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Original Article

THE WORK OF NURSES IN THE FAMILY HEALTH STRATEGY - ASPECTS OF PROMOTING HEALTH PRACTICE*

O TRABALHO DO ENFERMEIRO NA ESTRATÉGIA SAÚDE DA FAMÍLIA – ASPECTOS DA PRÁTICA PROMOCIONAL EM SAÚDE

EL TRABAJO DEL ENFERMERO EN LA ESTRATEGIA SALUD DE LA FAMILIA - ASPECTOS DE LA PRÁCTICA PROMOCIONAL EN SALUD

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The study was focused on the identification of strategies of care focused on health promotion, used in the work of nurses in family health. It is a descriptive study in a qualitative approach performed in the health units in the city of Iguaba Grande, RJ, Brazil. As a result two categories emerged. The first one, 'Tension in the area of the caregiver' found that the work of professionals is guided in a permanent tension between the practice focused on the use of instruments from the biomedical model and actions to create a dialogical care. 'Production of unique areas' demonstrated that nurses value the unique needs of the health users. It is concluded that strategies of health promotion from the investigative experience incorporate elements of production of unique areas under tensions from the clinical model of attention, leading to a creative investment and creator of strategies in this setting of primary care.
Descriptors: Family Health; Professional Practice; Nursing.

A finalidade deste estudo centrou-se na identificação das estratégias de cuidado voltadas à promoção da saúde, empregadas no trabalho do enfermeiro na saúde da família. Trata-se de estudo descritivo, de abordagem qualitativa realizado nas unidades de saúde do município de Iguaba Grande/RJ. Como resultado emergiram duas categorias. A primeira, "Tensão no campo cuidador", constatou que a atuação dos profissionais é pautada em uma permanente tensão entre a prática centrada no uso de ferramentas do modelo biomédico e ações voltadas à construção de um cuidado dialógico. A segunda, "Produção de espaços singulares", demonstrou que os enfermeiros valorizam as necessidades singulares dos usuários. Conclui-se que as estratégias de promoção da saúde da experiência investigada incorporam elementos de criação de espaços singulares sobre tensões do modelo de atenção, levando a um investimento criativo e criador de estratégias neste cenário da atenção básica.
Descritores: Saúde da Família; Prática Profissional; Enfermagem.

Este estudio se centró en la identificación de estrategias de atención en la promoción de la salud, empleadas en el trabajo del enfermero en la salud de la familia. Estudio descriptivo, cualitativo, en unidades de salud de Iguaba Grande/RJ, Brasil. Como resultado emergieron dos categorías: tensión en el campo cuidador, en que se encontró que el trabajo se guía en una tensión permanente entre práctica centrada en el uso de herramientas del modelo biomédico y acciones para construir de cuidado dialógico. La segunda: producción de espacios singulares, donde se demostraron que los enfermeros valoraban las necesidades únicas de los usuarios. Las estrategias de promoción la salud incorporan elementos de creación de espacios singulares acerca de las tensiones en el modelo de atención, así se necesita incremento creativo y creador de estrategias en el escenario de la atención primaria de salud.
Descriptores: Salud de la Familia, Práctica Profesional, Enfermería.

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INTRODUCTION

In the last years, the Family Health Strategy is highlighted in the policy of Primary Care throughout Brazil, whether by enhancing the access to the services by a significant part of the population, or by the range of the proposal in more than five thousand counties of the country[1]. The working process from the Family Health is based on multidisciplinary work, having the nurse as an important actor in the educative actions, in the strengthening of the link with the community, in the proximity with the family and in the sectional articulation among other activities[2].

When adopting the Family Health as strategy of care, we trusted in the reorganization of the health practice in Primary Care which approaches the family and is close to the real problems of the population, considering that the actions of prevention of diseases and promotional measures of health are established from a diagnosis of territory and together with the community[3]. In this sense, the health can be understood from a more dialogical posture, committed and welcoming by the teams of Family Health[4]. The work of the nurse is highlighted in this logic by technological articulation it uses in the construction of strategies to answer the demands of the user. In a general way, the nurse acts from the nucleus of care, so that the user and his family can develop their potential for the self care[5].

To render the process of work in nursing problematic is an instigating task, and, in a certain way, it represents a challenge in the current context of Family Health in which the practices of health have been oriented to a moving of the disease and directed to the promotional actions of health. Facing this scenario, we present the proposal to make the manners clear by which the process of work in health has been developed by the nurse of Family Health Strategies and the resources used by them in the health care, focusing the promotional actions of health[6]. So, this research has the objective to identify the strategies of care centered in the promotion of health and used at the work of the nurse in the family health.

When bringing the process of work of the nurse into the family health as the object of this study, the debate on the production of the health in Primary Care is widened, and, at the same time, it aggregates stimulating elements to the practice of the nurse in Family Health.

METHOD

The study follows a descriptive qualitative approach, which is adapted to the objectives of the investigation, once it makes possible a bigger approximation with the daily life and with the experiences lived by the subjects themselves[7]. The scenario of the research were seven units of Family Health Strategies (FHS) of the county of Iguaba Grande, RJ, Brazil, where the nurses who contributed with this study work.

The county of Iguaba Grande in the heart of the Região da Baixada Litorânea, also known as Região dos Lagos or Costa do Sol, a resort often visited by tourists, especially in the periods of vacation. It is important to point out that such units of FHS totally covered a population of 23,929 inhabitants of the county at the time of the investigation.

The data collection occurred from February to October 2011 through direct observation, semi-structured interviews and record book. The observation preceded the interviews and it happened in two days, being necessary, after the first visit of observation, a second visit to the unit, in order to complement the first collected registers and so, to obtain details on the data, providing more clarity to what was perceived by the researcher. The focus of this stage was the follow-up of the daily actions of the nurse turned to the actions of health promotion in different scenarios: the office, the vaccination room, the halls of the unit, during the visits to the territory.

The interviews occurred consecutively in the first visit to the units, in the nursing offices, after the observation. The script of the semi-structured interview follows two big axes: the daily routine in the unit and the strategies used in the practice. Without difficulties, all the interviewed nurses collaborated at this moment. In order to have secrecy, the name of the interviewed subjects is presented as pseudonyms of flowers and plants. The interviews occurred according the availability of the interviewed subjects and recording in a MP3 device.

The notes in the record book[8] were written after the visits to the units, registering with details the movement of work of the nurses and their interaction with the users. The record book consists in a very important instrument in the systematization of the research, complementing the information on the scenarios and interviews, once it covers the register of all information except the ones which are collected during the meeting with the nurses, thus facilitating the comprehension of the phenomenon studied.

Once they were collected, they were transcript and organized according to the instruments of collection. For the analysis, the technique of Analysis of Content (AC) was used[9], which showed to be more appropriate to the research here presented, constituted of pre-analysis, of a phase of exploration of the material, which was based on the codification of the material and of a last phase the treatment of the results obtained in previous stages. So, the nuclei of senses present in the process studied regarding the object of study chosen were identified. This nucleus of sense were related to the behavioral characteristics or other relevant structures apprehended during the field study, grouped and classified, and, the analysis was being processed as the traces were identified, through which the production of the sense provided by the interviewed subjects was delineated[8]. The research was approved by the Committee of Ethics and Research of the Hospital Universitário Antônio Pedro – HUAP/ Universidade Federal Fluminense, with the number 5496.0.000.258-10, on November 5th, 2010.

RESULTS AND DISCUSSION

After the collection, the data were ordered, in a work which established classification[10], in which it was possible to identify common characteristics in the contents of the statements of the subjects. The analysis on the aspects of process of work, turned to the practice of actions which promote health present in the statements of the nurses, two nuclei of sense were evident: 'tension in the domain of care' and 'production of unique areas'. The first reveals that the practice studied is carried out among two big poles of knowledge, once operating on the logic of action of the medicine, structured in establishing the 'complained/behavior', in the programs of control of the main diseases, next to the health vigilance and another, which is not established on pre-determined structures and are presented in the different actions of the nurses, whether they are in the health module or in community.

The second nucleus of sense showed in the material analyzed presents a certain valuing of the needs of the patients, for the construction of the practice of the nurse. It was possible to observe practices constructed in a singular manner and centered on the patients. This nucleus strengthens the polar dimension of the tension of the care domain, identified in the first nucleus of sense. That is, there is the construction of practices which are not only structured in knowledge constituted around the biomedical module.

Tension in the care domain

This category expresses, from the statements of the interviewed subjects and from the notes of the direct observation of the domain, an existing tension in the process of work of the nurses of family health in the county of Iguaba Grande. Tension between an organized acting under the logic of the health vigilance centered in vertical, well structured programs, and another acting,

based on little structured actions and with a margin to advance in the construction of another format of health action.

After the process of analysis of the contents, themes were being formed and providing condition to understand that the care domain were the nurses who participated in the study act and live under tension between the use of actions based on medicamental procedures and the actions which search for another manner of care as practice centered in health, as it can be seen in this statement: *we checked everything correctly as we were told and then we talked and allowed the other persons to talk, but generally, what we heard doesn´t change anything in the protocol. After the statement we prescribe or transcribe some medicine or exam and period.* (Nurse Fern).

In that statement, it is clear that the nurse starts the work based on speaking and listening, being careful to provide space for the knowledge of the other, but this fact does not imply a strategy turned to the focus of other practice and move and promote others arrangements, once it keeps following the medicament protocol. In the domain of primary care, the FHS presents the challenging of work in a partnership with the community, once there is the need to break up with the healing and medicine logic[11]. Facing the tension of capture of the hegemonic model centered on the disease, the intention to perform procedures linked to the use of more related technology is revealed.

Other interviews also point to this characteristic of tension in the caregiver domain in which the use of technology, both in one area as in the other, are present, according to this section of the statement: *In most cases we attend hypertensive and diabetic patients, checking the blood pressure, controlling glycemia, and in other times we stop to talk and orientate them on such matters* (Nurse Orchid). … *but even then, whether at the health post or at home we all take the prescription sheets, sheet of accompanying, the devices, AP, glucometer to use, it is a part of the procedures and for this action on we establish our attendance. We talk, we listen, but we don´t forget to fill in and register the values measured* (Nurse Carnation).

Although the practice prescribed and observed is centered in hegemonic biological model, we could perceive the worry of the nurses in listening to and talking with the user. We believe that the welcoming and linking attitudes are effective and efficient. They built up affective values and respect values with the life of the other making possible that the traditional healing in preventive practices have a new dimension, based on the collective interest, surpassing the prescriptive character which orientated these actions along the time[12].

During the field observation, in the action of the nurses, despite the always relational and remarkable welcoming aspect, it was also possible to detect the procedures, routines and prescriptions which follow the classifications of diseases as taking decision to act[13]. The use of these aspects observed makes possible the deepening in the daily practice of the nurse. It was possible to preliminary verify, according to what was stated, a permanent tension within the acting of this practical work[14], which operates between a centered work imprisoned by the instrumental logic which with supremacy, strengthens the interventions biologicist model and the bureaucratic sanitary professional[15].

The data of the record book point out, with the analysis, that the assistantial functions are sometimes performed with work overload which limits the development of a more relational practice with the user and of construction of health promotional actions. Sometimes the nurse is responsible for so many questions, that the time is used to follow the administrative aspects, preventing the creative capacity from being revealed in this practice.

In a section of the interview with another nurse, we noticed the same tension in the production of care, when in her statement, presented as follows, it is possible to notice that she performs her work based on protocols with intense use in the administration of medicine[16], making of dressings, prescription of exams, so there is little time left to listen to the patient. As it can be noticed: *besides the procedures we also listen to the patients, clear doubts and orientate the patients, through folders and explanatory banners used as instruments in education in health in the offices* (Nurse Rose). *During the attendance we generally measure the*

blood pressure, glycemia or we make some dressing but we also orientate and talk about the difficulties although there is always some procedure involved (Nurse Jasmine).

The statements above revealed a daily practice of the nurse regarding different ways to perform assistantial acts, which they experienced simultaneously, in the process of work, the prescriptive logic of technological acting and the communicative one, more relational.

We notice that the work of the nurses can not be globally captured by the logic of still work in the hard technologies and 'soft-harder' ones of the equipment and in the structured technological knowledge, once its objective is not completely structured and its technology of more strategic action are set in the processes of intervention in acting, operating as technologies of relation and of encounters of subjectivities[16].

In another statement it is possible to notice signs of that tension: *when we are attending, we always talk a lot to understand the patient´s complaint, but not always, sometimes we are limited to the routine, we follow the protocol, filling the files of the programs, perform the measures and bye.* (Nurse Daisy). *During the day we attend the patients individually and for each kind of attendance, we have a specific protocol to follow, medicine to prescribe, exams…* (Nurse Lily).

So, the constitutive tensions present in the work permeate the daily work of the nurse and express in these meetings the conflicts of the different ways to perform the work. We can also perceive that the professional attention is many times limited to the biological aspect and so, the process of work is, in most of the times, oriented to the procedures as the only technological instrument.

Production of unique spaces

This nucleus of sense of the analyzed material approaches the valuing of the singular needs of the patients. During the field research the expressions of the professionals as to the construction of the actions were identified, which are close to the needs of the patient and of the community. This category is more clearly outlined when we observe the responsibility of the nurse with the production of notably unique actions during the attendance. *I start from the patient's complaint, I listen to it and together with him we analyze the possibility of tracing a plan of care which is able to follow.* (Nurse Lily). *During the visits we face several unexpected needs, and diabetic patient unbalanced or, suddenly a child or an elderly with some debility, bedridden* (Nurse Carnation).

In the statements of those nurses it is possible to highlight the use of qualified listening, and some relation that is established with the patient in a unit as a care strategy. That is, it is also noticed that, the use of a model which produces care, centered on the patients and on his needs, ruling his actions himself and guided by a wish which directs his doing. This shows the worry of the nurse with the adhesion of the patient to the treatment. That is, it is noticed that the use of resources which allows singularizing in the attendance as a strategy in the production of care, such as an arrangement of performed action beyond the frontiers of the service[17], which presupposes a look beyond the disease. A look on the needs of the people who go for help and need the service. In order to understand health as a social production and to act on his determinant means to break up with assistantial limits.

As a result of the field observation, it also became clear the worry of the nurses with the care of the patients through the unique attention rendered in the waiting rooms, before the appointments, with the use of banners and accessible language to all, centered on the prevention of diseases.

This creative and creating function is what can characterize the services of health, from unique relations which operate on the territory where the practical work occurs[16]. The process of allowing and valuing the patient is in the fact that health is, above anything, and individual experience. So, as a care strategy, the use of folders, educational banners with drawings, groups and workshops work as special strategies of care in order to find the peculiar difficulties of the patients.

In the statement of nurse Jasmine, the function of the use of creativity and the instruments available to a better understanding of the patient is clear. *We used these*

workshops with some banners, folders, educational and simplified materials, easy to understand in order to improve the adhesion of patients to the treatment and self care at home. We tried to use easy and accessible language (Nurse Jasmine).

So here, there is the worry with the understanding on the patient on his therapeutic and for that, we use the creative resources to make the subject more accessible, familiar and unique to the need of the patient. We also point out in this part of interview, the possibility to work with other aspects, not only the procedures, the interventions facing the disease, but promoting self care.

However, the multiple realities in which nursing is developed, invite these professionals not only to face the problems in order to diagnose them, but also to understand them helping them to identify what they need to change in the environment surrounding them, to go on with the choices and to act in order to reach the aimed results[18].

In this sense, the ways people perceive their health and the means to take care of it require from the health professionals, who provide assistance , special attention and, from the last statement, and for this last commented statement, we noticed the valuing, attention to the limits, possibilities and participation of the patients in his health although the health services often make the patient leave the unit with a prescription of change of habit to be implemented in his daily life, without taking into consideration his values and his way of life[19].

In another statement we observed, *at home we face difficulties, which require from us the use of* didactic material to draw the sun and the moon in a creative way to explain the ones with more difficulty about the posology of the medicine (Nurse Fern).

In these cases, the nurse invented skills to make the comprehension of the patients on the approached subject easier as well as the adhesion and autonomy of the patients to the treatment proposed. Once again this shows the capacity to recognize the singularity of each family and to develop differentiated strategies of care in order to attend the needs and the problems of the users in a singular manner[20].

The singular spaces constitute an interesting and concrete possibility of the interviewed nurses of care and strategies which involve the prevention of diseases and also value the need of the patients in their diversity which includes the making up of actions which are the promoters of health.

CONCLUSION

This study allowed the identification of strategies of care centered in the promotion of areas of health, and tension during the care in the process of the work of the nurse. The possibilities to explore the work as a practice which is processed under the care domain which is tense, requires a creative doing which combines of the provocative poles of the model of attention to health existing in proposal of the Family Health.

Concluding, the presences of elements which contribute for the enhancing of the practice of the nurse deserve to be explored from the singular dynamics of the actions which advance to the context of the family and the territories.

Recognizing the limitations of the prescription, routines and protocol, consists in advancing to the arrangements in which the nurse of Family Health can explore the potential of self care in an arrangement of actions to be taken beyond the borderline of the work, including actions for after the diseases.

The process of work, which, in most cases, is structured from the logic of the procedures and value the cure of diseases and the use of equipment, can be a limiter of the practice of the promotion of health; the use of resources which singularize the attendance with the strategies of production of care, on the other hand, provide aspects able to advance, but they deserve to be explored in a more detailed way. A look on the needs of the people who look for the service, incorporating the social production and the acting on these determinants can signify the production of instruments so that the nurse can break the assistantial limits and dare to go beyond the field of the prevention of the disease, re-

analyzing this practice and investing in Permanent Education as a way to make possible the effectiveness of creative manner of caring and producing in health.

In the context of enhancing the possibilities of this study, it is indispensible to change the look and the listening of the nurses to the subjects in their singularity and potency of creation of his own life, considering that what is inscribed in the daily work, the affections and desires of each worker/patient.

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