



NURSING CONSULTATION IN CHILDCARE: A REALITY OF CARE
CONSULTA DE ENFERMAGEM EM PUERICULTURA: UMA REALIDADE DE ATENDIMENTO
CONSULTA DE ENFERMERÍA EN CUIDADO DE NIÑOS: UNA REALIDAD DE LA ATENCIÓN

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ABSTRACT

Objective: to describe the routine, the service provided in childcare and the possible changes in attendance during the nursing consultation. **Method:** descriptive, exploratory study with a qualitative approach, performed in two stages, in the period from March to December 2012. The first step was constituted by the observation of the consultation and the second by semi-structured interview aimed at nurses. The interviews were analyzed according to Bardin's method. The research project has been approved by the Committee of Ethics in Research, Opinion 018263/2011-87. **Results:** the nurses claimed to follow the standard routine of nursing consultation in childcare when it emphasizes the use of technical procedures pertaining to childcare and child health handbook. Among the possible changes, reported greater interaction with the mother. **Conclusion:** all the nurses performed the fragmented consultation, focused only on nutritional and immunization status of children. **Descriptors:** Nursing; Communication; Child Health.

RESUMO

Objetivo: descrever a rotina, o atendimento prestado em puericultura e as possíveis mudanças no atendimento durante a consulta de enfermagem. **Método:** estudo descritivo, exploratório com abordagem qualitativa, realizado em duas etapas, no período de março a dezembro de 2012. A primeira etapa foi constituída pela observação da consulta e a segunda pela entrevista semiestruturada dirigida aos enfermeiros. As entrevistas foram analisadas de acordo com o método de Bardin. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Parecer 018263/2011-87. **Resultados:** as enfermeiras afirmaram seguir a rotina padrão da consulta de enfermagem em puericultura, quando se enfatiza o uso dos procedimentos técnicos pertencentes à puericultura e à caderneta de saúde da criança. Dentre as possíveis mudanças, relataram maior interação com a mãe. **Conclusão:** todas as enfermeiras realizaram a consulta fragmentada, focada apenas no estado nutricional e vacinal da criança. **Descritores:** Enfermagem; Comunicação; Saúde da Criança.

RESUMEN

Objetivo: describir la rutina, la atención proporcionada en el cuidado a los niños y los posibles cambios en la asistencia durante la consulta de enfermería. **Método:** estudio descriptivo, exploratorio con un enfoque cualitativo, realizado en dos etapas, en el período de marzo a diciembre de 2012. La primera etapa fue constituida por la observación de la consulta y la segunda por entrevista semi-estructurada dirigida a los enfermeros. Las entrevistas fueron analizadas según el método de Bardin. El proyecto de investigación ha sido aprobado por el Comité de Ética en Investigación, opinión 018263/2011-87. **Resultados:** las enfermeras afirman seguir la rutina estándar de la consulta de enfermería en el cuidado a los niños, cuando se enfatiza el uso de los procedimientos técnicos relativos al cuidado de los niños y al manual de salud del niño. Entre los posibles cambios, relataron una mayor interacción con la madre. **Conclusión:** todas las enfermeras realizaron la consulta fragmentada, centradas apenas en el estado nutricional y la de inmunización a los niños. **Descriptor:** Enfermería; Comunicación; Salud del Niño.

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INTRODUCTION

The nursing consultation of the child aims to provide systematic assistance of nursing, globally and individually identifying health-disease problems when executing and evaluating care that contribute to the promotion, protection, and rehabilitation of health. Thus, its implementation involves a systematic sequence of actions, namely: nursing history and physical examination, nursing diagnosis, therapeutic plan or nursing prescription, implementation of the plan and evaluation of the consultation.¹⁻² The assistance practice was legalized by Law No. 86/7,498 that regulated the Exercise of Nursing and established the activity as the private nurse.³

Since then, has been the target of several ordinances and resolutions of various bodies, including the Federal Council of Nursing, as the Resolution COFEN/159, which establishes the obligation of carrying out nursing consultation at all levels of health care in public and private institution and regulates the actions of the nurse in consultation, prescription medicines and examination request.⁴

It is during the consultation to nursing care that nursing, job object, is placed at the disposal of nurses for the provision of assistance. This care should be offered humanely and holistic. To care for someone, using every way to develop an overview of the process, systematically observing the environment and customers in order to promote better and more secure assistance.⁵ However, when encounter with the routines and technical procedures, included in the consultation, the nurse fails to realize important needs of clients such as feelings, yearnings and doubts; and to provide a more comprehensive and personalized care that includes the emotional.⁵

During the stages in the discipline of child health, it was noticed that the childcare consultation was centered on the escort instead of the child. Thus, for the study, the following guiding questions were elaborated:

How is the child care during the nursing consul in childcare?

What can be changed in the service provided?

To answer such questions, this study aims to:

- To describe the routine, the service provided in childcare and the possible changes in attendance during the nursing consultation.

METHOD

This study is part of Monography << *Communication between nurses and the binomial mother and son during the nursing consultation on childcare* >>, developed at the Federal University of Alagoas (UFAL) and Family Health Strategy (FHS) of Maceió/AL.

Exploratory, descriptive study with a qualitative approach, performed in two stages. The first step was constituted by the observation of the nursing consultation in childcare and the second by semi-structured interview consisted of open-ended questions, recorded on audio. The research developed at the Federal University of Alagoas and Family Health Strategies that are part of a tutorial group of Education Program to Work on Health (EPW-Health), in the city of Maceió, Alagoas, in the period from March to December 2012.

The inclusion criteria were: nurses that actuate in FHS belonging to a specific group tutorial PET- Health UFAL; mothers/guardians of children served in the FHS over 18 years who have agreed to participate in the survey with the signing of an informed consent form; and were able to build coherent thinking, responding to questions in a logical sequence and understandable.

The interviews were transcribed using the analysis of the content of Bardin. The method of content analysis appears as a tool for the understanding of meaning that the social actors passing in the speech.⁶

This method consists in the organization of the analysis; in the coding of results; in the categorizations; in the inferences; and, finally, on computerization of communications analysis. The different stages of content analysis are organized around three poles, as the aforementioned author: a) the pre-analysis; b) exploration of the material; and, finally, c) the treatment of the results: inference and interpretation.⁶

The pre-analysis has sub-phases which are: fluctuating reading, choice of documents, which was the own interview; rule of exhaustiveness, representativeness rule, rule of homogeneity, which was chosen for this research; rule of relevance, formulating hypotheses and objectives, contents and referencing the elaboration of indicators, the preparation of the material, where the interviews were organized on 40 pounds paper, and each interview question corresponded to a category.

The exploration of the material consists of the coding operations, discount or enumeration, in function of rules previously formulated.⁶ For this purpose, the procedures

were applied manually. Soon, the encoding used in the raw data have been systematically processed and aggregated in units, which allowed an accurate description of the relevant characteristics of the content. Thus, within the coding of Bardin, three organizations are used: the clipping, in which registration units were chosen; the enumeration, the choice of counting rules; and sorting and aggregation, in which they were defined the categories of fact.

The treatment of the results lists the obtained products with the theoretical material, and lets move on to conclusions that lead to the advancement of research.⁶ To this, sought to isolate the elements and then group them as content addressed by nurses in the interviews, which favored further exploration of the material for the construction of the results. Soon, with such exploration was possible to elaborate the inductions of the facts observed in the consultation and the contents of the interviews, which favored the organization of nurses' research participants inferences.

The study was conducted in accordance to the requirements of Resolution 196/96 of the National Health Council, which rules on standards and regulatory guidelines for research involving humans; and approved by the Municipal Health Secretariat of Maceió and by the Committee of Ethics in Research at the Federal University of Alagoas with paragraph 018263/2011-87. Therefore, it was guaranteed anonymity of the study subjects with the use of a pseudonym for nurses and mothers/guardians participating in the study.

RESULTS

Seven children participated in this study, seven escorts and five nurses, and seven nursing consultations were observed. To contemplate the purpose, describe the routine and the service provided during the nursing consultation on childcare, it was verified how the professionals perform nursing consultation on childcare.

• Routine care

All the nurses claimed to follow a standard routine of consultation, with emphasis on the aspect of prevention of disease and promotion of health and technical procedures pertaining to childcare, "typically, it has to exist in consultation with the child's weight, height, right? (...) and the children vaccine card, that we see the graphics and we will evaluate the vaccine issue" (Nurse Tulipa); and "there I see the issue of weight, see the card, put it, I'm going to do, work the issue of vaccine, huh? I'm going to take the exam" (Nurse Margarida).

At another time, one of the nurses reminded the purpose of nursing consultation in childcare and the distinguished medical consultation:

Because the consultation of the people is not a medical consultation just to medicate. Is a consultation evaluation of growth and development (...) (Nurse Tulipa).

It was addressed how is done the mobilization for consultation markup: "the health agent brand, what makes the schedule, you don't have to confront and queue or anything (...) then they will pass by technique or nursing assistant" (Nurse Margarida); and "the health agent marks the first consultation in the area for the domiciliary visit and we go out there and do the service of the mother and child, which is the puerperium" (Nurse Rosa).

• Provided service

Two nurses have claimed that the service was good and the goals were achieved, as is observed in the speech of one of these professionals, when cites the reception:

We talk with her mother and asks if she has something more urgent, because sometimes comes with interest not only on the preventative and sometimes with health problems. And then we ask the mother how the child is. Okay, what is feeling. (...) when is the first time, you will get to know everything about her. (...) when is a child who already know, she already come, I look the last consultation and wonder what she has at that moment and I look the previous consultation that I've identified a few things (...), and the mother arrives with the child in salt and talk to the Mom and that's it (Nurse Violeta).

Another nurse said: "is missing thing, always missing, right? For example, the patient's stress and work harder to learn how to deal with this stress" (Nurse Violeta).

• Changes in the provided service

For contemplate the objective of describing the possible changes in attendance during the nursing consultation on childcare, one of the answers, when enquired about what could be changed in the provided service, was founded: a greater interaction with the mother and decrease of many roles present in nursing consultation on childcare for fill. It was also observed the lack of material for the realization of physical examination, as has been said: "does not have tongue depressor to examine, I have spit, I don't have tension meter" (Nurse Rosa).

In addition to these, another nurse said that somebody should evaluate this for her, stating: "I must not answer that question" (Nurse Tulipa). Another ensured the lack to enhance their knowledge about escort and child development.

DISCUSSION

It was observed, from the speeches, that participants considered that the attendance, in general, correspond to expectations. Was evidenced that the nurse realized that the achievement of the nursing consultation on childcare allows watch the child fully. To this end, the nurses suggested: use of the reception process; mobilization of the population to mark the consultations with the agent of health; and standard routine of nursing consultation in childcare when it emphasizes the use of technical procedures pertaining to childcare and child health handbook, focusing on growth and child development to disease prevention and health promotion.

The reception in the health service is a space of encounter between worker/user that opens to a listener process of problems, not only for exchange of information and mutual recognition of rights and duties, but also to a process of decisions which can provide relevant and/or effective interventions around the needs of users. The reception provides a range of services to the demanded needs, as well as the full accountability for the health problems of a collectivity, through available technologies.⁷

To the nurses in the study, the reception is seen as a key resource for users and professionals to use the space of the FHS as an opportunity for the prevention and control of diseases of health of the assisted population.⁸ Among the principles of the reception, the one that best fits the accounts of nurses is to serve all people seeking health services, ensuring universal accessibility.

In the reception, the user will share their reality, weaknesses and feelings when it establishes the relationship of listening, trust and understanding. Take the reception as object of practices implies relate it with models of attention to health, both of which invest in the quality of services, and accountability as product and producer of devices. After all, who actively co-participating health problems of people, listening and talking, establishes liability quotas in double direction, take care - does the clinic - and inexorably establishes reception and vice versa.⁷

The importance of nursing consultation, in order to promote the link of the nurse with the child and the family, stems from both the conviviality with the child, their family and the community, as the actions and strategies developed by the professional. In addition, the sense of empathy that emerges between

them, since gestation, at home during the first week of the child's life, as well as in the subsequent childcare consultations, causes greater bond of these individuals. These findings corroborate the ideas of other authors, for whom the nursing consultation is configured as a tactic of rapprochement between nurse and client, a strategy of the help relationship and a way to get the family and the community.¹

The Health Ministry considers the establishment of the link and the relationship of co-responsibility between professional and community as central proposals for the development of the FHS, which arises when the population begins to trust him and to recognize him as a participant of their treatment.⁹

Within the team, the community health agent (CHA), the main link between the FHS and the community, enables the strengthening of ties with the family, providing the approximation of health actions with the home context, thus increasing the ability of the population to cope with the problems. He must participate in the important issue of humanization of health services, which includes the user's reception at health services. Thus, it is justified to the mobilization of the population consultation with marking the agent of health.¹⁰

Is part of typical assignments of CHA to perform the qualified listen of the users needs in all actions, providing humanized and enabling the establishment of the link.¹⁰ After the user access to the FHS, the nurse guides mothers about various aspects for the promotion of infant health. To do so, uses the book as an instrument of the child that was created with the objective to accompany in all aspects, from birth until the age of 10, making it an important tool in monitoring of children's growth and development.¹¹

The parameters of growth and development include indicators directly related to the maintenance of the health and nutrition of children and, indirectly, to the quality of life of the population. These activities constitute one of the axes of the actions to be developed in children's health care, included on the Commitment Diary to the Integral Health of Child and Infant Mortality Reduction from the Health Ministry in Brazil.¹²

In the reading of submitted data by nurses, one can infer that all the nurses held a fragmented childcare consultation, focused only on nutritional status and immunization of children. The process of growth and development was little discussed with the

escort and, when directed, in an authoritarian manner, when the nurse was able to order changes of conduct for moms/escorts. Thus, the educational practice, which is already part of the formation of the nurse. Health education in childcare comes making work more qualified nurses to promote child health. Therefore, it is necessary to use the health communication in the process aimed at the prevention of disease and promotion of health.

The potential of health communication can be directed to collaborate on educational practices focused on health professionals and society in general. In this way, the communicational practice is an alternative strategy to promote health, raise the population that the health maintenance depends on the receipt and use of the information.¹³ It is necessary, therefore, that individuals have access to information and guidance and make practical use of these messages. Another important aspect in the prevention of disease and promotion of health is keeping open channels of communication in their own communities, using the CHA and professionals of health centers, so that they realize the demands to be worked properly and be able to use forms of communication which are consistent with the characteristics of each region.¹³⁻¹⁴

The nurse must constantly be aware of the actions of each CHA for presentation and professional approach of community nursing, because a successful nursing practice involves building relations and changes in the social body through communication. Communication, addressed as the fruit of individual and collective experiences and social and everyday practices, allows the construction of views. Communication is designated as an object of study, whose knowing allows understanding and interrelation with the areas of education and health, among others, and applicability in the institutions and social movements.¹⁵

The nurse will be able to better care for each family member, once they know the culture and the social and financial needs of each in particular. So, he can influence changes in behavior, seeking disease prevention and health promotion in favor of building a much more qualified health. It is still important to address the contents expressed by one of the nurses to express the purpose of the nursing consultation on childcare, when apart from the medical consultation, stressing that it is a follow-up and evaluation of infant growth and development.

Although the Operating Standard of Health Assistance (OSHA) recommend the monitoring of children's growth and development, especially in children under one year, through the childcare consultations, the population is generally used with the model of biologist health assistance, resists to attend to health services when don't realize the obvious sign child disease.¹⁶ This behavior has its origin in the valorization of the disease that is enhanced by the professional when omits and/or walks into a agreement with the doctor to meet only children under two years of age. It is essential that professionals perform a self-criticism about his practice and evaluate their behavior.

For the nursing consultation on childcare be provided with quality, was fundamental to the nurses in the study: greater interaction with the mother, decrease in filling out paperwork, availability of materials and equipment and the need for preparation in the monitoring of child development. Thus, sought in literature studies that could enhance the interaction of the nurse and the escort in childcare, but few studies deal with about this interaction; and met some more research regarding the importance of the date next to the child in the hospital than with the child in outpatient environment.

If the child can count on the assistance of the familiar, may be able to understand their health-disease process and nursing consultation on childcare. It is up to the child's family to offer emotional support to them in order to convey security and protection, in order to alleviate the anxiety for the nursing consultation and to facilitate this experience. For this reason, it was identified the need for the presence of a person of the child during the childcare, especially during procedures, and may be a member of the family to which the child has affection for that convey the sense of security and familiarity.¹⁷

Nursing needs to address the family, because from them is possible to have knowledge and understanding of the child in their physical, mental and social situation, in order to meet their behavior. This requires that the nurse demonstrate availability and reciprocal attention and competencies related to communication, making it an essential tool in the practice of nursing.¹⁷

The nurse needs to create communicational ability with both the child and the family, since it is the family of the child who can capture small changes in the health of the patient, which are important for their care.¹⁷ For this reason, there must be a climate of

cooperative relationship between the child and the family nurse, so that the escort feel free to report comments thereon which he considers important about the state of health of the child. These comments should be listened to and evaluated by the nurse, so that they can be rendered relevant care, justifying the need for greater interaction between mother/escort and the nurse.¹⁷

Regarding the decrease in filling out paperwork, can be justified by the time that is spent on filling in forms, guides and justifications, which is greater than that dedicated to patients.¹⁸ When it comes to availability of materials and equipment, the Health Ministry recommends as basic tools needed: horizontal and vertical anthropometric, pediatric and platform scales, tape measures, and another tie and pediatric stethoscope.¹⁶ However, in practice, the family health teams working in jobs with poor infrastructure, shortage of consumables and scrapped equipments¹⁵, corroborating the accounts of the nurses in the study. To this end, it shall be the responsibility of the Municipal Departments of Health ensuring necessary infrastructure for the operation of the family health units, providing them with equipment and material resources sufficient for the set of actions proposed by the OSHA.¹⁶

As regards to the need for preparation of nurses, the results of a survey indicate that the activities performed by nurses in FHS require knowledge and skills beyond what has been provided by its academic training, generating a feeling of professional personal deficiency and awakening the need for qualifications and courses addressed to their professional practice.¹⁹

Some nurses, for not having their technical and scientific training to work in pediatric attention, do not motivate, and have no interest to structure this service in health units in which they work. Thus, the disregard and lack of interest of mothers by childcare consultations will meet the accommodation of these professionals.¹⁶

It is necessary to correct the shortcomings of knowledge on children's area, the skills and practices of nurses inserted into the FHS, so that health promotion and prevention of diseases in children are actually enforced, reflecting the reduction of infant morbidity and mortality profiles.¹⁶

CONCLUSION

Family health teams developed their ambulatory activities in posts with precarious infrastructure, shortage of consumables and scrapped equipments. The nurses of the study

followed the standard routine of childcare consultation, which focused on disease prevention and health promotion, and for the consultation markup, relied on the community health agent. All childcare consultation conducted a fragmented, focused only on nutritional status and immunization of the child, in which the evaluation of the process of growth and development is little discussed with the escort and held in an authoritarian way.

The non-adherence of mothers/caregivers for their children to nursing consultation on childcare may be linked to the valorization of the disease that is enhanced by the professional when omits and/or enters in an agreement with the doctor to meet only children up to the age of two, reducing the variance of the age groups of children.

For childcare be provided with quality, it is essential, for the nurses of the study, develop greater interaction with the mother by the decrease in filling out paperwork. One should seek greater availability of materials and equipment and, in addition, adequate professional preparation to serve on the monitoring of child development.

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