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ARTICLE REFLECTIVE ANALYSIS

INTERPERSONAL RELATIONS IN THE FAMILY HEALTH STRATEGY: EFFECTS ON NURSING CARE QUALITY

RELAÇÕES INTERPESSOAIS NA ESTRATÉGIA SAÚDE DA FAMÍLIA: REFLEXO NA QUALIDADE DOS CUIDADOS DE ENFERMAGEM

RELACIONES INTERPERSONALES EN LA ESTRATEGIA SALUD DE LA FAMILIA: REFLEJO EN LA CALIDAD DE LOS CUIDADOS DE ENFERMERÍA

Lígia Nara Martins Santos¹, José Ivo dos Santos Pedrosa², Iellen Dantas Campos Verdes Rodrigues³, Moniqui Soares de Sá Freire⁴, Grazielle Roberta Freitas da Silva⁵, Maria Helena Barros Araújo Luz⁶

ABSTRACT

Objective: to reflect on the applicability of Hildegard Elizabeth Peplau's theory of interpersonal relations in nursing care of Family Health Strategy teams. **Method:** reflective approach on the applicability of the theory of interpersonal relations in the Family Health Strategy as a plan for the qualification of nursing care in this working environment, based on the assumptions of the National Basic Care Policy. **Results:** communication stood out as support for identifying patients' needs, as a measure to meet and satisfy the health of the individuals in order to strengthen and implement their integral care. **Conclusion:** it was possible to observe the effectiveness of the applicability of this theory in the Family Health Strategy for the creation of an effective and necessary relationship aimed at integral and qualified care. **Keywords:** Nursing; Nursing theory; Interpersonal Relations; Nursing Care; Primary Health Care.

RESUMO

Objetivo: refletir acerca da aplicabilidade da teoria das relações interpessoais de Hildegard Elizabeth Peplau nos cuidados de enfermagem das equipes de Estratégia Saúde da Família. **Método:** abordagem reflexiva sobre a aplicabilidade da teoria das relações interpessoais na Estratégia Saúde da Família como tática para a qualificação dos cuidados de enfermagem neste ambiente de trabalho, tendo como referência os pressupostos da Política Nacional de Atenção Básica. **Resultados:** destacou-se a comunicação como suporte na identificação das necessidades do paciente, como medida de atender e satisfazer a saúde do indivíduo no intuito de fortalecer e efetivar o seu cuidado integral. **Conclusão:** percebeu-se a eficácia da aplicabilidade dessa teoria na Estratégia Saúde da Família, para a criação de um vínculo efetivo e necessário para a assistência integral e qualificada. **Descritores:** Enfermagem; Teoria de Enfermagem; Relações Interpessoais; Cuidados de Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: reflexionar sobre la aplicabilidad de la teoría de las relaciones interpersonales de Hildegard Elizabeth Peplau en los cuidados de enfermería de los equipos de Estrategia Salud de la Familia. **Método:** enfoque reflexivo acerca de la aplicabilidad de la teoría de las relaciones interpersonales en la Estrategia Salud de la Familia como una táctica para la calificación de los cuidados de enfermería en este ambiente de trabajo, teniendo como referencia los objetivos de la Política Nacional de Atención Básica. **Resultados:** la comunicación se destacó como soporte en la identificación de las necesidades del paciente, como una medida para atender y satisfacer la salud del individuo con el fin de fortalecer y hacer efectivo su cuidado integral. **Conclusión:** se observó la eficacia de la aplicabilidad de esta teoría en la Estrategia Salud de la Familia, para la creación de un vínculo eficaz y necesario en la asistencia integral y calificada. **Descriptores:** Enfermería; Teoría de Enfermería; Relaciones Interpersonales; Cuidados de Enfermería; Atención Primaria de la Salud.

¹Nurse, Master's degree candidate in Nursing, Federal University of Piauí/UFPI. Teresina (PI), Brazil. E-mail: ligianaras@gmail.com; ²PhD in Health Sciences, Medical doctor, Professor of the Master's Degree Program in Nursing and Science and Health, Federal University of Piauí (UFPI). Teresina (PI), Brazil. E-mail: jivopedrosa@gmail.com; ³Nurse, Master's degree candidate in Nursing, Federal University of Piauí/UFPI. Teresina (PI), Brazil. Piauí/UFPI. E-mail: iellendantas@hotmail.com; ⁴Nurse, Master's degree candidate in Nursing, Federal University of Piauí (UFPI). Teresina (PI), Brazil. E-mail: moniqui_soares@hotmail.com; ⁵PhD in Nursing, Professor of the Master's Degree Program in Nursing, Federal University of Piauí/UFPI. Teresina (PI), Brazil. E-mail: grazielle_roberta@yahoo.com.br; ⁶PhD in Nursing, Professor of the Master's Degree Program in Nursing, Federal University of Piauí/UFPI. Teresina (PI), Brazil. E-mail: mhelenal@yahoo.com.br

INTRODUCTION

The Family Health Strategy (FHS) is the main program to consolidate Primary Healthcare in Brazil (PHC). It is a policy adopted by the Federal Government in order to offer services for the health needs of the population, acting as the gateway for users to the Unified Health System (UHS). As essential attributes, it comprises access, longitudinality, coordination and integrality, and as derived attributes, it includes family and community counseling, and cultural competence.¹

According to the current National Basic Healthcare Policy, the FHS has to develop comprehensive healthcare that impact on health status and autonomy of the people in the form of teamwork. This healthcare is directed at populations of specific territories through the exercise of care practices and management, participatory and democratic, in order to propitiate the confrontation and the resolution of problems identified through the integration of health actions and services.² The working process in the FHS must occur from the construction of a continuous and close relationship between the professionals and users. The goal is to meet the health needs of the population and to intervene effectively in the satisfaction of these needs, thereby providing a quality service.

The concept of quality is relative and complex. The complexities of healthcare systems and the society must be taken into consideration, relating them to the existing or potential health needs. Users' satisfaction must be sought from easy access and an efficient user embracement, as well as from professional qualification, safety and ambience of health units where healthcare is provided.^{3,4}

The professional nurse is one of the components of the minimum crew required for the deployment of a FHS team. The essence of nursing is healthcare provided to human beings, individually or collectively, including the family and the community. In the FHS, this healthcare must be devoted to actions of health promotion and protection, prevention of diseases, diagnosis, treatment, rehabilitation, harm reduction, and health maintenance.²

The FHS must have the individual, the family and the community as the main guiding centers of nursing care that integrate in a continuous, systematic and holistic manner the human beings in order to cover and meet their real needs. The existence of a

harmonious relationship between nurses and users is necessary for the effectiveness of healthcare, as a way to build and maintain a professional relationship.

For the establishment of this relationship, the importance of communication through dialogue with mutual respect between the subjects stands out with a view to value the individuals with their peculiarities and to strengthen them as the protagonists of their health. In the relationship between nurses and patients, the adequate acceptance of diversity is of great relevance to the satisfaction of PHC users in order to fully meet their health needs in an integral and human way. This is due to the fact that users' health needs should be assessed in multiple dimensions that require closeness and responsibility, with attitude and ethical behavior directly associated to the way through which the relationship between nurses and users is established.⁵

This way, it is possible to note the relevance of the nurse-patient relationship as a means of favoring the quality of nursing care in the FHS. In 1952, Hildegard Elizabeth Peplau developed a nursing theory called Theory of Interpersonal Relations, which emphasizes the importance of this relationship to the practice of nursing. It is worth noting that this theory can be applied in several healthcare areas and there is an opportunity for its applicability in the FHS aiming at enhancing the nurse-patient relationship, as a way of contributing to the improvement of healthcare practice.

Based on a practical basis theory of nursing actions can strengthen and value nursing as a science and profession, since it helps, explains, describes and predicts many of its actions. This way, given the above, our goal is to carry out this reflection on the applicability of Peplau's interpersonal relations theory for improving the nursing care quality in FHS teams.

METHOD

This is a reflective study on the applicability of the theory of interpersonal relations in the FHS as a strategy for the qualification of nursing care in this working environment. This study was developed in the course on 'Theoretical and philosophical foundations of nursing care' of the Master's Program in Nursing at the Federal University of Piauí, in the first term of 2012. This reflection was based on the assumptions of the National Basic Healthcare Policy and articles that address the topic, in order to deepen the approach and knowledge on it.

RESULTS AND DISCUSSION

• Communication as a tool for improvement of nursing care in the Family Health Strategy

In the process of interpersonal relationships, communication is an essential tool, because it is composed of elements that can facilitate or impede this process. In the FHS, communication must serve to convey information, values and emotions for the development of care practices. Therefore, proper communication becomes indispensable, because, besides being the main means of conveyance in the informative and educational process, it is a resource for establishing trust and relationships between users, the team and the service.⁶

The FHS provides an environment of greater proximity between nurses and patients, because, besides having an assigned and territorialized population, it has the opportunity to meet its community entirely, which contributes by making health actions more effective. This fact facilitates the resolution of customers' needs, with the promotion of easier access and a qualified nursing care, having communication as an essential tool for its effectiveness.⁷

For communication to be effective, not only verbal aspects must be taken into consideration, but also non-verbal aspects.⁸ Nurses should use accessible language considering the speech, writing, facial expressions and gestures that users express during the dialogue. This requires nurses to have knowledge and skills for conducting this communicative process, in order to understand the real needs of the patients. This way, nurses will promote care aimed at satisfying those needs.

By means of effective communication, nurses can meet all the needs of individuals' health. The establishment of a relationship with customers is a result of that communication. Users' knowledge and perceptions about their health should be taken into consideration so that the creation of this relationship is effective. In addition, user's family must also be addressed and included in the process as a method to complement healthcare and strengthen that relationship. The understanding of this significance results in the acceptance of users' values as citizens, encompassing the reality in which they live and contributing to a respectful, safe and reliable relationship. This will foster individualized care with better

patients' adherence contributing to provide more qualified and integral healthcare.⁹

Performing this receptive hearing and knowing the users in their individuality and completeness, seen as active subjects of their own care, will promote the identification and prioritization of their problems. This is an essential fact for resolving those problems and for providing qualified healthcare. Users' state of health is considered as dynamic, so it is important that this user embracement is performed continuously, in order to strengthen healthcare quality.

♦ Peplau's theory of interpersonal relationships and the quality of nursing care in the Family Health Strategy

The FHS, structured in the logic of Basic Healthcare, generates new practices and requires developing working processes that establish interpersonal relations between the community and healthcare professionals. In an interpersonal relationship, communication is seen as a key factor. Peplau states that sharing feelings, values and meanings between two or more persons is a feature of that relationship, which should not be limited only to the individual's verbal speech. Nurses must also take into consideration various forms of expressions and body manifestations, which is fundamental for the establishment of adequate healthcare. In this theory, nursing is seen as a relationship between a person who needs care and a nurse with the ability to recognize and provide the necessary healthcare for the full establishment of that person's health.¹⁰

The theory of interpersonal relations emphasizes human sense in the performance of nursing. In interpersonal relationships, nursing is seen as a way to interact with patients, which favors growth and maturation of both of them. Satisfaction and safety of healthcare provided by nurses arise from this relationship, which should address both the conceptions that individuals report and the judgments of values made by people that are important to them. The primary goal of nursing care in the FHS is to assist individuals, their families and communities in the production of changes that have a positive influence on their lives.¹¹

Peplau emphasized nursing by means of the interpersonal process, in which nurses and patients promote health from personal growth and development through the interpersonal process. This process is defined in four stages that complement each other, they are: guidance; identification; exploration; and solution. All these stages are influenced by

individual perceptions on the part of patients and nurses, with communication having a key role in all of them.

In the first stage, i.e., guidance, the focus falls on the definition of the problem, namely, both the nurse and the subject and the family together, try to identify the problem and what led them to the search for PHC. This way, a relationship is established and it continues to be strengthened in the other stages. The formulation of this relationship is important to reduce the anxiety of the individuals and their families and also to strengthen their confidence in the nursing care provided. This helps the users realize and understand their problems and their need for help.

In the next stage, namely, identification, the selection of appropriate healthcare occurs. The nurses and the users will define it together, considering the possible need for the presence of another professional in order to cover healthcare completely. The users will respond selectively to each professional that will contribute to the satisfaction of their needs.¹⁰ It is known that healthcare integrality is one of the guidelines governing the FHS; however, the inclusion of another professional and even activities with therapeutic purposes should be performed after their explanation and users' acceptance.

In the third stage of the nursing process, i.e., exploration, the patients use all available resources for the satisfaction of their needs, according to what has been discussed in the previous stage. FHS nurses may use reference and counter reference systems, as well as intersectoral actions, as a measure to achieve holistic healthcare.

The last stage, that is, resolution, establishes the end of the professional relationship, in which the needs identified have been met. At this point, the principle of resolution stands out, i.e., the ability of the FHS to solve the problems of its users. It should be noted that this dissociation of the therapeutic relationship in the FHS is only targeted to the need that was established in the first stage. There is not a complete dissociation between patients and professionals, since this interpersonal relationship between nurses and users must be continuous and systematic.

Based on this process, performed by an effective communication, FHS nurses can systematize healthcare holistically, taking into account the patients' needs by identifying and acting upon them, this way satisfying the users and making nursing care efficient. Thus, for Peplau, nursing care is assessed as a

process of developing a successful and fundamental relationship for the health-disease process. To that end, nurses must engage fully with the users, seeking to interact with their feelings and emotions in order to convey a message of comfort and safety, seeing them as human beings. Communication is an instrument for effectuation of this relationship.¹²

FINAL CONSIDERATIONS

It is possible to observe the importance of assigning a theory that guides nurses to implement the nursing process in their daily life. The theory of interpersonal relations can be applied to the FHS as a way to assist nursing care and contribute to a holistic and quality healthcare.

The communication process stands out by favoring a promising relationship in nursing care. Thus, this communication, being held effectively, seeks to take over the creation of a relationship based on trust and respect that meets the individuals integrally. Solutions will be targeted towards the inquiries of those users, satisfying their needs and contributing to improvement of nursing care quality.

REFERENCES

1. Harzheim, E. Atenção primária à saúde e as redes integradas de atenção à saúde. Brasília: Organização Pan-Americana da Saúde; 2011. p.45-54.
2. Ministério da Saúde (BR). Portaria nº 2488, 21 de outubro de 2011. Política Nacional de Atenção Básica. Diário Oficial da União [Internet]. República Federativa do Brasil. 2011 Out 21 [cited 2012 Maio 09]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html.
3. Samico I, Felisberto E, Figueiró AC, Frias PG. Avaliação em saúde: bases conceituais e operacionais. Rio de Janeiro: MedBook; 2010.
4. Starfield B. Atenção primária: equilíbrio entre necessidades de saúde, saúde e tecnologia. Brasília: UNESCO, Ministério da Saúde; 2002.
5. Haddad JGV, Zoboli ELCP. O sistema único de saúde e o giro ético necessário na formação do enfermeiro. Mundo saúde, São Paulo, 2010; 34(1): 86-91.
6. Silva LT, Zoboli ELCP, Borges ALV. Bioética e atenção básica: um estudo exploratório dos problemas éticos vividos por enfermeiros e médicos no PSF. Cogitare Enferm [Internet]. 2006 [cited 2013 Jan 10];11:133-42. Available from:

<http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewFile/6855/4869>.

7. Martins AR, Pereira DB, Nogueira MLSN, Pereira CS, Schrader GS, Thoferhn MB. Rev bras educ med [Internet]. 2012 [cited 2013 Jan 10]; 36(1): 6-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000300002&lng=en&nrm=iso

8. Teston EF, Cecilio HPM, Marques CDC, Monteschio LSF, Sales CA, Marcon SS. Communication towards the terminality process: integrative review. J Nurs UFPE on line [Internet]. 2012 November 30; [cited 2013 Jan 10]; 7(3): 803-12. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3280>

9. Haddad JG,; Machado EPM, Neves-Amado J, Zoboli ALCP. A comunicação terapêutica na relação enfermeiro-usuário da atenção básica: um instrumento para a promoção da saúde e cidadania. Mundo saúde, São Paulo, 2011 Apr/June;35(2):145-55.

10. Peplau, HE. Relaciones Interpersonales en Enfermeria. Barcelona (Espanã): Ediciones Científicas y Técnicas, S.A., 1990.

11. Almeida VCF, Lopes MVO, Damasceno MMC. Teoria das Relações Interpessoais de Peplau: análise fundamentada em Barnum. Rev Esc Enferm USP [Internet]. 2005; [Cited 2012 Maio 23]: 39(2):202-10. Available from: <http://www.scielo.br/pdf/reeusp/v39n2/11.pdf/>.

12. Nery IS, Gomes IS, Moraes SDS, Viana LMM. Percepção de enfermeiras sobre as relações interpessoais na consulta de enfermagem. Revista de Enfermagem da UFPI [Internet]. 2012 [Cited 2012 Maio 23]:1(1):29-35. Available from: <http://www.ojs.ufpi.br/index.php/reufpi/article/view/707>.

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Corresponding Address

Lígia Nara Martins Santos
Conjunto Santa Sofia
Rua Floriza Abreu, Quadra 16 / Casa 34
Bairro Mocambinho
CEP: 64011-010 – Teresina (PI), Brazil