ABSTRACT
Objective: to analyze the contextual aspects of the phenomenon “nurse's work in Primary Care”. Method: it is an integrative review, conducted in the period from 2001 to 2011 in the databases, LILACS and MEDLINE and in the SCIELO virtual library. To guide this review, we formulated the following question << How would one characterize the nursing work in Primary Care? >> To that end, we used the following descriptors: Primary Care, Family Health Program; Nursing. The articles were analyzed by means of the theoretical framework of contextual analysis, according to Hinds, Chaves and Cypress. Results: in each one of the analyzed levels of contexts were identified different tasks and skills required for the performance of the nursing professional in Primary Care, whether they are technical, scientific or interpersonal. Conclusion: The study helped to identify and reflect on the relevance of the work of nurses in primary health care, which is inserted into the process of collective work in health. Descritores: Primary Health Care; Family Health Program; Nursing.

RESUMO
Objetivo: analisar os aspectos contextuais do fenômeno “trabalho do enfermeiro na Atenção Básica”. Método: revisão integrativa, realizada no período de 2001 a 2011 nas bases de dados LILACS e MEDLINE e na biblioteca virtual SCIELO. Para nortear esta pesquisa, formulou-se a seguinte questão << Como se caracteriza o trabalho do enfermeiro na Atenção Básica? >> Para tanto, utilizou-se os seguintes descritores: Atenção Primária à Saúde; Programa Saúde da Família; Enfermagem. Os artigos foram analisados por meio do referencial teórico de análise contextual, segundo Hinds, Chaves e Cypress. Resultados: em cada um dos níveis dos contextos analisados foram identificadas diversas atribuições e qualificações exigidas ao enfermeiro no âmbito da Atenção Básica, sejam elas de origem técnica, científica ou interpessoal. Conclusão: o estudo permitiu conhecer e refletir sobre a relevância do trabalho do enfermeiro na atenção básica de saúde, que está inserido no processo de trabalho coletivo em saúde. Descritores: Atenção Primária à Saúde; Programa Saúde da Família; Enfermagem.

INTEGRATIVE REVIEW ARTICLE
CONTEXTUAL ANALYSIS OF THE NURSE’S WORK IN PRIMARY CARE – INTEGRATIVE REVIEW
ANÁLISE CONTEXTUAL DO TRABALHO DO ENFERMEIRO NA ATENÇÃO BÁSICA – REVISÃO INTEGRATIVA
ANÁLISIS CONTEXTUAL DEL TRABAJO DEL PROFESIONAL DE ENFERMERÍA EN LA ATENCIÓN PRIMARIA – REVISIÓN INTEGRADORA
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INTRODUCTION

The Brazilian Unified Health System (SUS), grounded by principles of universality, equity and integrity, is organized in a decentralized and hierarchical manner in levels of technological complexity in Primary Care (PC), medium and high complexity.¹ In this context, PC is characterized by a set of health actions, in individual or collective scope, which covers health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, with the aim of developing a universal and comprehensive care that influences the health condition and autonomy of people and health determinants and constraints of collectivities.²

The Family Health Strategy is a priority for the reorganization of PC in Brazil, with a substitutive nature in relation to the traditional primary care network and should act in a territory under its responsibility with a focus on family and community.³ In the current context, the work has been undergoing constant transformations by requiring increasingly diversified activities. Accordingly, the nursing professional has widely been required to occupy strategic areas for the implementation of social policies, especially in PC.

These changes in the work organization have generated challenges in developing practices that favor the promotion of interdisciplinary, the multiprofessional work and the comprehensiveness of care, thus requiring extensive discussions between training and professional practice, by redirecting actions for the consolidation of health as a right of citizenship. Given the aforementioned issue, this article aims at analyzing the contextual aspects of the phenomenon “nurse’s work in Primary Care”.

Thus, it is expected to contribute to a greater knowledge about the work of nurses in Primary Care and their challenges, so that this paper serves as a support to other investigations on the construction of new skills, in favor of care provision.

METHOD

By meeting the proposal of investigation, we chose to develop a bibliographic research of integrative review type. In order to elaborate it, we ran through the following steps: establishment of the hypothesis and purpose of the integrative review; establishment of criteria for inclusion and exclusion of papers; definition of the information to be extracted from selected papers; analysis of results; discussion and presentation of results, and, lastly, the presentation of the review.

In order to guide this research, we formulated the following research question << How would one characterize the nursing work in Primary Care? >>

Data collection was conducted between January and March 2012, through the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS) and Scientific Electronic Library Online (SciELO).

The Medical Subject Headings (MeSH) used for data collection “primary health care” and “family health program” were combined, through the Boolean connector “AND”, with the descriptor “nursing” and its respective descriptors in Portuguese and Spanish languages. The bibliographic research covered the period from January 2001 to December 2011, as a way to better subsidize the discussions of the results.

The inclusion criteria used for the selection of the analyzed papers were: full papers in Portuguese, English or Spanish languages, freely available, published in the last ten years and with the thematic related to the researched matter. Accordingly, we excluded studies with publication year lower than 2000 and duplications.

In order to perform the analysis of the sample, we used an adapted tool, which covered the following aspects: paper title, author names, studied intervention, final results and considerations/ conclusions.

The authors used in this study were properly cited, by respecting and identifying sources of research, as well as observing ethical rigor with regard to intellectual property of the scientific texts that were analyzed, in relation to the use of content and quotation of parts of the consulted works.

For contextual analysis, it was used the theoretical framework of Hinds, Chaves and Cypress⁴, which conceptualizes the context of four interactive levels (immediate context, specific context, general context and meta-context), each one containing meanings of the situation.

Seen in these terms, the immediate context has the immediacy as main characteristic, given that the observed situation is described in line with its presentation, by bringing an understanding of its occurrence in reality. In the specific context, we described concrete and qualitative aspects of the object under study.
that were related to its occurrence, such as people, time and space, which influence the studied phenomenon. As for general context, it focuses on subjectivity, which is acquired in the cultural conviviality through personal beliefs and values that permeate the situation. Finally, the meta-context gathers the socio-political and regulatory aspects acting on the phenomenon.  

Thus, the papers selected in this study were analyzed in the light of the theoretical framework of contextual analysis and categorized into sub-themes, in order to contemplate the conceptual prospect of each context of the conceptual phenomenon “nurse’s work in Primary Care”.

In order to keep studies with quality in this investigation, the pre-selected papers were assessed as relevant and methodologically suitable, by using a form for assessment of studies, which was prepared by the Critical Appraisal Skills Programme (CASP).  

The studies that reached a score of seven, given that the maximum possible was ten points, were included in the sample.

RESULTS AND DISCUSSION

We identified 43 studies, but taking into account the inclusion criteria, 29 publications were selected, 15 in SciELO, nine in LilACS and five in MEDLINE.

Firstly, we approached the theme “nurse’s work in Primary Care”. At this topic, it was described the way in which the nurse’s work in Primary Care is developed, its skills and specific assignments, as well as its importance for the occurrence of changes in the health care model. In the second theme, “Basic Family Health Unit (BFHU) as environment for the development of Primary Care actions”, it speaks of the BFHU as a gateway for the SUS. In the third topic of analysis, under the theme “Cultures and beliefs about the nurse’s work in Primary Care”, it is highlighted the social and micro-political visibility of nurse’s performance in Family Health Strategy. In a more socio-political perspective, on the theme “Policies that encompass the training of nurses to work in Primary Care”, which emphasize the relationship of the proposal of health training with principles and guidelines of the SUS and of the Comprehensive Health Care.

Accordingly, in order to conduct the process of discussion, all data were organized in the following categories: “The nurse’s work in Primary Care”, “Basic Family Health Unit (BFHU) as environment for the development of Primary Care actions”; “Cultures and beliefs about the nurse’s work in Primary Care” and “Policies that encompass the training of nurses to work in Primary Care”.

The nurse’s work in Primary Care

Work processes in health are passing through significant changes with regard to theoretical-conceptual and methodological dimensions for the production of health actions in units and services. Concerning the nursing worker, it is observed new ways of organizing work processes to meet the population demands and assumptions used to guide policies of reorganization of PC.

In order to implement this new practice for restructuring of PC, it becomes necessary having the presence of a nursing professional with systemic and complete vision of the individual, family and community, who is able to act with creativity and critical thinking, through a humanized practice, competent and resolute, which involves actions for promotion, specific protection, care and rehabilitation.

In this context, the nursing professional has found a promising workplace and expanded its insertion, by taking the forefront in relation to other health professionals, since it develops assistential, administrative and educational activities, which are crucial to the consolidation and strengthening of the Family Health Strategy in the domain of the Brazilian Unified Health System.

In PC, differently from what happens in a hierarchalized environment of the hospital, there are more conditions for that the division of labor is configured in a relevant space for the diversity of actions of the nursing staff, especially on the part of nurses, by raising important discussions on professional assignments in a context that appreciates interdisciplinarity and multidisciplinary work. The division of labor, with fragmentation of tasks, under managerial control, favors the loss of the notion of wholeness by professionals.

The nurse as one of the professionals that comprises the family health team in PC, in addition to the common assignments to the team, has specific roles, such as, for example: nursing consultations, request of complementary exams, medication prescription and transcription, based in protocols and criteria established by ministerial programs and observing the legal provisions of its profession.

Another author states that the nursing professional has actions divided into four categories: managerial, educational and assistential actions, in addition to professional profile. According to him, the nursing
professional should be a reference for team and users, as well as responsible for holding the organization of these actions. Because of its training, it is also the better prepared professional of its team to work in health education.14

Due to being recognized for its ability in management, the nursing professional absorbs new actions every day, thus being responsible for activities ranging from technical advisory to the management of basic health units, by acting in the management of system, assuming coordination positions, driving the formation of networks of partners and the struggle for investments in health in favor of the organization and strengthening of Primary Care.11

Another aspect found in the literature in relation to the practice of nurses in PC refers to the fact that they perform functions that are also practiced by nursing technicians, such as: checking vital signs, dressings, withdrawal of points, dispensation of medications in pharmacies, cleaning, preparation and sterilization of materials and application of medications and vaccines. Moreover, they share activities like separation of medical charts and records; inventory control of medications; organization of charts, unit of dressings, sterilization and consultations; and filing up production reports and bulletins.15

It becomes pertinent to clarify that the nursing professional, because of its training and profile, has a unique contribution to offer within the organized labor in Primary Care. This statement is justified by its understanding of the human being beyond the biological aspects, by its understanding of the influence of social and environmental factors in determining health or illness, by its ability to joint practice, when coordinating and managing the work process of health team within the unit, by its behavior towards the care of users, when expressing concern with equitable access to health services and by availability of a didactic, pedagogical and dialogical relationship with the community, and it may be a key element to a multiprofessional and transdisciplinary practice in the context of actions of health programming.16

Accordingly, the nurse is an important agent of transformation of the health-disease process, given that it is able to modify the profile of the health facility, through the establishment of practices to promote health and that are committed to the project to strengthen Primary Care.

Basic Family Health Unit (BFHU) as environment for the development of Primary Care actions

The Brazilian health care is configured in a single system that, since its deployment as a public policy, added values and guidelines, thus triggering several social and economic changes and health-related policies in the country.1 These actions took place due to many factors, including the need to develop and make available to the population some basic services that are more accessible, equitable and with better quality. In order to meet this demand, the Ministry of Health proposed, in 1994, the Family Health Program (FHP) as a strategy to reorganize the production of preventive health care, which aims at reorienting assistential practice towards a family-centered health care, understood and perceived from its physical and social environment.17

The professional at stake has, as operational guidelines, the substitutive nature of its practices, completeness and hierarchization of actions, territorialization and assignment of customers and multiprofessional teamwork. To that end, it is necessary to develop activities that establish relationship between health professionals and community members, with generation of humanized, technically competent, intersectoral coordinated and socially appropriate actions for the development of collective health of the entire community registered in the basic health unit.18

In this context, the locus of operationalization of the FHP in the municipalities are the Basic Family Health Unit (BFHUs), which aims at meeting a certain population coverage area, i.e., a territory in the prospect of a new assistential model, proposed by the SUS, involving, in addition to serving the demand, health surveillance, by understanding this territory as a space in permanent construction and product of a social dynamics.19

The BFHUs are the gateway for the system, by conducting care services and referrals necessary to other services and specialties.20

In this scenario, there is the development of health programs that seek, based on priorities, elected according to criteria such as magnitude, vulnerability and transcendence, combining technologies and interventions of clinical-epidemiological nature supported by measures of impact, effectiveness, efficiency and effectiveness proven. These actions are the most visible portion of the work of the basic units. Undeniably, they have achieved progress,
which is reflected in improvements in certain sanitary indicators. Moreover, in various social sectors, there is the necessary support for their continuation. 21

Accordingly, all procedures that require little technological support, however, with high degree of complexity and knowledge are held in BHUs. 22

In light of this, it is necessary to size the actual needs of a BFHU, but also to analyze data as: epidemiological profile, number of inhabitants, health units already existing nearby, coverage level of services, existing demand, geographical barriers, population growth, among other factors. This work should be conducted in a continuous, systematic, planned and organized way, thus triggering several benefits for BFHUs. 21

Thus, faced by the population contingent that uses BFHUs as a source of health care, it is necessary that the basic conditions of the place, such as the physical structure of area, supplies, equipment and human resources used, are in line with the standards required by the Department of Primary Care (DPC) and the National Health Surveillance Agency (ANVISA) / MS. 23

In this context, by following the precepts of these standards, BFHUs will contribute to structure and strengthen the Family Health Strategy and the continuity of change of the model of health care in the country, thus facilitating the change in health practices of FHSS.

♦ Cultures and beliefs about the nurse's work in Primary Care

Cultures and beliefs that permeate the practice of nurses in Primary Care are socially represented by users, health professionals and managers, given that they are derived from the explanations and predictions of these individuals through unique experiences lived at some point during the production process of health actions.

In the social field, the nursing professional occupies several spaces, by being present in health councils and conferences, where principles are agreed, guidelines are defined and operational decisions are taken, for the formulation of health policy in local, state and national levels. As for micro-political plan, this professional was the only one among all other from the area of health care who was constantly present in administrative, assistential and educational actions, from the implementation until the expansion of programs and strategies involved with the evolution of the SUS. 24

In PC, the nursing professional found a promising work space and expanded its insertion, by taking the forefront in relation to other health professionals through the development of assistential, administrative and educational activities that are fundamental for the consolidation and strengthening of the FHS in the SUS. 24

Nowadays, it is known that nursing represents more than 80% of the staff working in programs of public health care. Therefore, it is a professional category able to effectively participate in the recreation of the health care practices in Brazil. Under this perspective, it is possible to state that a Brazilian family health care, whose aim is to transform the history of practices and outcomes of interventions, which finds great resonance with nursing, which has a strong relationship with changes, should not dismiss the nurse's role. 25

Among the various working fields of nurses, the Family Health Strategy (FHS) deserves special attention. In this program, besides the nurse acting with more autonomy, despite the difficulties normally presented in institutional level and in other levels, its work has greater visibility and is more valued. This recognition significantly contributes to the work in FHS as a return to the origins of the profession, identification with the profession and, consequently, job satisfaction. 23

Culturally, the nursing professional acquires different skills in the FHP scope, such as: knowledge, experience, confidence, ability to work within a team, problem-solving, self-development, interpersonal relationship, commitment and respect within the staff and welcoming. 26

Accordingly, the nurse in Primary Care, through its effective performance in all production stages of the work process, wins more space, autonomy and decision-making power within the FHS team, thus leaving to be a complement and/or instrument of medical work and starting to constitute a portion of the collective health work, co-responsible for the production of services, with its skills and practices subjected to social and health needs of the population. 11

Teamwork in FHS, in turn, also has allowed the accumulation of experiences and appreciation of the category through the establishment of bonds with families and by the collaboration in building common projects that are shared with other professionals of the health team. With this position of mediator/promoter of interaction among service/users/health workers, the nursing professional have conquered the trust of the
community and established a better communication with the health staff and, consequently, becoming recognized for its agility, ability to understand, listen, send and ease the development of actions in the scope of services and care within and outside the Basic Family Health Unit (BFHU). 16

The family care in primary health care unit requires knowing how this family lives, by identifying its difficulties and strengths. By doing so, the professional, with its technical, scientific and humanistic knowledge, can help the family to act in a way to meet the needs of its members. In nursing, care is, first of all, meeting the other, in other words, meeting a life history, a trajectory, with dreams, desires, beliefs and disbeliefs, values, skills and expectations. 27

Thus, feelings, beliefs, cultural values, prejudices and skills of the caregiver have direct implications on the provided care. The importance of self-knowledge of the nursing professional, by trying to identify its own beliefs, values and prejudices in relation to users, acquires a large importance, since these factors may be little evident and remain undetected for the nurse, but are manifested through behavior or inadequate approaches at the time of care or guidance to the user and its caregivers. Therefore, in order to provide quality care and approaches without any prejudices to users, it is not enough having the knowledge of several theories and technical approaches. It is also necessary to know and, usually, put itself in place of another. 27

♦ Policies that encompass the training of nurses to work in Primary Care

The creation of the Brazilian Unified Health System (SUS), in 1988, caused changes in the health sector in Brazil, by determining the processes of municipalization and decentralization of health actions from states to municipalities, by imposing new relationships in the labor market and requirements regarding the profile of the nursing professional. As it was deploying municipalization, it was expanding the labor market for such professional. These professionals were gradually incorporated into health services, with the duty to run extension programs of coverage of the Ministry of Health, especially the Family Health Program (FHP). 28

From the creation of the FHP, as a strategy for reorienting Primary Care in the SUS scope, the nurse’s work was incorporated into a set of assistential, managerial, educational and research activities. In addition to producing significant changes in the organization and operationalization of services in accordance with the current policy of the country, the profile of this professional had to adapt itself to the changes of the historical moment, thus providing to it a technical and scientific competence in nursing care to the population, with emphasis in assisting the individual in family and social context, in order to promote health. 28

For nurses develop their assignments as advocated effectively, it is necessary that they have a qualified academic training, being proactive and seeking partnerships with the local manager, in order to ensure impact on actions aimed at the local population. The professional should lead the work process to promote significant changes and enable the actual implementation of the strategy. 29

The innovative character of the FHS highlights a set of challenges with different characteristics. Surely, one of these challenges is related to the need to define the profile of skills needed for professionals involved in the FHP, as well as their processes of training and continuing and permanent education. 30

Although the Family Health constitute a model of basic care that is distinguished by complex viewpoint of the user, the university training of its staff is still based on a fragmentary vision, which is reduced the disciplinarity scope (anatomy, pathology, genetics, pharmacology, economics, sociology, etc.). It is noteworthy that this process did not simply take place by choice of political governments, but because of the specific needs of the health care of the Brazilian population before the constitutional duty of the State in relation to the health of all citizens. 31

Gaps in health education refer not only to the historical debate of the most suitable pedagogical models of teaching and learning, which could be regarded in terms of professional training itself. Firstly, they point to contexts of the very essence of the work process in Family Health. In a broad sense, they also deal with the delicate political issue itself of the Brazilian public university: to train professionals in the context of a public institution with a focus different from the need for public service and from collectivity. 31

Faced with so many challenges, which are related to the strong relationship among Higher Education Institutions (HEIs), maintenance of traditional teaching methodologies and training oriented to biological model, it becomes possible to realize innovations that have occurred in the
scope of graduation health courses, especially in nursing, thus reflecting the implementation and expansion of the Family Health Strategy, considered the structural axis of Primary Care in the SUS. 32

In recent years, this reality has provoked the articulation of training centers, at all levels, through the expansion of teaching strategies, production and dissemination of knowledge linked to the new socio-sanitary reality of the country. Accordingly, it is justified the adherence of these centers to the cores of education and professional training, in which HEIs account for political discussion and conduction of training for the work in Family Health Strategy; the discussion of new teaching methodologies problematizing the issues of comprehensive health care and community as a new learning space; the incorporation of themes and disciplines that deal with family health and the creation and adaptation of public health strategies directed to family health units. 32

In this perspective, the Brazilian Ministry of Health, by seeking to promote changes in the training of human resources for the SUS, established, in the last decade, education policies, such as: SUS (The SUS and the graduation health courses), UNI Project (New Initiative on Training of Health Professionals), VERSUS (Experience in Internship in Reality of Unified Health System), PRÓ-SAUDE (National Program of Reorientation of Vocational Training in Health) and the National Policy for Permanent Health Education, which seeks to articulate the needs of health services to the possibilities of development of professionals, to the resolving capacity of health services and to the social management on the public health policies. 32

All these policies sought to include interdisciplinarity and change of scenarios in the professional training, in which educational activities are performed. In other words, it is a change for most representative places in relation to health and social reality. Moreover such policies also add the teaching-service-research integration, problematizing approach, permanent education and ethical, humanistic and social commitment with the multiprofessional work. 33

Thus, by considering the current context of health policies in Brazil, it is a task of the nursing professional to be prepared to contribute to the consolidation of SUS by means of the building of flexible forms of organization of care that promote health, prevent disease and strengthen the multidisciplinary team. The FHP is presented as a strategy for the redirection of Primary Care, by improving access, creating a stronger connection with the enrolled population and promoting greater integration of the multidisciplinary team. 33

In this scenario, HEIs have the challenge of a procedural and collective building of proposals involving the transformation of the professional training of nurses, by mobilizing and structuring teaching with sights to adapt it to the current assistential model in Brazil, to the social needs and the health-related labor market, since the university structure and health teaching have always been linked to a conservative, archaic and very traditional strand, which does not present itself in a different manner in health practices. 34

In this context, the work in Family Health is unveiled as a preferred option for the comprehensiveness of care. Therefore, it becomes necessary that the teaching is guided by philosophical principles of the SUS as a pathway to be explored by the nursing. 33

Accordingly, it is expected that these reflections can guide the building of a new project for the professional training of nurses, targeted to a logical approach of theoretical content seized in HEIs, with the reality that it will find in the SUS scope.

CONCLUSION

The contextual analysis addressed in this paper has allowed us to reflect on the skills and competences needed to operationalize the work of the nursing professional in primary health care, as an agent of transformation of the health-disease process.

We identified that the nursing professional has several assignments in the Family Health Strategy, by exercising an interactive and collective work, which is shared with the multiprofessional team, in order to provide a better care to the community enrolled in the BHU in which it is assigned.

The care in Primary Care is developed with the focus of giving assistance to the human being in its individual and collective needs. In practice, the act of caring presents itself in a historical, contextual manner and, therefore, is variable and depends on relationships established in the assistential process, thus becoming a very complex activity. The nurse, due to its professional essence focused on care, performs in everyday practice its activities in accordance with the culture of each individual, by incorporating, along with scientific rationality, ethnic, religious, ethics and gender-related issues, among others.

Lastly, in each one of the analyzed levels of contexts, it was observed that the nursing
Professional is present in most of the actions developed in Primary Care/Family Health, whether they are technical, scientific or interpersonal, which contributes to the discussion of that the practice of this professional is the result of a transformation of work processes in health, thus requiring the opening of new professional practices, from the establishment of dialogical relations, production of new skills, professional training that promotes new ways of thinking and act on health in the context of the Unified Health System.

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DOI: 10.5205/reuol.4397-36888-6-ED.0710esp201327

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Submission: 2012/02/13
Accepted: 2013/09/05
Publishing: 2013/10/15

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