PRACTICE OF THE PRIMARY HEALTH CARE NURSING TEAM TOWARDS CHILDREN WITH DISABILITIES

ATUAÇÃO DA EQUIPE DE ENFERMAGEM NA ASSISTÊNCIA À CRIANÇA COM DEFICIÊNCIA NA ATENÇÃO PRIMÁRIA À SAÚDE

Sâmara Sirdênia Duarte de Rosário Belmiro1, Francisco Arnoldo Nunes de Miranda2, Izabella Bezerra de Lima Moura1, Simone Regina Carvalho3, Akemi Iwata Monteiro4

ABSTRACT

Objective: to describe the actions of the Family Health Strategy (FHS) nursing team towards disabled children in a medium-sized city of Rio Grande do Norte/Brazil. Method: descriptive and qualitative study carried out through semi-structured interviews; data were analyzed using thematic analysis technique. Four nursing professionals who work in the Family Health Strategy participated in this study. Results: four categories were identified: experience of nursing professionals in providing care for children with disabilities; development of health education activities to disabled children by the nursing staff; inclusion and accessibility of disabled children in Primary Health Care (PHC); need for continuing education for FHS nurses. Conclusion: we conclude that nursing professionals did not receive adequate training for comprehensive care to children with disabilities and, therefore, do not provide adequate assistance to this group. Descriptors: Disabled Children; Nursing Care; Primary Health Care; Family Health Strategy.

RESUMO

Objetivo: descrever a atuação da equipe de enfermagem da Estratégia de Saúde da Família (ESF) na assistência à criança com deficiência. Método: estudo descritivo, de abordagem qualitativa, utilizando entrevistas semiestruturadas. Os dados foram analisados pela Técnica de análise de conteúdo na modalidade Análise temática. Participaram quatro profissionais de enfermagem que trabalham na Estratégia de Saúde da Família. Resultados: foram identificadas quatro temáticas: << Vivência dos profissionais de enfermagem na assistência à criança com deficiência >>; << Desenvolvimento de atividades de educação em saúde pela equipe de enfermagem para as crianças com deficiência >>; << Inclusão e acessibilidade das crianças com deficiência na Atenção Primária à Saúde (APS) >>; << Necessidade de educação permanente para os profissionais de enfermagem da ESF >>. Conclusão: os profissionais de enfermagem não receberam formação adequada para uma assistência integral às crianças com deficiência e, por isso, não realizam a assistência adequada a esse grupo. Descrições: Criança com Deficiência; Cuidados de Enfermagem; Atenção Primária à Saúde; Estratégia Saúde da Família.

RESUMEN

Objetivo: describir la actuación del equipo de enfermería de la Estrategia de Salud de la Familia (ESF) en la asistencia al niño con deficiencia. Método: estudio descriptivo, de enfoque cualitativo, utilizando entrevistas semiestructuradas. Los datos fueron analizados por la Técnica de análisis de contenido en la modalidad Análisis temático. Participaron cuatro profesionales de enfermería que trabajan en la Estrategia de Salud de la Familia. Resultados: fueron identificadas cuatro temáticas: << Experiencias de los profesionales de enfermería en la asistencia al niño con deficiencia >>; << Desarrollo de actividades de educación en salud por el equipo de enfermería para los niños con deficiencia >>; << Inclusión y accesibilidad de los niños con deficiencia en la Atención Primaria a la Salud (APS) >>; << Necesidad de educación permanente para los profesionales de enfermería de la ESF >>. Conclusión: los profesionales de enfermería no recibieron formación adecuada para una asistencia integral a los niños con deficiencia y, por eso, no realizan la asistencia adecuada a ese grupo. Descriptores: Niño con Deficiencia; Cuidados de Enfermería; Atención Primaria a la Salud; Estrategia Salud de la Familia.
INTRODUCTION

Disabled people have long-term physical, mental, intellectual or sensory impairments that, when combined with several barriers, may hinder their full and effective participation in society on an equal basis with other persons.

The World Health Organization estimates that at least 10% of children worldwide are born or acquire some type of physical, mental or sensory impairment, with negative effects on neuropsychomotor development and of this total, in developing countries, only 3% of people that need rehabilitation receive some type of health service.

The national 2010 Census indicate that approximately 45 million people in Brazil have some kind of disability, representing a total of almost 24% of the population. The states with the highest rates of disabled and impaired people are in the Northeast, and Rio Grande do Norte state was the leader with a rate of 27.86%.

In the health field, attention to children with disabilities (CwD) still has a profile characterized by flaws, lack of articulation and discontinuity of actions in the public and private spheres.

The Primary Health Care (PHC), considered the gateway to the Unified Health System (SUS), shows unpreparedness to meet the needs of these users, particularly with regard to training of its professionals, and attitudinal and structural barriers that hinder the inclusion of CwD into health services. This situation implies the absence of children in services, negatively affecting the quality of care and the potential development of these children. This care represents a challenge for nursing practice.

In order to resolve this situation, several measures have been taken to right to health constitutionally guaranteed to people with disabilities. We can cite, among others, the Care Policy for Persons with Disabilities in the Unified Health System (PAPPDUS) - Service Planning and Organization, the Statute of the Child and Adolescent (ECA) and the current National Plan of People with Disabilities Rights - Living without Limits.

These policies, guidelines and statutes propose that PHC, through Basic Health Units (BHU), represent a place for excellence of care to people with disabilities due to their geographic and sociocultural proximity to the surrounding community. The PAPPDUS states that the BHU is an essential place to provide care for most of the problems, and professionals must be able to provide quality care. Given these recommendations, it is assumed that PHC is a performance scenario of nursing teams. In this environment, this team can collaborate with other team members in the implementation of health promotion activities and strategies to prevent deficiencies, intervene in already diagnosed cases, as well as contribute to the process of Community Based Rehabilitation (CBR) for children with disabilities.

Additionally, it is understood that the assessment of the children's health condition, including the disabled children, is an important phenomenon in nursing, as recommended by the norms and ministerial programs in public health. However, despite the new understanding of disability (inclusive policies, social concept of disability) and the possibilities of evolution, health care directed to identification of disabled individuals is not part of the routine in early intervention of PHC, neither the planning of care nor the implementation and regular monitoring of these parameters.

However, little is known about the opinions of nursing professionals about this population health issue, especially children, and their forms of care as a responsibility of the nursing team working in PHC.

Due to the scarcity of literature on the incorporation of proposals of nursing team actions toward disabled children within the PHC program, the following question arises: how does the nursing team performance towards disabled children take place in a medium-sized city in the state of Rio Grande do Norte?

The purpose of the study is to describe the performance of the PHC nursing team towards children with disabilities in a medium-sized city of Rio Grande do Norte state.

The relevance of this study lies in the possibility of promoting the improvement of the nursing team performance towards the health of CwD in primary health care, especially in the case of people who have difficulties to access health care services. This study can further contribute to planning health programs for children with disabilities in a comprehensive, complex and inclusive way, with policies that promote the reorganization of health services so that secondary and tertiary services serve as support for primary services. With this exposed, the study has as objective:

- To describe the role of the Family Health Strategy (FHS) nursing team in the care of children with disabilities.
METHOD

This study is part of a broader descriptive research stemming from a dissertation conducted with health professionals of two Family Health Strategy (FHS) teams linked to the PHC in Mossoró-RN, Brazil.

This component is a descriptive and qualitative study with data gathered from the FHS nursing team of the BHU where part of the research was developed. Among the 13 (thirteen) professionals participating in the study, only 04 (four) were part of the nursing team working in the two FHS teams of the BHUs. The interviews with the nursing team were presented as a result of this article. We used a convenienced sample, considering the subjects that were available and the data that was possible to obtain.8

Inclusion criteria were: being nurse or nursing technician; being a team member of the FHS participating in the study; having availability to participate and having formal employment bond for more than 6 (six) months. Exclusion criteria were: being on vacation or leave.

Information was collected from the speeches expressed in interviews with semi-structured scripts applied between March and April 2011. Subjects were contacted in person and by phone call. The interview was conducted individually in the workplace and the objectives and the relevance of the study were clearly explained at the moment of invitation and authorization was obtained by signing the Informed Consent form.

Interviews were transcribed and data analysis applied the content analysis technique in the thematic modality.8 This technique stems from a foreground literature and then reaches a deeper level, surpassing the manifested meanings. For this, semantic (significant) and sociological (meanings) structures of utterances are inter-related. Texts surfaces are described and analyzed along with factors that determine their characteristics: psychosocial variables, cultural context and production process of the message. The following topics emerged from this process: experience of nursing professionals in providing care for children with disabilities; development of health education activities to disabled children by the nursing staff; inclusion and accessibility of disabled children in Primary Health Care (PHC); need for continuing education to FHS nurses.

This study serves to understand the phenomenon and transferability, i.e., the ability to transfer results to other groups and individuals, avoiding generalizations.8

The research was assessed by the Ethics Committee of the Federal University of Rio Grande do Norte/UFRN under CAAE nº 0177.0.051.000-10.

RESULTS

The participant professionals were aged between 33 and 43 years and had formal employment bond with the Municipality of Mossoró/RN. Three professionals were female and one was male, and they had been working in the FHS for a period between 3 and 7 years. Two were nurses and two were nursing technicians.

The following are the themes identified in the analysis.

♦ Experience of nursing professionals in providing care for children with disabilities

Nursing professionals are aware of the existence of CwD in the area covered by the FHS teams. However, they cannot tell who and how many they are. This situation reveals lack of knowledge about the quantity and identification of disabled children present in the area where these professionals work. This generates a gap in the assistance offered. This ignorance is exemplified in the following lines:

I do not know how many children with disabilities are in my area (Nurse 1).

The number is small. But I know that there are children with disabilities in some micro areas (Nurse 2).

I see 2 to 3 children coming more frequently to the unit. I do not see the others here (Nur. Tech. 2).

Nursing care for CwD in the UBSFPC occurs through punctual interventions based on problems and health needs common to normal children, without considering the specificities of CwD. The following statements illustrate the care given by the nursing team to children with disabilities at the BHU.

I have assisted children with disabilities for growth and development assessment, apart from it, when they need something, we always evaluate (Nurse 1).

I assess or forward the child for medical consultation in the FBHU, referring or requesting a vaccine, according to the need or demand, because we do not have a program targeted to disabled children (Nurse 2).

We assist the child, but with referral in mind (Nurse 1).

Similar to nurses, nursing technicians develop their work based on the procedures in

DOI: 10.5205/reuol.10438-93070-1-RV.1104sup201710
Belmiro SSDR, Miranda FAN de, Moura IBL et al.

Practice of the primary health care...

[...] Children have difficulty coming to the BHU, mainly due to transport. There's no way to bring them to the unit (Nur. Tech. 2).

[...] we try to facilitate the access. The problem is demand; we have a large number of families registered (Nurse 1).

The visits take place according to need. But we always have difficulty in getting the car to make the visits [...] (Nur. Tech. 2).

♦ Need for continuing education to FHS nurses

The UBSFCP professionals showed a desire to receive special training to care for people with disabilities, as they recognize the importance of knowing better these subjects in order to be able to perform a more qualified care.

No, I never did a course on this subject! I think I should receive some training on this topic because it is very important to better monitor children (Nur. Tech. 2).

Specific training on care for disabled children, no, I never had. But I have heard some things about people with disabilities people in another institution that I worked (Nur. Tech. 1).

DISCUSSION

The abovementioned lines demonstrate that the nursing staff incorporates an understanding on the ‘invisible profile’ imposed by society on people with disabilities. The existence of these people is known by all, but the transformation of this situation and the search for the role of people with disabilities in society is not promptly seen. This fact indicates a violation of rights and social exclusion.

The testimonies show that professionals are aware of the existence of children in the area covered by the FHS, and despite of it, a noticeable lack of bond and co-responsibility at individual and collective levels is seen, which affects the planning of actions and the quality of care to CwD.⁹

In the health sector, every disabled person has the right to be assisted in the SUS. From the basic units up to rehabilitation services and hospitals, patients have the right for medical consultations, dentistry, nursing consultations, visits by community health agents, and acquisition of medicines distributed by SUS.⁷ These measures assure full access and inclusion in activities developed by health professionals.

Nurses perform the consultations to CwD by assessing growth and development, evaluation of the immunization schedule and referral to other professionals within the BHU or to

a biological logic, focused on the patient’s body. The following speech demonstrates this perspective.

I already made the screening to send the child to the doctor (Nur. Tech. 2).

♦ Development of health education activities to disabled children by the nursing staff

Respondents said they did not conduct specific health education activities for CwD. The service takes place according to spontaneous demand without prior or future planning for the development of these activities. The following statements demonstrate this reality.

We do not have a work focused on health education! We have worked according to the demand, according the need they may present (Nurse 2).

No. I do not work so. Because we are very limited to provide service to users! (Nur. Tech. 1).

During all the time that I'm here, I do not recall the development of health education activities for children with disabilities! (Nur. Tech. 2).

♦ Inclusion and accessibility of disabled children in PHC

According to the excerpts of interviews of the nursing staff, it is observed that the nurses’ initial action consists in making the referencing/forwarding CwD to another professional in the same team or in other service, particularly to rehabilitation services.

We try to prioritize the needs of children with disabilities in order to forward them here within the team, trying to give them priority [...] (Nurse 2).

The nursing professionals reflect on the importance of developing activities for CwD. However, they cannot visualize the implementation of these actions because they consider health care to disabled children a complicated and very specific work, setting a distance between them and this sphere of action. The statements below illustrate this:

Surely it would be important to have a work focused on these children, but I do not see how to do this work within the team [...] (Nurse 2).

The care of disabled children is more complicated, it is a very specific treatment [...] (Nur. Tech. 1).

It was yet observed in the reports that these children experience difficulties caused by access barriers related to high service demand, lack of transport adapted for their locomotion to the BHU and transport for carrying out home visits by professionals.
referral services. The reports showed the absence of a plan to meet the needs of CwD. The role of the nursing staff rested on routine procedures through spontaneous demand or through programs established in the BHU schedule.

Studies on health care for people with disabilities have suggested that the attitude of nursing professional should leave the logic of procedures or routines. These situations involve a family context and a broader care is needed to the identification of health needs of the children and their families. Based on the information gathered, professionals must use the obtained knowledge to implement the best care possible.

The reports of the professionals show the non-compliance with the recommendations of the Child Commitment Agenda. This reinforces that care to children’s health in the FHS needs to have a broader view of the user, considering the user in all aspects, in order to fully/holistically understand the person. Furthermore, a welcoming attitude, attentive listening, caring look and establishment of bond and accountability are essential to promote a comprehensive care.

From this perspective, nursing care for CwD should have as reference the promotion of their social inclusion and participation. Therefore, an integrated action of the FHS team, community and the available social facilities is needed.

We also emphasize the importance of the nursing team to intervene in family care in the FHS, since their role entails not only dealing with health and disease situations in the family, but also deal with situations of support to family integrity, and this interaction represents an essential framework for the staff involvement with the families of CwD. Furthermore, it is necessary to increase the capacity of the services. For this, systematic measures that improve the assistance must be used. To achieve this improvement, the assistance must be under permanent evaluation.

It is important to decrease the distance between the nursing staff and CwD in the area in order to meet the needs of each patient, in his context, in order to help the family to rethink habits and put a positive influence on the health-disease of the CwD, besides promoting inclusive strategies carried out by the FBHU team. The importance of developing educational health activities respecting the particularities, the diversity and the heterogeneity of citizens.

In this sense, Health Education to the population guides and contributes to building a society based on solidarity, justice and participation grounded on the political construction of overcoming the exclusion and oppression that mark the lives of these children in the unequal society to which they belong.

By including education, communication and social mobilization actions valuing individuals and groups in the health system can represent the beginning of practices that will promote health, protection and defense of living conditions. These actions are extremely important for CwD, as they help building autonomy and improving the quality of life.

The first barriers that people with disabilities find are marked by the medical model of disability. This model classifies disabled people as sick persons; the disability is seen as a problem, and these people should be so subjected to a specialized service, and this service should be responsible for solving it.

The rehabilitation center is seen as the only place responsible for adapting these persons and then inserting them into society. Such an attitude ends up excluding these people from interacting with the FHS and the community.

Studies on the evolutionary perspective of persons with disabilities show the need for recognizing these people beyond their limitations, respecting and valuing their potential and rights as citizens. The limitation, whether physical, sensory or motor, does not necessarily imply inability to do specific tasks with efficiency.

These difficulties presented in the statements by the nursing staff are pointed out by studies that address the issue of accessibility. These studies confirm and bring up other problems that limit access to health services. These include small and overcrowded service sites without infrastructure; difficulty to perform examinations; offer of therapies and physical therapies in few places in relation to the high demand; difficulties in obtaining prostheses and orthoses; and huge queues for people of less favored social classes, besides the difficulty of professionals to deal with attitudinal barriers of prejudice.

The discussion of these elements transcends the simple approach of presence/absence of obstacles to the use of health services. In the case of CwD, the available opportunities are of little use if there are no proper conditions to make the
public take advantage of them, if compared with people without disabilities.20 Thus, the principle of equality,21 ability to a differentiated assistance to those who are different, would be a way to benefit people with disabilities, in order that they have equal opportunities.22 Changing this reality is possible with the appropriation of knowledge. When we talk about knowledge, we do not refer to receiving information, but to raise awareness on the need to discover new operational strategies.

About training professionals to work with CwD, the Ministry of Health advises that FHS team professionals should receive training to acquire sufficient skills to develop prevention, early detection and specific interventions and appropriate referral to specialized services for disabled people.14

A survey carried out with undergraduate nursing courses found that educational projects do not allow future professionals to develop skills to work with CwD. The unpreparedness of the professionals working in the PHC on the situations presented do not favor the inclusive process of these children in society.10

In this logic, training courses for professionals in PHC would favor a better understanding of the reality and needs of CwD, as well as would help them to develop skills and competencies, ultimately bringing benefits to the entire community.22-3

Based on these facts, the process of training FHS professionals is evidently essential to carry out comprehensive care actions with quality as well as full integration of CwD in all social spheres as a way of ensuring the SUS guiding principles.

**CONCLUSION**

The study showed that the nursing team still faces many difficulties to include CwD in their actions, since there is a gap in the relationship established between the CwD and FHS professionals. There is still an ongoing assistance rested on procedures based on the medical assistentialist model. Furthermore, the difficulties imposed by barriers to accessibility to health care services and the fragility of knowledge presented by professionals to meet the health needs of CwD stood out.

The discussion developed earlier may, thus, contribute to future studies, encompassing different perspectives so that a better understanding and representative prism may provide a glimpse on the means of overcoming obstacles. This way, a comprehensive nursing care for children with disabilities will be possible.

It is noteworthy that the results represent a specific reality influenced by the local context; this aspect reflects the limitations of the study. In this perspective, we suggest that reflections be reproduced in other micro-spaces of nursing actions in the FHS, and other areas of the PHC.

We suggest that FHS nurses must reflect on the care they provide to people with disabilities and that they may see this work beyond the perspective of rehabilitation of the child, but seeking to help in the reintegration of the person into society. Nursing professional must look at disability as a social issue, where society needs to change in order to include these people in all the spaces.

We recommend that the nursing staff include health education practical actions in the care provided to CwD, aiming at health promotion and disease prevention. Besides health education, professionals need to receive training aimed at assisting these children in order to ensure the continuity of care within the FHS, as well as contributing to the effective participation of this CwD in society.

**REFERENCES**


censo-2010-pessoas-com-deficienciareduzido.pdf


Belmiro SSDR, Miranda FAN de, Moura IBL et al. 

Practice of the primary health care...

http://periodicos.ses.sp.bvs.br/scielo.php?script=sci_arttext&pid=s1518-18122010000200002&lng=pt&nrm=iso


Submission: 2016/04/21
Accepted: 2017/02/23
Publishing: 2017/04/15

Corresponding Address
Sâmara Sirdênia Duarte de Rosário Belmiro
Edifício Sertão Veredas
Rua Tereza Campos, 2070, Ap. 902
Bairro Lagoa Nova
CEP: 59062-530 – Natal (RN), Brazil