



THE NURSE OF FAMILY HEALTH AND THE PROMOTION AND AUTONOMY OF THE USER: A REFLECTIVE ANALYSIS

O ENFERMEIRO DA SAÚDE DA FAMÍLIA E A PROMOÇÃO DA AUTONOMIA DO USUÁRIO: ANÁLISE REFLEXIVA

EL ENFERMERO DE LA SALUD DE LA FAMILIA Y LA PROMOCIÓN DE LA AUTONOMÍA DEL USUARIO: ANÁLISIS REFLEXIVO

Tatiane Baratieri¹, Carine Teles Sangaleti²

ABSTRACT

Objective: to discuss about the actions of the nurse of the Family Health Strategy facing the autonomy promotion of the users. **Method:** a reflective study guided by critical analysis of content of 15 articles published about the subject in the last 10 years. **Results:** it was showed that there is a little approach to client's autonomy within the role of a nurse in the Family Health Strategy; the majority (12) of the articles is about the prevalence of traditional care. Work in nursing there are difficulties: lack of theoretical and practical knowledge, high demand for services, lack of resources, which requires proactivity to overcome them. To facilitate its work, the nurse provides nursing consultation, health education, home visits, group and interdisciplinary work. **Conclusion:** The nurse, as a manager of care, must overcome the traditional assistance, making effective the principles of the Family Health Strategy, to enable the promotion of client autonomy, to be co-responsible for the determinants of the disease process. **Descriptors:** Primary Health Care; Family Health; Nursing; Personal Autonomy.

RESUMO

Objetivo: discutir sobre as ações do enfermeiro da Estratégia Saúde da Família frente à promoção da autonomia dos usuários. **Método:** estudo reflexivo viabilizado pela análise crítica e de conteúdo de 15 artigos publicados sobre o assunto nos últimos 10 anos. **Resultados:** evidenciou-se que é escassa a abordagem da autonomia do usuário no âmbito da atuação do enfermeiro da Estratégia Saúde da Família; a maioria (12) dos artigos versa sobre a prevalência da assistência tradicional. No trabalho do enfermeiro existem dificuldades: falta de conhecimento teórico-prático, alta demanda de serviços, falta de recursos, que requer pró-atividade desse para superá-las. Para viabilizar seu trabalho, o enfermeiro dispõe da consulta de enfermagem, educação em saúde, visita domiciliar, trabalho em grupos e interdisciplinar. **Conclusão:** o enfermeiro, como gestor do cuidado, precisa superar a assistência tradicional, efetivando os princípios da Estratégia Saúde da Família, para viabilizar a promoção da autonomia do usuário, para que esse seja corresponsável nos determinantes do processo saúde-doença. **Descritores:** Atenção Primária à Saúde; Saúde da Família; Enfermagem; Autonomia Pessoal.

RESUMEN

Objetivo: discutir las acciones de la enfermera de la Estrategia Salud de la Familia frente a la promoción de la autonomía de los usuarios. **Método:** estudio reflexivo posible mediante el análisis y crítico de contenido de 15 artículos publicados sobre el tema en los últimos 10 años. **Resultados:** mostró se que hay poco acercamiento a la autonomía del cliente en el papel de una enfermera en la Estrategia Salud de la Familia; la mayoría (12) de los artículos se refiere a la prevalencia de la atención tradicional. En el trabajo en enfermería hay dificultades: falta de conocimientos teóricos y prácticos, una alta demanda de servicios, la falta de recursos, lo que requiere pro-actividad del mismo para superarlos. Para facilitar su labor, la enfermera dispone de consulta de enfermería, educación para la salud, visitas a domicilio, el trabajo en grupo e interdisciplinario. **Conclusión:** la enfermera, como encargada de la atención, tiene que superar la asistencia tradicional, llevando a cabo los principios de la Estrategia Salud de la Familia, para viabilizar la promoción de la autonomía del cliente, para que este sea corresponsable de los determinantes del proceso salud-enfermedad. **Descriptores:** Atención Primaria de la Salud; Salud de la Familia; Enfermería; Autonomía Personal.

¹Nurse, Master Teacher, Department of Nursing, State University of the Midwest/Unicentro. Guarapuava (Parana), Brazil. E-mail: baratieri.tatiane@gmail.com; ²Nurse, Master Teacher, Department of Nursing, State University of the Midwest/Unicentro, PhD Student, Program of Management in Nursing, School of Nursing of the University of São Paulo. São Paulo (São Paulo), Brazil. E-mail: sangaleti@yahoo.com.br

INTRODUCTION

The Family Health Program (PSF) was instituted in 1994 by the Ministry of Health, currently called the Family Health Strategy (FHS) has as objective to reverse the care model guided by curative actions, since predominant, including the alteration of the objects of attention, forms of action and general organization of the network for health care to the users.¹ The ESF has as focus, or core of action, the family and has its work structured in different professional categories, with different skills, integrated team, and this serves an area with 600-1000 families, and at most 4500 people.¹

The work in the ESF is developed primarily by a skeleton crew, consisting of a doctor, nurse, or technician assisting in nursing and community health workers. Among these stands out the nurse, whose work has been consolidated as a practice close to the real needs of the population,² and has been recognized in a positive way for the restructuring of care model, despite the organizational difficulties in ensuring users' access to services of medium and high complexity and establish the system of reference and counter,³ and the related difficulties to the profile of training of health workers, often improper acting in the FHS in the SUS.

To consolidate the ESF, the work of the attending nurse must be articulated to socio-cultural, demographic and epidemiological, aiming to relate their actions to better living conditions of the family and society, and to direct actions to produce health as a social practice. In this context, in their activities, the nurse should seek to maintain or transform reality, to be able to improve the quality of life of individuals.⁴

In FHS, among other actions, the nurse should provide comprehensive care, based on promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health, focused on individuals and families in the health of the family and, when appropriate or necessary, at home and/or in other community spaces, at all stages of human development.⁵ In this context highlights the importance of the nurse to develop actions that promote user autonomy for them to be truly co-responsible for the care of your health and feel empowered to do so, thus contributing to integral care and health improvement. This concept of responsibility differs from the practice of division of labor

and prescription pipelines "must be followed" by users.

Autonomy can be defined as the ability of self-determination, be independent, that is, the person has the power and ability to decide or act upon themselves.⁶ User Autonomy is understood as respect for their claims to govern themselves, their active participation in health care, but in many cases health professionals have subtracted the right of people to information and choices, either to save the suffering, or to facilitate the actions of professionals.⁷

The literature suggests that often the information/guidance to the user are limited to what the professional judges have higher priority, and in many situations the understanding of the disease, anguish, personal values, fears/concerns and culture of the individual are not considered.⁸ In this sense, health actions are still guided in prescriptions of norms and behavior, contributing to the subordination of the professional user, making the person dispossessed of autonomy over their health.⁹

Based on the above, it is important that nurses in their actions, especially in its educational function, a powerful strategy to promote user's autonomy in family health, has ruled in an ethical principle of integrity to design the user as a being capable of acting alone, thereby promoting "alienation" and "liberation" of the subject, or rather the latter's independence.¹⁰

In this sense, the actions or practices everyday health should establish mutual cooperation professional/service user, the first with its technical and scientific autonomy, the time the user has demonstrated its autonomy in their peculiarities, needs, aspirations and potential for cooperation so that it promotes the resolution of health problems⁹, so that the exchange of knowledge positively impact the results.

The autonomy of the user must be a premise in the development of care by nurses, and this should be considered as fundamental actions that strengthen empowerment (magnification power or empowerment and community participation) to promote self-determination and independence of the individual in preventing diseases, promoting and recovery of health.⁹

Based on the foregoing, became the interest in investigating the actions performed by nurses under the ESF which nurture the development of user autonomy, given the assumptions of the model of care and ESF

work of nurses with a view to comprehensive health care.

This research seeks to identify the impacts of favoring this autonomy, especially in regard to improving the quality of life and health of users. Furthermore, this study is justified by the need to know put to nursing in the context of users autonomy, opportunity to the professionals reflection on the subject, in order to envision strategic pointers for improvement and positive changes in professional practice for consolidation of ESF in the SUS. Thus, this study aims to discuss the actions of the nurse family health front the empowerment of users.

COVERED WAY

Study of reflection based on critical analysis of literature on the subject in question. To this end, we conducted a search for scientific articles in Lilacs and SciELO for encompassing studies in the context of national ESF. The research in databases is given using the terminology enrolled in Health Sciences Descriptors created by the Virtual Health Library developed from the Medical Subject Headings of the U.S. National Library of Medicine, which allows the use of common terminology in Portuguese, English and Spanish. Thus the descriptors used to find the corresponding scientific production were: family health nursing, personal autonomy, which were subjected to cross each other.

To select the material that based reflection, used as criteria: (a) original article and made available online in full, (b) published in the last ten years (2002-2011), (c) in Portuguese, English and Spanish; (d) addresses the actions of nurses in family health that can promote user autonomy. The online availability of favoritism considers aspects of access to information for health professionals in the country. We excluded studies that did not meet any of the criteria for inclusion.

The collection of the material analyzed is given in February 2012. Note that, with the use of terminology personal autonomy were not found articles that addressed the theme, thus the articles found were the result of the intersection of the terms family health and nursing, initially result in 606 full articles available online. After reading the titles and abstracts were selected 21 articles and after reading the full text, constituted the corpus analysis of 15 articles.

The results were analyzed using content analysis, in which pre-analysis conducted by fluctuating readings of all data collected that

took shape in the corpus analyzed, enabling the formulation of interpretations and initial questions. Then, there was a thorough reading of the material, its encoding, enumeration, classification and aggregation. Was finally made the interpretation and categorization of results, on the identification of units of interest, the commonalities between them, and inferences, and this phase 11 which allowed the reflection based on the theme.

♦ The prevalence of the traditional model/dressing/biomedical

The study showed that, of the 15 papers analyzed, the majority (12) addressed the question of health professionals and also developed a care based on hegemonic model, ie, queries, actions or procedures focusing on individual symptoms or prescriptions for preventive actions of health problems.

Studies have shown that actions are guided in the FHS, most often, the vision curative, based upon the complaint of the user focus on disease (correct use of medication, proper diet for pathology in prescribing health professional) and individual care and spontaneous,¹²⁻¹⁷ prevailing a vertical care.¹⁸ Thus, it is emphasized that the care provided by nurses contradicts the assumptions of the ESF, ie collective and individual attention with emphasis on disease prevention and health promotion, with¹² focused on interdisciplinary principles of integrity, fairness, universality, social participation, promoting citizenship, empowerment of users among other principles and values relevant to the practice that sees the reinvestment of care model and consolidation of SUS.

The question posed is confirmed in studies that sought to identify the nurse practice among users leprosy patients, which showed that that develops professional nursing consultation in a systematic way, with guidance on the prevention of disability, medication use among others, however, all carried out in a prescriptive, injuring the principle of comprehensive care and the promotion of client autonomy, limiting assistance to the biological and normative.^{19,20}

Another important issue revealed by the study is the lack of dialogue between professionals and users, which is not valued knowing this, and educational practice stems from the traditional, vertically, with orders to the imposition of individual liability, which must modify their according to conduct it is prescribed that.^{3,13,15,17,18}

The focus of the ESF is the family, however, one study aimed to know the nurse practice with families revealed that this

Baratieri T, Sangaleti CT.

The nurse of family health and the promotion...

professional, mostly focuses attention on the individual, restricting themselves to disease and procedures performed within the unit health.¹³ In the same vein, the care provided to the elderly by nurses also showed an attendance of individual character, not involving family members and carers.²¹ Thus, the analysis of the articles indicates that nurses can hardly promote user autonomy, since this does not involve the main actors, nor the core activities of ESF and limiting the search range of comprehensive care.

The studies also showed that nurses do not work in an interdisciplinary work and, developing his work in general, only the policies of community health^{15,22} in view of the work of the same orientation. Soon, prominently in the interdisciplinary model of ESF also notes the actions of staff nurses. It's still worth pointing out that the analyzed studies highlight that nurses have no involvement with the community regarding the participation in the meetings of the Local Board of Health, which limits their knowledge of the desires involving the enrolled population.²²

The FHS has been adopted as the model of care within primary care in the NHS, for its potential to promote significant changes in the scene of attention to public health, especially for proposing changes in the way they drive to work in health care since the shares to the relational and management, and such a proposition is to contribute to the construction of a humanized and comprehensive.²² However, the studies found and discussed here revealed that the purposes of ESF are still far from its realization as the center of attention remains the disease and prescriptive measures, limiting the promotion of client autonomy, which is not being addressed in their socioeconomic and cultural context, nor recognized as a social subject carrier autonomy.^{13,17}

It is noteworthy that, for the actions of the nurse can promote the autonomy of the user is necessary shift in their performance, it is indispensable to give up control, the claim of ownership/ possession of knowledge, and consider the subjectivities and capacities assisted group.¹⁷

♦ Difficulties encountered by nurses in professional practice

In his role at FHS nurse encounters some obstacles to the proper development of their work, making the promotion of client autonomy in different life cycles and situations of the health condition. Thus, the studies found in the literature search 10

addressed some aspect involving the subject in question.

Health actions provided by health professionals in the ESF are oriented primarily through programs of the Ministry of Health, such as women's health, children, the elderly, adolescents, worker, oral health, among others.¹² These actions are important to target its assistance in family health, however, can derail attention to users who do not "fit " the priorities of particular historical moment-social. The literature indicated that nurses hold themselves to programmatic actions, and assistance to users who need mental health care, as well as adults not sick or pregnant women, there is no perception of specific actions, systematic and continuous in order to promote health to prevent diseases.^{12,22}

Another relevant question on the difficulties encountered by nurses in their work is related to the lack of theoretical and practical knowledge in various areas. The studies found revealed the lack of preparation of nurses and the need for greater knowledge regarding mental health practices,¹² drug addicts,²³ elderly health, child health,^{21,24} (particularly in relation to the systematization of nursing care),¹⁶ and implementation of the nursing process and physical exam.¹⁴ In this situation there is a need for further in-service continuing education for nurses, as well as questioning this issue in the higher education, so that these professionals are constantly trained to meet the diverse situations that arise in their daily work, reaching the qualification for health care in the SUS.^{21,23,24}

Beyond the limit professional studies also indicate that nurses are faced with increased demands on the health service,¹⁹ in addition to the workloads, primarily evidenced by the incumbent management activities with the health unit, which are often treated as priority activities against direct attention to the user,^{15,16} which could favor the seizure and developments related to the autonomy of the aspects of the same.

Another impediment to the proper practice of the nurse refers to the need of manpower, material and physical structure appropriate for the provision of care in the health of the family,¹⁴⁻¹⁶ in particular, the studies highlight the intense turnover of health workers the ESF^{3,15} which limits the formation of bonds between users and professionals and providing assistance longitudinal stimulates the individual/family increasingly assume co-responsibility for their health.

Other difficulties were encountered in the studies, as problems in maintaining an

Baratieri T, Sangaleti CT.

The nurse of family health and the promotion...

adequate system of reference and counter, reflecting poor solutions to health problems,^{3,15,21} and in the case of health care issues related to the elderly population served as little assimilation of guidelines and low participation in the care of relatives.²¹

Note also that, as health professionals and the health system as a whole meets resistance and obstacles to withdraw from the care model historically rooted, also the people "expect" traditional assistance, and medical professionals as a center thus it should be considered that users are not prepared to accept the purposes of ESF in full.^{15,16}

Thus, points out that the nurse meets several conditions that limit their provision of a service that encourages user autonomy, however, that professional needs to assess its performance against the principles that guide the NHS and the purpose of the ESF in order to transformations necessary to direct, or contribute to the effectiveness of a health care that meets the users full.^{3,15}

Besides the pro-activity required by the nurses, the complex barriers or difficulties presented and discussed bring to light the need for articulation of other subject areas and jointly responsible for the construction and consolidation of FHS practices, with a view to promoting autonomy of SUS, as organs of training and professional qualification, managers, political representatives, and agency associations and discussion with public opinion.

♦ Tools those help promoting user's autonomy by nurses

Besides the complex obstacles to this point discussed, analyzed studies show that in their care practice nurses have various strategies to develop their work, and thus can stimulate the user autonomy.

Among the tools used is emphasized that the nursing consultation, which includes all stages of human development,²⁵ and needs to be developed following the steps of gathering broad and pertinent to each situation, the user data and or family network support, a physical exam, monitoring, referral when necessary, beyond the activities of health education and home visits.^{16,21}

For the satisfactory development of the nursing studies have revealed the importance of continuing to work/user, which is done through a trusted relationship with dialogue, educational activities, always considering the socioeconomic status, beliefs and culture of individuals, factors refer to the provision of higher quality care, humane and effective.^{14,16,19,21} In this direction, the nursing

consultation can constitutes an important strategy for significant changes by the user for his or her health,¹⁶ and to be held under the ESF, following his purposes, it is essential to stimulate the user to co-participate in the care of their health, or learn to care for themselves and make decisions relevant to their health-disease process. Nursing consultation may also favor the user to understand the role of services and health professionals in this relationship, so the user autonomy can lead to emancipation of the same, without promoting the mistaken notion of autonomy and individual responsibility and Disclaimer of professional services and the health system as a whole.

As important as nursing visits, and closely related to this and other actions of the nurse, stand out as a tool in all areas of attention in the ESF, the actions of health education, which are essential to direct actions to promote health, disease prevention, rehabilitation, promotion of bonding and reliability among other capabilities.^{14,16}

In this context, one study showed that most nurses conducts educational activities with users, however some of the respondents have concern for building actions according to the interests and needs of the population, and others, develop an attention vertical/traditional.¹² Health education is essential in the context of the ESF, and must prioritize actions for disease prevention and health promotion should not be understood as a tool for individual changes related to specific situations.^{12,18} Thus, it is the role of the nurse encourage user participation in the educational process, as well as in the planning and evaluation of care.¹³

Under the ESF, the home visit plays a key role in assisting the registered population, becoming important in promoting client autonomy, considering that enables professionals to know the reality that families are inserted, promotes linkages and better target health actions.²⁴ study revealed that in making the home visit, the community health worker member is essential, as is the link between the community and health professionals,¹³ logo nursing work which aims at promoting autonomy user should consider tools that you are not specific, as well as integration with other workers.

Among the important tools to promote the autonomy of the user study aimed at describing the formation of the group Happy Age pointed out that the success of group work depends on the good work of the interdisciplinary team. Furthermore, in this study the nurse acted as facilitator, leaving

the group to make decisions about the activities to be developed by the group. After implementation of the group found an improvement in the biological and social integration of the elderly, demonstrating that nursing must act from the perspective of health promotion, enabling the elderly to build strategies to take care of themselves, ie, the realization of the group stimulated the autonomy of the elderly, which, even in the absence of the nurses continued to meet.²⁶

FINAL REMARKS

The present study allowed performing a brief work setting the nurse in the promotion of client's autonomy. It was evident that there is still the prevalence of the traditional model of care, which is contrary to what currently advocates the SUS under the APS, especially in the FHS. This fact is not new, but it is considered that reflections denouncing the perpetuation of a model admittedly ineffective for comprehensive health care have the potential to transform this reality inconsistent with the need to consolidate the SUS in Brazil.

Lack of promoting the autonomy of users by the nurse is directly related to the lack of dialogue in this dyad, difficulties in interdisciplinary work, and lack of qualified nurses in different areas, among other difficulties pointed out by the study.

It should be emphasized that the nurse has important tools in their work process, such as nursing consultation, health education, home visits, group work, and teamwork, as well as being supported by the guiding principles of the ESF, which if effected under the paradigm of comprehensive care, lead to the promotion of personal autonomy.

It was evident that the nurse can act with a view to promote the autonomy of the assisted population in the subscript, is fundamental to be more proactive in their actions, making use of the tools available, bound in what is proposed care model validity.

Promote client autonomy is paramount to this is co-responsible for the determinants of their health-disease process, and the nurse as manager of care, is the largest professional preparation to make this aspect a reality, both in individual and collective, which helps to effect another principle of SUS, which is social participation.

This study contributes to increasing discussions about the role of nurses in family health and the practice in the promotion of client autonomy, which favors the implementation of changes and consolidation

of SUS. This reflection directs that further studies are conducted in order to better characterize the work of nurses in this area.

REFERENCES

1. Vieira AM, Neto JM, Crepaldi TMS, Saito RXS. Trabalho em equipe no programa de saúde da família: integração para a integralidade da assistência. In: Saito RXS, editor. Integralidade da atenção: organização do trabalho no programa de saúde da família na perspectiva sujeito-sujeito. São Paulo: Martinari; 2008. p. 17-46.
2. Venâncio VR. O enfermeiro no programa de saúde da família: reflexões sobre sua atuação na perspectiva da teoria da contigência [tese]. São Paulo (SP): Escola Paulista de Medicina de [São Paulo](#); 2003.
3. Nascimento MS, Nascimento MAA. Prática da enfermeira no Programa de Saúde da Família: a interface da vigilância da saúde versus as ações programáticas em saúde. Ciênc saúde coletiva [Internet]. 2005 [cited 2012 Jan 15];10(2):333-45. Available from: <http://www.scielo.org/pdf/csc/v10n2/a11v10n2.pdf>
4. Verdi M, Alonso ILK. Atenção primária de saúde e a enfermagem. In: Verdi M, Boehs AE, Zampieri M M, editors. Enfermagem na atenção primária de saúde: textos fundamentais. Florianópolis: UFSC; 2005. p. 17-31.
5. Brasil. Portaria nº 648, de 28 de março de 2006: Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agentes Comunitários de Saúde (PACS). Brasília: Ministério da Saúde, 2006.
6. Nietzsche EA, Backes VMS. A autonomia como um dos componentes básicos para o processo emancipatório do profissional enfermeiro. Texto & contexto enferm. 2000;9(3):153-74.
7. Fabbro L. Limitações Jurídicas à Autonomia do Paciente. Rev bioét [Internet]. 2009 [cited 2011 Mar. 30];7(1):1-6. Available from: http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/286/425.
8. Barros VL, Fortes PAC. A informação esclarecedora e o consentimento esclarecido: um desafio ao Programa de Saúde da Família na garantia dos direitos do paciente. Mundo saúde. 2003;27(2):280-91.
9. Barros DG, Chiesa AM. Autonomia e necessidades de saúde na Sistematização da Assistência de Enfermagem no olhar da saúde coletiva. Rev Esc Enferm USP [Internet]. 2007 [cited 2012 Feb 14];41(esp):793-87. Available

from:

<http://www.scielo.br/pdf/reeusp/v41nspe/v41nspea08.pdf>

10. Oliveira DL. A "nova" saúde pública e a promoção da saúde via educação: entre a tradição e a inovação. Rev latinoam enferm [Internet]. 2005 [cited 2012 Feb. 18];13(3):423-32. Available from: <http://www.scielo.br/pdf/rlae/v13n3/v13n3a18.pdf>

11. Bardin L. Análise de conteúdo. Revista e Atualizada. Lisboa-Portugal: Edições 70; 2008.

12. Nascimento AAM, Braga VAB. Atenção em saúde mental: a prática do enfermeiro e do médico do programa saúde da família de Caucaia - CE. *Cogitare enferm* [Internet]. 2004 [cited 2012 Feb. 13];9(1):84-93. Available from:

<http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/1709/1417>

13. Oliveira RF, Marcon SS. Trabalhar com famílias no Programa Saude da Família: a prática do enfermeiro em Maringá-PR. Rev Esc Enferm USP [Internet]. 2007 [cited 2012 Feb. 21];41(1):65-72. Available from: <http://www.scielo.br/pdf/reeusp/v41n1/v41n1a08.pdf>

14. Felipe FF, Abreu RNDC, Moreira TMM. Aspects of the nursing consultation with hypertensive patients cared for in the family health program. Rev Esc Enferm USP [Internet]. 2008 [cited 2012 Feb. 21];42(4):620-6. Available from: http://www.scielo.br/pdf/reeusp/v42n4/en_v42n4a01.pdf

15. Assis WDA, Collet N, Reichert APS, Sá LD. Processo de trabalho da enfermeira que atua em puericultura nas unidades de saúde da família. Rev bras enferm [Internet]. 2011 [cited Feb. 19];64(1):38-46. Available from: <http://www.scielo.br/pdf/reben/v64n1/v64n1a06.pdf>

16. Campos RMC, Ribeiro CA, Silva CV, Saporoli ECL. Consulta de enfermagem em puericultura: a vivência do enfermeiro na Estratégia de Saúde da Família. Rev Esc Enferm USP [Internet]. 2011 [cited 2012 Feb. 10];45(3):566-74. Available from: http://www.scielo.br/pdf/reeusp/v45n3/en_v45n3a03.pdf

17. Fortuna CM, Matumoto S, Pereira MJB, Mishima SM, Kawata LS, Camargo CB. Nurses and the Collective Care Practices Within the Family Health Strategy. Rev latinoam enferm [Internet]. 2011 [cited 2012 Feb. 12];19(3):581-8. Available from: <http://www.scielo.br/pdf/rlae/v19n3/18.pdf>

18. Heringer A, Ferreira VA, Acioli S, Barros ALS. Práticas educativas desenvolvidas por

enfermeiros do Programa Saúde da Família no Rio de Janeiro. Rev gaúch enferm [Internet]. 2007 [cited 2012 Feb. 18];28(4):542-8. Available from:

<http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/3133/1723>

19. Freitas CASL, Silva Neto AV, Ximenes Neto FRG, Albuquerque IMAN, Cunha ICK. Consulta de enfermagem ao portador de Hanseníase no Território da Estratégia da Saúde da Família: a percepção do enfermeiro e o sujeito em tratamento. Rev bras enferm [Internet]. 2008 [cited 2012 Feb. 13];61(esp): 757-63. Available from:

<http://www.scielo.br/pdf/reben/v61nspe/a17v61esp.pdf>

20. Silva FRF, Costa ALRC, Araújo RB. Prática de enfermagem na condição crônica decorrente de hanseníase. Texto & contexto enferm [Internet]. 2009 [cited 2012 Feb. 14];18(2): 290-7. Available from: <http://www.scielo.br/pdf/tce/v18n2/12.pdf>

21. Oliveira JCA, Tavares DMS. Atenção ao idoso na estratégia saúde da família: atuação do enfermeiro. Rev Esc Enferm USP [Internet]. 2010 [cited 2012 Feb. 13];44(3):774-81. Available from: <http://www.scielo.br/pdf/reeusp/v44n3/32.pdf>

22. Silva VG, Motta MC, Zeitoune RCG. A prática do enfermeiro na Estratégia Saúde da Família: o caso do município de Vitória/ES. Rev eletrônica enferm [Internet]. 2010 [cited 2012 Feb. 23];12(3):441-8. Available from: http://www.fen.ufg.br/fen_revista/v12/n3/v12n3a04.htm

23. Rosenstock KIV, Neves MJ. Papel do enfermeiro da atenção básica de saúde na abordagem ao dependente de drogas em João Pessoa, PB, Brasil. Rev bras enferm [Internet]. 2010 [cited 2012 Feb. 21]; 63(4): 581-6. Available from:

<http://www.scielo.br/pdf/reben/v63n4/13.pdf>

24. Rocha FCV, Carvalho CMRG, Figueiredo MLF, Caldas CP. O cuidado do enfermeiro ao idoso na estratégia saúde da família. Rev enferm UERJ [Internet]. 2011 [cited 2012 Feb. 13];19(2):186-91. Available from: <http://www.facenf.uerj.br/v19n2/v19n2a03.pdf>

25. Benevides JL, Gurgel SS, Souza IC de et al. Nursing consultation in primary health care: perception of teenagers. J Nurs UFPE [Internet]. 2012 [cited 2012 Nov. 14];6(10):2371-8. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2748/pdf_1526

Baratieri T, Sangaleti CT.

The nurse of family health and the promotion...

26. Victor JF, Vasconcelos FF, Araújo AR, Ximenes LB, Araújo TL. Grupo Feliz Idade: cuidado de enfermagem para a promoção da saúde na terceira idade. Rev Esc Enferm USP [Internet]. 2007 [cited 2012 Feb. 12];41(4):724-30. Available from: <http://www.scielo.br/pdf/reeusp/v41n4/25.pdf>

Submission: 2012/11/18

Accepted: 2013/10/30

Publishing: 2013/01/01

Corresponding Address

Tatiane Baratieri
Rua Arival Ribas Kraemer, 121
Bairro dos Estados
CEP: 85035-255 – Guarapuava (PR), Brazil

English/Portuguese

J Nurs UFPE on line., Recife, 7(12):6921-8, Dec., 2013