologies and tough yeasts, but this mode of work highlighted by interviews yet, living with an intervention, although discreet professionals for a bond with users through lightweight technologies, because they realize that the procedure itself does not guarantee care health.

In yet another testimony we can see signs of this tension between the use of technologies:

[...] when we are always in attendance talked a lot to understand the patient's complaint, but not always, sometimes we limit ourselves to the routine, make the protocol, fill plugs programs, do the measurements and bye. (Nurse margarida)

[...] during the day serve individual patients and for each type of care we have a specific protocol to follow, to prescribe medications, tests. (Nurse Lirio).

Soon the constitutive tensions present in the everyday work of nurses go through and express these encounters conflicts of different modes of operation care. It can be noticed that the professional care is often limited by the biological and so the work process, in most cases is driven via the procedure as a single tool technology, featuring a toolbox, as a set of knowledge which provides for action production of health acts, these centered hegemonic model.

The multiple realities, however, that nursing develops, invites these professionals, not just turn to the problems in order to diagnose them, but also to understand them from the perspective of those who experience them, helping them to identify what must change in living environment, to make choices and act to results desired.

Ie, based on the data exposed perceives itself as one of the difficulties of professionals is to work with elements that go beyond the disease, working with actions based on user needs, even because of this work follows the professional assignments based monitoring you are proposed by the Ministry of Health and eventually overwhelm the professional and administrative functions that require a lot of time, which limits the development of a more relational and creative.

* Carefully delineated in programmatic actions

This subcategory expressed from the interviewees' and the field notes of the nurses who care for FHS Iguaba is organized on the basis of health surveillance and clinic through a set of basic health interventions targeting populations based on programmatic actions. The model of programmatic actions in Brazil was established to allow increased coverage of care for groups at risk from the perspective of promotion, prevention and restoration of health of certain groups, however guided the work of the ESF in health surveillance is important, but has taken the transforming power of the program to a new way to produce health.

We can see in the following quote as the health care attention is directed will of the woman, the child and adolescent, adult, elderly, based on the model health history conference scheduled actions:

[...] being a day to hypertension and diabetes, another mom, another preventive and well organized ourselves in serving the population. (Nurse Lirio)
We note from these speeches that from the organization of the work process in the FHS is grounded in programmatic actions in health, with practices geared predominantly for assistance. While we understand that the programmatic action constitutes a useful and consistent with the notions of territory and health problems in surveillance model to health is worth considering that these actions are limited his practice to only use epidemiology to understand the determinants of the health and illness, without observing the subjectivity and individuality of users as values in the perception of health problems, since the programmatic action and epidemiology prevent most of the time, citizen access to health services, narrowing the service to those groups most vulnerable at risk;¹⁰ as is also apparent in the following statement:

"... we organize a day for everything: blood pressure, diabetes, prenatal care, preventive and thus follows. (Nurse cravo)"

"... The day begins with scheduled calls to patients, are pregnant, prevention, children, hypertensive patients always arrive late. (Nurse margarida)."

Therefore, to understand the limits of the user to participate in your care is very important, which is why the health worker needs to make use of all the skills and tools available, among them listening and understanding of knowledge of the users.¹²

Thus, this practice is based on programmatic actions limiting care to groups of people: hypertension, diabetes, pregnant women, when in fact such a gateway to the service should be flexible to meet social demands and all population groups seeking the health services.

Just think of the family health strategy as a strategy, as a proposal to build a network of care, is to learn to look at the territory seeking to see and use the resources that were always there, ie, the complexity of the network of relationships and it can make exchanges with the environment to produce a care singularized.¹³

Although nurses organize their practice in the ESF on the programmed actions may serve to account for the majority of users of the area in their health needs, just generating excess demand in health care that sometimes do not fit in any of the groups programmed risk. However despite the interviews have been clear programmatic actions during the field research was possible to see that this thinking is pent-up demand that nurses conduct weekly home visits addressed to all population groups, seeking to meet the guidelines established accessibility and avoid exclusion any users.

Although programming practices are a good ally in meeting users must reconcile with the needs of the population seeking services in order to produce all integration in the construction of the new mode of assistance.

**CONCLUSION**

The results showed that in real life services in the county ESF exists tension between nursing work that is dedicated to creatively intervene in improving the living conditions of the community and one another to maintain the current logic accepting prescriptions, maintaining a commitment to service and not with users. Accordingly recognize the limitation of prescriptions, routines and protocols is no simple task given that the results also showed nursing activities based on extremely programmatic actions in order to meet population groups at risk, without however contemplating the entire population. While all of these strategies are necessary, it also understand that no single strategy can fully meet the demand.

Note that nurses tend to guide users in order vertically, based on the protocols that inhibits the autonomy of individuals, which can be seen in the research analysis. Sometimes also make a more singled valuing the individuality of the user utilizing care strategies such as posters, educational materials, brochures and other explanatory in groups and workshops to meet the characteristics of each individual user and to facilitate their adherence to care.

Thus, thinking about nursing, family health and care is a task and somewhat provocative poses a challenge in the current context of health practices conformation, which is necessary and essential to consider how the production of these practices have if effected, geared more to disease and not the patient. The work process is most often structured by the logic of procedures, enhancing the healing of diseases and the use of equipment, limiting the promotion of health in its broadest sense. However, the use of resources with the individualization of care strategies to produce an array of care conform actions to be performed beyond the boundaries of the service and require a look beyond the disease. A look at the needs of people who require the service. Understanding health as a social production and act on these determinants...
care means breaking boundaries, daring and go beyond. 
Rethink this practice and invest in continuing education for these professionals can be a way to enable execution of creative ways and produce health care.

REFERENCES


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Corresponding Address
Rodolpho Fernandes de Souza
Rua Roberto Silveira, 325
Bairro São Francisco
CEP: 28910-495 – Cabo Frio (RJ), Brazil

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