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ORIGINAL ARTICLE

MOTHERS' PERCEPTION ABOUT THE RELATIONSHIP WITH NURSES IN THE CHILD CONSULTATION

PERCEPÇÃO DE MÃES SOBRE O VÍNCULO COM ENFERMEIROS NA CONSULTA À CRIANÇA

PERCEPCIÓN DE MADRES EN LA RELACIÓN CON LAS ENFERMERAS EN LA CONSULTA DEL NIÑO

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ABSTRACT

Objectives: to identify, from a maternal perspective, the existence of a link between nurses and mothers of children less than 2 years-old in the nursing consultation in Primary Health Care, and to analyze how the link affects the mother's search for the child's follow-up. ***Method:*** it is a descriptive and qualitative approach. The production of data was through semi-structured interviews, carried out with seven mothers of children less than 2 years-old. The information was processed by the Content Analysis Technique, in the Transversal Thematic Analysis modality. ***Results:*** the following thematic nuclei were built: the bond based on the relation of friendship and support; Dialogue which enhance the construction of the link; and the influence of the bond fragility in the consultation of the child. ***Conclusion:*** The relationship and trust are challenges in the construction of integral child care, and it is fundamental for the management and evaluation of health services. ***Descriptors***: Child Health; Family Health; Primary Health Care.

RESUMO

Objetivos*:** identificar, sob a perspectiva materna, a existência de vínculo entre enfermeiros e mães de crianças menores de 2 anos na consulta de enfermagem na Atenção Primária à Saúde, e analisar como o vínculo afeta a procura da mãe para o acompanhamento da criança. ***Método*:** estudo descritivo, de abordagem qualitativa. A produção de dados foi por meio de entrevistas semiestruturadas, realizada com sete mães de crianças menores de 2 anos. As informações foram processadas pela Técnica de Análise de Conteúdo, na modalidade Análise Temática Transversal. ***Resultados*:** construíram-se os seguintes núcleos temáticos: vínculo a partir da relação de amizade e apoio; diálogo potencializando a construção do vínculo; e influência da fragilidade do vínculo na consulta à criança. ***Conclusão*:** o vínculo e a confiança apresentam-se como desafios na construção do cuidado integral à criança, além de serem fundamentais para a gestão e a avaliação de serviços de saúde. ***Descritores: Saúde da Criança; Saúde da Família; Atenção Primária à Saúde.

RESUMEN

Objetivos: identificar, según el punto de vista de la madre, la existencia de vínculo entre las enfermeras y las madres de niños menores de 2 años en consulta de enfermería en la atención primaria de salud, y analizar cómo la relación afecta a la demanda de la madre para la vigilancia del niño. ***Método:*** Estudio descriptivo de enfoque cualitativo. Los datos de la producción fueron a través de entrevistas semi-estructuradas realizadas con siete madres de niños menores de 2 años. La información fue procesada por la técnica de análisis de contenido, el modo de cruz análisis temático. ***Resultados:*** construyen los siguientes temas: enlace de la relación de amistad y apoyo; diálogo la mejora de la construcción del enlace; e influir en el vínculo de la debilidad en la consulta infantil. ***Conclusión:*** el vínculo y la confianza se presentan como desafíos en la construcción de la atención integral del niño, así como fundamentales para la gestión y evaluación de los servicios de salud. ***Descriptores***: Salud del Niño; Salud de la Familia; Atención Primaria de Salud.

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INTRODUCTION

Child health care is an activity of fundamental importance due to the vulnerability of the human being at this stage of life. Through systematic follow-up in Primary Health Care (PHC), it is expected to reduce the incidence of diseases, by increasing the chances of the child growing and developing healthy, to reach its full potential.[1]

The Family Health Strategy (ESF), one of the assistance models implemented by the Brazilian government, proposes changes in the organization and practice of primary health care, and seeks to carry out preventive, curative and health promotion actions, strategic actions, territorial health surveillance and actions which are programmed according to the social and epidemiological reality in a site.[2]

It is this type of health care that it is organized and intended to provide the optimization of resources, both basic and specialized ones, and that the link and accountability for the health needs of individuals, families and the community are maintained.[3]

Bonding, as well as longitudinality, is identified as a central feature of PHC. In the user monitoring, a relationship of responsibility and trust is implicit, which allows for more accurate diagnoses and more effective treatments.[4]

Nursing consultation for children younger than 2 years-old, the childcare, is the ideal and privileged space to promote the bond and to provide significant changes in care.[5]

Although the nursing consultation is advocated as a practice developed in a systematic way in children care, not all nurses perceive themselves to be able nor interacting effectively with their mothers, so this weakens relationships of attachment established.[5] In addition, according to international studies, there are mothers who are still unaware of the services available in primary care, although they show a strong interest in receiving care for their health and for their child's. These two factors may intensify fragility in the interaction between mothers and nurses.[6,7]

In the literature[5,8,9], there is evidence of improvement in the participation of mothers during consultation and in decision making after forming a mutual bond created between the professional and the family. Thus, professionals who are available and respectful tend to encourage their clients to seek more information about their lives and conditions, resulting in greater satisfaction, improved clinical outcomes, adherence to treatment and guidelines.

Therefore, it is fundamental to know the existence of a bond between nurses and mothers of children younger than two years-old in the FHT and how this affects the mother's search for the child's follow-up in the nursing consultation, so that, from the reality seized, it is possible to plan viable and effective strategies to strengthen the nursing consultation to the child under two years-old in the PHC.

OBJECTIVES

- To identify, from a maternal perspective, the existence of a link between nurses and mothers of children younger than 2 years-old in the nursing consultation in Primary Health Care.
- To analyze how the bond affects the mother's search for the child's follow-up in the nursing consultation.

METHOD

It is a descriptive study, qualitative approach, developed in the period from May to November 2013, in seven Family Health Units (USF) in the Health District III (DS-III) of João Pessoa (PB), Brazil. These units were selected as indicated by the direction of this district.

The subjects of the research were 7 mothers of children younger than 2 years old, enrolled in different USF of DS-III. Inclusion criteria were: to be registered in the scope of the USF, the research scenario; to be mother of a child younger than 2 years-old, accompanied by the nurse in the USF and having the cognitive and emotional conditions to respond to the interview. Mothers who look for the unit only for occasional visits, such as vaccination, were excluded.

The data collection was performed through a semi-structured interview, which was recorded and transcribed in its entirety and subsequently analyzed. The instrument for data collection was based on a road map composed of the following guiding questions: What do you think about the care of your child in this FHU? How is your relationship with the nurse who cares your child? How is your bond with the nurse? In your opinion, does this link interfere in your search for the nursing consultation? The meaning of the term bond was clarified, due to its lack of knowledge of some mothers. The closure of the data collection occurred according to the sufficiency criterion.[10]

The data were analyzed according to the proposal of content analysis, in the modality of transversal thematic analysis[11], which is understood as a set of techniques of communication analysis, aiming to obtain, by systematic procedures and objectives of message content description, indicators that allow the inference of knowledge on the conditions of production/reception of such messages.

For the analysis, the clipping of the speeches was made, taking into account the frequency of the themes evidenced in the speeches in order to extract the nuclei of meaning that makes up the communication, whose presence gave meaning to the purpose of the analysis. From this process, thematic categories were constructed.[11]

The project was approved by the Research Ethics Committee according to the precepts of resolution 466/2012 that guide the conducts of research involving human beings[12] in Brazil, protocol number 0096/2012, CAAE: 02584212.3.0000.5188. All participants signed the Informed Consent Form. In order to preserve the identity of the interviewees, the speeches were identified with the letters "M", referring to the word mothers, followed by the number according to the chronological sequence of interviews.

RESULTS AND DISCUSSION

The mothers interviewed were between 16 and 29 years-old, four mothers completed high school and five had a formal employment relationship. Monthly family income, on average, was two minimum wages. As for the number of children, four said they had two children, and the others mothers have only one; the age of the children ranged from four months-old to one year and 11 months-old.

The analysis of the interviews resulted in the construction of the following thematic categories: The link from the friendship and support relationship; Dialogue which enhance the construction of the link; And the influence of the bond fragility in the child consultation.

- **The bond from the friendship and support relationship**

According to reports from the study participants, there is a link between them and the nurses in the nursing consultation in the APS, enabling a close and affective relationship with friendship, trust and support.

> *The nurse is almost a friend, she makes me feel comfortable when I come here [...] it's almost a friendship, I trust in her caring. (M1)*

> *It's a friendship, she knows our family, our problems, she's more than a nurse, she's a friend ... I have a very good bond with the nurse, I trust her care, what she talks about it; It's more than a nurse relationship, I consider her a friend of the family. (M6)*

The link can be understood as an interpersonal relationship, established over time between user and health professional, characterized by trust and responsibility. The Brazilian National Primary Care Policy highlights the link between PHC teams and the population ascribed to it as one of the principles of this level of attention.[13]

The way the nursing consultation is apprehended by the users is directly related to the proactive attitude of the nurses throughout the care. The availability, attention, support and resolution are strategies valued by the mothers in the relationship with the nurse.

> *I always came here just for her to help me, sometimes, and it was not even a scheduled appointment day. She is very kind, understands our life, solves our problem in a way, our reality [...] and this is very good for people who do not have much financial condition. (M1)*

> *I like to come here, I feel safe, because I know that if there is any problem the nurse will find me and help me. (M7)*

This result is consistent with a study[14] that the accompanying mothers in Basic Health Units (BHU) describe that a good or satisfactory consultation occurs in a pleasant environment, with attentive professionals, with equality in care and dialogue, highlighting interpersonal relations as a focus main. A good consultation is decisive when it provides answers to doubts and guarantees a situation of trust. Confidence in the evaluation and interest of the professional in caring for the child is determinant in the diagnosis and in the mother's adherence to the treatment, which will contribute to the establishment of a bonded relationship.

In order for the link to be established, according to study participants, the focus of care should be broadened to the child's mother and family, making them to feel part of that process. Thus, there is evidence of a greater confidence in the work performed by the professional, with consequent recognition of her as responsible for the care of the child and her family.

> *She does the entire nurse's part, examines, asks questions, but also cares about my son, me, and my family. You can see that she feels responsible for the care of my children and that gives me security [...] in the consultation she cares about me too, so I feel involved in her care too. (M6)*

Mothers expressed concern about the quality of care for their children, but also valued attention directed at them. As the primary caregivers, focused care is needed beyond the child, encompassing not only the mother, but the whole family.

One of the actions performed by nurses and considered by mothers as a constructor of a relationship with satisfactory bond is the follow-up of these mothers from the prenatal period.

> *She has been with me since prenatal, so she already knows me; she knows my story and my children. When she arrives, she asks about my whole family. (M1)*
>
> *But already when I was pregnant, the nurse advised me about the importance of bringing him to childcare. (M2)*

By reinforcing the importance of the monitoring of the child from the gestation, in prenatal consultations, mechanisms are created for the formation of bond and trust. A study[15] conducted with nurses from the APS showed that preventive actions with mothers, even during gestation, facilitate the construction of the bond between the professional and the mother and creates spaces for open dialogue.

The discourses also demonstrated professional competence as a determinant to establish a trust link between nurses and mothers, since they entrust their children to the care of a professional and need to be sure of the care they provide.

> *I trust her a lot, she is competent and a wonderful person [...] because I have many doubts, and she is the best person to help me. (M3)*
>
> *My daughter is very important; I need to trust the person who will help me take care of her. The nurse gives me confidence to trust and follow her directions. (M7)*
>
> *Every time I came to talk to her, I left here satisfied. (M1)*

A study[1] carried out with nurses who work at the FHT to evaluate the difficulties and facilities faced by nurses, during the process of implementing the knowledge acquired in a training program in child development surveillance, concluded that mothers who were not very assiduous to the consultation began to take their children more frequently to childcare after they realized that the nurses were better able to carry out the consultation, therefore, the reception and the bond were decisive in the professional / user relationship in the FHT in search of new ways of producing health. Based on identified strategies, such as availability, professional competence and resolve to the whole family, it is possible to build a relationship formed by links that overcome barriers, including feelings of friendship, trust and support.

♦ Dialogue which enhance the construction of the link

Among the actions performed by the nurses during the nursing visit to the child, the dialogue appeared in the testimonies as the main means by which the mothers perceive greater proximity and trust with the professional.

> *One thing I like is the way she talks, she's very calm, very understanding, I always want to come back here. (M1)*
>
> *She explains everything right, what I'm doing right and wrong and guides everything calmly, without haste, and I always understand and do it at home. (M3)*

A harmonious relationship with the nurse, based on the professional confidence that accompanies the child, provides security and autonomy for the mother to care for the child. A study[15] with nurses of ESF showed that their work process was aimed at welcoming, bonding, listening and dialogue, encouraging co-responsibility and autonomy as an active professional in promoting their health, thus providing mothers with satisfaction to the son.

This aspect is corroborated by another author[1], when affirming that when the nurse and the patient establish and maintain a relation defined by mutual perceptions of respect and when the professional always orientates for the promotion of health, surely the mothers will have greater understanding and motivation to carry out what was recommended by the professional.

On the other hand, a study[16] conducted in a city in the Northern region of Brazil showed mothers' dissatisfaction with the care received by professionals in childcare consultations. They reported that many times, due to the great demand of patients for care, the consultations were quick, making them uncomfortable, affecting the absence of professional-user interaction and distance between them.

Faced with a bonded and trustful relationship with the nurse, it is possible to see that mothers feel at ease in the child care consultation to talk about problems related to the whole family, and not only with the child.

> *Sometimes I have a problem at home that is not even related to him [son], but she [nurse] listens to me even in my son's appointment. (M2)*
>
> *We come in for an appointment and we feel comfortable talking to us, without haste. (M7)*
>
> *She listens to everything I say and she guides me, answers everything I ask. (M5)*

Promoting children's health involves intervening in the family context. This approach is recognized as a positive and differentiated experience in child care. It is a condition that allows the professional to know the fragilities and true needs faced by each family and, thus, to choose strategies compatible with the reality of the children in their care. This seems to amplify and enhance the role of the professional in the child's health, by providing a space for dialogue between the family and the professional, favoring the reporting of problems, difficulties and limitations in and for care.[17]

Child care, therefore, should be oriented for family and understood from its physical, social and cultural environment. This attitude has enabled professionals to gain an expanded understanding of the health/disease process and interventions that go beyond curative practices.

In this way, sensitive listening is one of the guiding pillars in the establishment of the link, since it is through it that professionals know the needs of users and can develop dialogue and care in an effective, oriented and continuous way, providing conflict reduction.[17,18]

Another factor related to the formation of the bond is the individualized and comprehensive care of the reality experienced in the daily life of the family. Listening and dialogue that respects these premises and a relationship free of judgments determine a positive affinity.

> *She listens to our problems, calmly, not fast, understands our life, our reality, she does not judge our attitudes. (M2)*
>
> *She makes the directions, and if I do not understand, she repeats, repeats, until I understand. [...] she listens to us calmly, she is kind, and does not judge, because nobody is perfect, sometimes because we do not know, we do something wrong, and I'm not afraid to talk to her because I know she's going to guide us in the best way to do it. (M7)*

When the nurse shows readiness to listen and values dialogue during the nursing visit, mothers are able to express their doubts and needs more easily. Therefore, the importance of communication in the context of primary health care is evident, since this instrument fosters bonding and trust, as well as providing assistance capable of producing health, autonomy and co-responsibility in the promotion of a higher quality of life[19], fundamental in the Care, since we understand that caring for the child is always an action of cooperation and articulation between professional, mother and family[20].

♦ The influence of the bond fragility in the child consultation

The establishment of a bonded relationship between nurses and mothers interferes directly in the search for nursing consultations for the child. The following reports show a lack of link between some interviewees and nurses from USF, referring to the relationship between them as being only professional.

> *I like her, but I do not think I have a strong bond with her, it's just professional. (M3)*
>
> *I do not have this relationship of intimacy. I trust her as a nurse, so my relationship with her only involves this. (M4)*
>
> *With the nurse I have a more professional relationship; I think that if my relationship with her was more intimate, more friendship, as it was with the other, I would come here more. (M5)*

The search for care occurs in the presence of trust in the competent professional, strongly influencing the choice of service. The study states that in the absence of the bond, mothers and/or caregivers usually seek the health service to care for children only in the face of clinical signs or symptoms, not to promote health and prevent diseases.[21]

In the relationship established between mothers and nurses, it is essential that maternal opinion is considered and valued, given that it is the mother who accompanies the child daily.

> *The mother… she stays with the child all day, she knows her son better than anyone, so our opinion should be important [...] I think she should ask about me. I miss her in this, to be involved in the consultation. (M4)*
>
> *I also think she could ask more about my opinion. (M5)*

Listening to the user awakens in him a feeling that is important, increasing the confidence in the professional and favoring the formation of the bond. These elements in the production of PHC care contribute to quality care, considering that their rights as citizens are guaranteed and respected.[22]

It is important to value the mother as the child caregiver, since it is the professional's greatest ally in promoting health and preventing injuries. When considering her opinion about the health of her children, the possibilities of strengthening the nurse-mother bond during the nursing consultation are amplified, whose guidelines will contribute to empowering the nurse to take care of herself.

A relationship with bond based on trust interferes directly in the mother's search for the health unit, especially for the nursing consultation. On the other hand, the absence

of a good relationship distances the mothers from the pursuit of accompanying their children in the PHC by the nurse.

> *If I had a bond with her I would come here with more will, I come because it is the way, it is important for him and only that. (M4)*
>
> *I cannot entrust the care of my children to a person I do not have a good relationship with whom I do not trust. (M6)*

Similar results were found in studies[16,23], which showed that, because they were not satisfied with the care provided by the professional and the child's service, the relatives stated that they only sought care in the case of the child's illness in the emergency services, preferring to use the supplementary health service agreement.

The literature[24-25] is emphatic in affirming that the establishment of a link between the health professional and the user has the potential to guarantee continuity of care with the responsibility of the professionals and the health unit, on the integral health of the child and on the problems, until its complete resolution and full assistance. As well as, it reflects a global approach of the child, contemplating all the appropriate health actions to provide a satisfactory answer in the production of the care.

Encouraging the family to take care of children, keeping them informed about health care and problems, as well as proposals for approach and necessary interventions, is the right of every citizen and has the potential to qualify and humanize care. The relationships established between the nurse and the mothers of children interfere in the search for nursing consultation for infants, therefore, building a relationship with a strong bond, based on respect and trust is crucial to ensure the continuity of care for these in the PHC services.

CONCLUSION

The realization of this study made it possible to identify, from the maternal perspective, the existence of a link between nurses and mothers of children less than two years-old at the nursing consultation in PHC. The data showed that the establishment of the strong bond with the nurses positively influences the mother's search for the child's follow-up in the nursing consultation, however, there are still weaknesses in this process that need to be overcome, but they cannot be disregarded, since they are fundamental for the construction of integral care for the child, the child and his/her family.

According to the results, it is necessary to qualify the nurses to care the child, through continuing / permanent education, in order to sensitize them to the importance of forming a bond with the mothers of children using their units, guaranteeing a better follow-up and integral care.

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