INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS: NURSES' PRACTICE ATENÇÃO INTEGRADA ÀS DOENÇAS PREVALENTES NA INFÂNCIA: PRÁTICA DO ENFERMEIRO

ATENCIÓN INTEGRADA A LAS ENFERMEDADES PREVALENTES EN LA INFANCIA: PRÁCTICA DEL ENFERMERO

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ABSTRACT

Objective: to identify in the national literature difficulties faced by nurses in putting in practice the Integrated Management of Childhood Illness. **Method:** integrative review. Data were collected from the Lilacs, Medline, SciELO Virtual Library databases; 13 articles met the inclusion criteria; and the Descriptors to guide the research were: Family Health Strategy, Nursing, Child Health, Growth and Development; Child mortality; Mortality Indicators. **Results:** the research found difficulties encountered by Family Health Strategy nurses in the application of Integrated Management of Childhood Illness, either on the structural aspect of the primary care network or due to the lack of knowledge in protocol development. **Conclusion:** it was relevant to focus nurses' practice on the Handbook of Integrated Management of Childhood Illness in favor of the care and development of child health, indicating that the application of this practice has not been practiced yet by all professionals in view of factors such as barriers in their work sector and lack of professional training. **Descriptors:** Family Health Strategy; Nursing; Child Health; Growth and Development; Child Mortality; Morbidity and Mortality Indicators.

RESUMO

Objetivo: identificar na literatura nacional dificuldades enfrentadas pelo enfermeiro na prática do manual Atenção Integrada às Doenças Prevalentes na Infância. **Método:** revisão integrativa, com dados coletados nas bases de dados Lilacs, Medline e Biblioteca Virtual SciELO. 13 artigos atenderam aos critérios de inclusão e os Descritores para nortear a pesquisa foram: Estratégia Saúde da Família; Enfermagem; Saúde da Criança; Crescimento e Desenvolvimento; Mortalidade Infantil; Indicadores de Mortalidade. **Resultados:** a pesquisa constatou dificuldades encontradas pelos enfermeiros mediante sua prática na Estratégia Saúde da Família na aplicação à Atenção Integrada às Doenças Prevalentes na Infância, seja no aspecto de estrutura da rede de atenção primária, seja por parte da falta de conhecimento no desenvolvimento do protocolo. **Conclusão:** foi de relevância focar a prática do enfermeiro ao manual da Atenção Integrada às Doenças Prevalentes na Infância para favorecer cuidados e desenvolvimento à saúde da criança, indicando que a aplicação desta prática ainda não é exercida por todos os profissionais, tendo em vista fatores que envolvem desde barreiras no setor de trabalho até falta de capacitação profissional. **Descritores:** Estratégia Saúde da Família; Enfermagem; Saúde da Criança; Crescimento e Desenvolvimento; Mortalidade Infantil; Indicadores de Mortalidade.

RESUMEN

Objetivo: identificar en la literatura nacional dificultades enfrentadas por el enfermero en la práctica del manual Atención Integrada a las Enfermedades Prevalentes en la Infancia. **Método:** revisión integradora. Datos recogidos en las bases de datos Lilacs y Medline, Biblioteca Virtual SciELO; 13 artículos atendieron a los criterios de inclusión y los Descriptores para guiar a la investigación fueron: Estrategia Salud de la Familia; Enfermería; Salud del Niño; Crecimiento y Desarrollo; Mortalidad Infantil; Indicadores de Mortalidad. **Resultados:** la investigación constató dificultades encontradas por los enfermeros mediante su práctica en la Estrategia Salud de la Familia en la aplicación a la Atención Integrada a las Enfermedades Prevalentes en la Infancia, sea en el aspecto de estructura de la red de atención primaria, sea por parte de la falta de conocimiento en el desarrollo del protocolo. **Conclusión:** fue de relevancia enfocar la práctica del enfermero al manual de la Atención Integrada a las Enfermedades Prevalentes en la Infancia para favorecer cuidados y desarrollo a la salud del niño, indicando que la aplicación de esta práctica aún no es ejercida por todos los profesionales, teniendo en cuenta factores que envuelven desde barreras en el sector de trabajo hasta falta de capacitación profesional. **Descriptores:** Estrategia de Salud Familiar; Enfermería; Salud del Niño; Crecimiento y Desarrollo; Indicadores de Morbimortalidad.

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INTRODUCTION

The fight against child mortality is an old problem that has been faced since the 1980s and 1990s. The Ministry of Health (MoH) and the Pan American Health Organization (PAHO), together with the United Nations Children's Fund (UNICEF), with the aim of reducing the number of deaths due to diseases prevalent in childhood, have set protocols to be developed systematically by professionals of Basic Health Units (BHU) in child care, resulting in a favorable response.¹

Given that, Law 8.069 of July 13, 1990, the Statute of the Child and Adolescent (ECA) in TITLE II of fundamental rights, Chapter I of the right to life and health, article 11, says that medical care is assured to the child and adolescent through the Unified Health System (SUS), thus guaranteeing universal and equal access to actions and services for the promotion, protection and recovery of health.²

Law 8080, of September 19, 1990, TITLE I in the general provisions, article 2, states that health is a fundamental right of the human being, and that the State must promote indispensable conditions for its full exercise. In addition, in its article 3, it emphasizes that health has as determinants and conditioning factors, among others, food, housing, basic sanitation, environment, work, income, education, transportation, leisure, access to goods and essential services, since the health levels of the population express social and economic organization of the country. However, it is important to emphasize that the Pact for Life consists of a set of health commitments and analysis of the scenario in the country, considering as priority the objectives of the process and results with impact on population health conditions.²

In this context, Integrated Management of Childhood Illness (IMCI) aims to reduce morbimortality related to underlying diseases, such as acute respiratory infection (ARI), anemia, dehydration, diarrhea and malnutrition, contributing to healthy growth and development of the child. For this purpose, it is necessary that health professionals maintain the practice of prevention and promotion by producing an early diagnosis and correct treatment.³

In this strategy, the child is seen in their entirety, not only by the complaint/illness that led to the consultation, and the strategy encompasses the social and family context, allowing nurses to work in basic care in a resolute and supportive manner.^{4:242}

The Family Health Strategy (FHS) works by establishing comprehensive and continuous care in primary care and at home. When cases are found, they are forwarded to health centers with greater technological support.⁵

Therefore, the FHS is a set of procedures in which the mother or the caregiver is able to have greater contact with the health professional by asking questions and having an efficient understanding of information regarding the care, treatment and return of the child to the establishment, seeking to improve this process and a satisfactory performance, since the training of the multiprofessional team in IMCI, with standardized protocols, influences quality care.¹

The importance of the humanized and integrated care of the health professionals to SUS users is fundamental, as it entails an improved search of the nurse's procedures not only in the aspects related to the complaints, but also considering the adequate environment and the development of the necessary care.⁶

The National Humanization Policy (NHP) was created by the Ministry of Health in the search for practices to the principles of the SUS, with emphasis on renewing primary care in order to maintain positive communication between mechanisms that promote health and ways of managing methods of work, welcome, primary care and managers, workers and users to build dehumanizing practices in the collective process of coping with relations. Given this, the conception of the welcoming is intertwined with humanization relations and goes beyond a body; the consultations cannot be seen as repetitive and mechanical, but it is necessary to understand that there is an individual with needs to be perceived, feelings, difficulties, desires, something very broad and this needs to be understood by the nurse. It also relates to presuppositions between attributes or characteristics essential to the humanization of care in the health units, broadening of the guarantee of access to all the subjects that demand something from the health services, accountability of professionals and users.⁷

In this way, the word "welcome" implies a broad transformation in access to health by the population, from the "gateway", through measures such as reception to the user, appointment scheduling and service scheduling, besides contributing to the humanization and better quality of care, since it involves reorientation of professionals in their relationship with users.⁸

The IMCI strategy considers, in a simultaneous and in integrated manner, the most prevalent diseases in childhood, proposing an approach to the health of children, systematizing clinical care, curative actions with preventive and promotion measures. The IMCI Handbook has insightful measures for assessing, classifying and targeting children under five. It provides guidance on breastfeeding, immunization, nutritional recovery and advises the guardian of the child with the objective of reducing infant mortality.⁹

The purpose of the IMCI is to promptly and significantly reduce infant mortality by training health professionals. According to this strategy, it is up to these professionals to welcome the child and their companion, to understand the extent of the problem that afflicts them by proposing procedures that are easy to apply and proven to be effective. It is of fundamental importance to establish communication with families so that they understand the recommendations regarding the treatment and care to be offered at home so that they memorize signs indicative of severity that require immediate return of the child to the health service. Infant mortality has been historically highlighted as a serious social problem, an indicator capable of reflecting the living conditions, health levels and socioeconomic development of a community. In Brazil, IMCI was introduced for health professionals who attend children in primary care services with the purpose of promoting a rapid and significant reduction in infant mortality. It was also created solely to reduce child mortality and promote healthy growth and development for children, but the number of deaths from preventable causes is still a matter of considerable concern.³

With the NHP, assistance is strengthened in a humanized way in primary care, thus promoting health promotion, disease prevention and rehabilitation. Therefore, it can be affirmed that in this sphere of care the work processes and all the activities described in IMCI are provided, practiced, and the results are achieved to reduce infant mortality in the several municipalities and cities of the national territory.

The care provided in health services can have a limited impact if it does not consider that caregivers and guardians play an important role in the recovery, maintenance and protection of the health of the child at home. It is relevant in the child's health to focus the IMCI strategy, thus favoring discussions and experiences with family participation, broadening communication,

understanding and intervention in the health/disease process. The empathic and communicative attitude of the professional, added to the IMCI strategy, contributes significantly to the integration between practical and technical-scientific knowledge.¹⁰

Thus, the motivation for the development of this work was the need for a continuous identification in the work processes for maintenance and decrease in the infant morbidity and mortality indexes. In addition, it is relevant that there has been a significant decrease in infant mortality after IMCI, that the rate of this event remains significant, reaching an acceptable limit set by the WHO and the Human Development Index (HDI).

In view of these considerations, the study had the guiding question: are there difficulties faced by FHS nurses in developing IMCI?

OBJECTIVE

- To identify in the national literature difficulties faced by nurses in the practice of the Integrated Management of Childhood Illness.

METHOD

This is an integrative review, a method used since 1980 within the framework of Evidence Based Practices (EBP), which involves systematizing and publishing the results of a health literature search so that they can be useful in child care, emphasizing the importance of academic research in clinical practice. Integrative review includes analysis of relevant researches that support decision making and improvement of clinical practice, allowing the synthesis of the study, knowledge of a certain subject, and pointing out knowledge gaps that need to be filled with the development of further studies.¹¹

Under these circumstances, the present study was carried out from March to October 2016 with the following descriptors: Family Health Strategy; Nursing; Child Health; Growth and Development; Child mortality; Mortality Indicators, which, after refinement of the articles found, 13 met the proposed objective. Data collected at the Lilacs, Medline, Virtual SciELO, as well as in MoH sources, considering the interest of the study in Portuguese language.

Thus, the inclusion criteria for the texts and articles analyzed were based on the credibility of the information source, a theme directly related to the topics of study interest, language, articles and year of publication from 2000 to 2016. The research data were respected inasmuch as the authors of the works were duly referenced throughout

the work, in detail, seeking explanations in each study, and comparing them with the others.

RESULTS

The data obtained were refined and divided into three Figures: Figure 1 representing the articles as the guiding axis of the research, in which they deal directly with

the theme; Figure 2 consistently shows the number of articles that were related to the proposed objective, identifying four articles that report the importance of the practice in the IMCI Handbook with its numerous benefits; and Figure 3, with nine articles addressing the difficulties encountered by nurses through the application of IMCI in the FHS.

No. of articles	Guiding axis	Year of publication	Database	References
		2003	LILACS	Veríssimo MLOR, Mello DF, Bertolozzi MR, Chiesa AM, Sigaud CHS, Fufimori e, et al. A formação do enfermeiro e a estratégia Atenção Integrada às Doenças Prevalentes na Infância. Rev Bras Enferm [Internet]. 2003 [cited 2017 Sept 10];56(4):396-400.
02	Practice of the IMCI handbook by the nurse	2011	LILACS	Higuchi CH, Fugimori E, Cursino EG, Chiesa AM, Veríssimo MR, Mello DF. Atenção Integradas às Doenças Prevalentes na Infância (AIDPI) na prática de enfermeiros egressos da USP. Rev Gaúcha Enferm [Internet]. 2011 [cited 2017 Sept 20];30(2):241-6.

Figure 1. Guiding axis of the research in which the theme is directly addressed. Natal (RN), Brazil, 2016.

Objective	No. of articles	Database Year of publication	References
		LILACS 2010	Santos MEA, Quintão NT, Almeida RX. Avaliação dos marcos do desenvolvimento infantil segundo a estratégia da atenção integrada às doenças prevalentes na infância. Esc Anna Nery Rev Enferm [Internet]. 2010 [cited 2017 Sept 10];4(3):591-8.
Practice of IMCI by nurses in the family health strategy	04	LILACS 2012	Alvim CG, Guimarães FG, Meinberg NLS, Aguiar LT, Caetano LCC, Carrusca LC, et al. A avaliação do desenvolvimento infantil: um desafio interdisciplinar. Rev Bras Edu Med [Internet]. 2012 [cited 2017 Sept 20];1(suppl. 1):51-6.
		LILACS 2003	Veríssimo MLOR, Mello DF, Bertolozzi MR, Chiesa AM, Sigaud CHS, Fugimori E, et al. A formação do enfermeiro e a estratégia Atenção Integrada às Doenças Prevalentes na Infância. Rev Bras Enferm [Internet]. 2003 [cited 2017 Aug 10];56(4):396-400.
		LILACS 2006	Almeida P, Leite SR. Conhecimento materno/familiar sobre o cuidado prestado à criança doente. Rev Bras Enferm [Internet]. 2006 [cited 2017 Sept 20];59(4):492-6.

Figure 2. Refinement of articles related to the objectives of the study, identifying the importance of practice of the IMCI handbook with its numerous benefits. Natal (RN), Brazil, 2016.

Objective	No. of articles	Database Year of publication	References
		LILACS 2012	Oliveira LL, Costa VMR, Requeijo MR, Rebolledo RS, Pimenta AF, Lemos SM. Desenvolvimento infantil: concordância entre a caderneta de saúde da criança e o manual para vigilância do desenvolvimento infantil. Rev Paul Ped [Internet]. 2012 [cited 2017 Sept 10];30(4):479-85.
		; 2011	Higuchi CH, Fugimori E, Cursino EG, Chiesa AM, Veríssimo MR, Mello DF. Atenção Integrada às Doenças Prevalentes na Infância (AIDPI) na

			prática de enfermeiros egressos da USP. Rev Gaúcha Enferm [Internet]. 2011 [cited 2017 Sept 20];32(2):241-7.
		CS 2011	Caldeira AP, Fernandes VBL, Fonseca WP, Faria AA. Internações pediátricas por condições sensíveis à atenção primária em Montes Claros, Minas Gerais, Brasil. Rev Bras Saúde mat-inf [Internet]. 2011 [cited 2017 Sept 20];11(1):61-71.
		LILACS 2012	Santana M, Aquino R, Medina MG. Efeito Estratégia Saúde da Família na vigilância de óbitos infantis. Rev Saúde Pú [Internet]. 2012 [cited 2017 Sept 20];46(1):59-67.
Difficulties in the application of IMCI	09	LILACS 2012	Barreto JOM, Nery IS, Costa MSC. Estratégia Saúde da Família e internações hospitalares em menores de cinco anos no Piauí, Brasil. Cad Saúde Pú [Internet]. 2012 [cited 2017 Sept 20];28(3):515-26.
		LILACS 2013	Stáble AP, Bras JC, Furtado MCC, Mello DF. Indicadores de saúde infantil na Estratégia Saúde da Família no Brasil: revisão integrativa de literatura. Rev Ciênc Méd [Internet]. 2013 [cited 2017 Sept 20];22(1):31-41.
		LILACS 2013	Moraes VLC, Navarrete MLV. Mortalidade infantil evitável e barreiras de acesso à atenção básica no Recife, Brasil. Rev Saúde Pú [Internet]. 2013 [cited 2017 Sept 20];47(2):379-89.
		LILACS 2013	Costa EAO, Dupas G, Sousa EFR, Wernet M. Doença Crônica da criança: necessidades familiares e a relação com a Estratégia Saúde da Família. Rev Gaúcha Enferm [Internet]. 2013 [cited 2017 Sept 20];34(3):72-8.
		LILACS 2011	Paranhos VD, Pina JC, Mello DF. Atenção integrada às doenças prevalentes na infância e o enfoque nos cuidadores: revisão integrativa da literatura. Rev Latino-Am Enferm [Internet]. 2011 [cited 2017 Sept 10];19(1):203-11.

Figure 3. Refinement of articles related to the objectives of the study identifying the difficulties encountered by nurses through IMCI application in the FHS. Natal (RN), Brazil, 2016.

DISCUSSION

It is well known that there are many benefits in the application of IMCI, not only in health services, but also in the home and in the community. In this case, IMCI becomes a key element in changing the overall view of child health, not only in the complaints, but in its entirety.¹²

In health services, it is essential that the nurse practitioner put into practice what is recommended in the IMCI handbook, thus providing the family and child in question with healthy growth and development.¹³

In this way, the FHS nurse, who is properly trained in the IMCI strategy, is involved in the evaluation, classification and treatment of children with diseases such as ARI, anemia, dehydration, diarrhea and malnutrition.¹⁴

When family health teams provide comprehensive care to children together with family members in primary care, it is possible to achieve satisfactory results and to reduce the number of infant mortality.¹⁵

A descriptive study of integrative review type had as objective to know the working conditions of nurses who work in the FHS teams and concluded that they play a relevant role for the consolidation of the SUS, but this professional is little appreciated, and there are still challenges to be overcome, especially with regard to the lack of good working conditions and recognized and effective labor rights, hampering, to some extent the attention in primary health care to children from zero to five years of age, as recommended by the IMCI handbook.¹⁶

However, it is important to emphasize that IMCI implementation still does not occur at all sites, and there are still complex barriers to be faced so that the IMCI handbook is universally used. Many nurse practitioners have not had enough training to implement IMCI yet. Thus, it is necessary to have, in the beginning, better preparation for the nurses working in the FHS, since this is one of the problems that needs to be analyzed by the responsible organs with the aim of improving the services provided to the child.⁵

Another aspect stated by nurses professionals is that most of the time users are low-income families, which contributes to this deficiency in the efficient monitoring of this child by the team, since many mothers or guardians do not take the children to the consultations and evaluation.¹⁴

A troubling factor is that in many FHS activities there is frequent staff turnover. In addition, nurses face an overwhelming demand for tasks to be followed and, in most

cases, the lack of means of transportation for routine home visits in places where there is no access to health care. These are worrying problems, given that in the consultations the child has been suffering very serious consequences, interfering directly in their healthy growth.¹⁷

Given the analysis of the data obtained in this integrative review, some difficulties were found in the application of IMCI, either in the structural aspect of the primary care network or because of lack of knowledge of the nurse in the protocol development. But, even with restrictions, it does not exempt the nurse from developing integrated child care.⁴

CONCLUSION

The presente study identified that the greatest difficulties encountered by nurses in the practice of IMCI is that it has not yet been implemented in all places, and there are complex barriers to be faced so that the practice of the IMCI Handbook is universally used. There are also difficulties as aspects detected by nurses, given that most of the time users are low-income families, which contributes to the deficiency of efficient team monitoring of the children, when the mothers or guardians do not take them to the consultations and due to the lack of means of transportation for routine home visits where there is no access to health.

The theoretical and practical implications of the results of this study indicate that the application of IMCI has not yet been exercised by every nurse practitioner due to factors that range from barriers in the work sector to lack of training, thus hampering the development of this strategy.

The present study brings as contribution the advancement of scientific knowledge in the area of nursing, especially pediatric nursing, in order to provide a reflection to managers and professionals on the importance of adherence in the development of the IMCI strategy that brings together communication components in clinical practice as well as the evaluation of children and behaviors taken safely.

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