



ORIGINALES

Nurses' actions in childcare Nursing consultations in Primary Care

Ações do enfermeiro na consulta de enfermagem em puericultura na atenção básica
Acciones del enfermero en la consulta de enfermería de puericultura en la atención primaria

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ABSTRACT:

Introduction: In Childcare Nursing Consultations, nurses monitor children's growth and development, an essential practice for health promotion and prevention. However, there are weaknesses in their implementation, such as gaps in records and deficits in the preventive assessment of important outcomes in childhood, such as obesity and malnutrition.

Objective: To identify nurses' actions in childcare Nursing consultations in the Primary Care network of a municipality in the semi-arid region of northeastern Brazil.

Methods: A qualitative and descriptive-exploratory study carried out with 9 nurses working in the Family Health Strategies of Primary Care in a municipality from the state of Rio Grande do Norte, in the inland of the semi-arid region of northeastern Brazil. The data were collected through semi-structured interviews between January and March 2021 and analyzed using Thematic Content Analysis.

Results: A total of 5 analysis and discussion categories emerged: welcoming for the bond; anthropometry and physical examination; child development surveillance; health education: caring attitude; and difficulties completing the children's health booklets.

Conclusion: It was noticed that nurses are able to carry out a comprehensive assessment of children's health, permeating care through bonding, welcoming and health education. It is evidenced that there are deficiencies in completing the booklets and that the Nursing Process does not follow the expected structure, which may compromise care quality.

Keywords: Primary Health Care; Child care; Child development; Nursing Process.

RESUMO:

Introdução: Na Consulta de Enfermagem em puericultura, o enfermeiro realiza a vigilância do crescimento e desenvolvimento da criança, prática essencial para promoção e prevenção da saúde. Entretanto, evidencia-se fragilidades na sua implementação como lacunas de registros e debilidades na avaliação preventiva de desfechos importantes na infância, como obesidade e desnutrição.

Objetivo: Identificar as ações do enfermeiro na consulta de enfermagem em puericultura na rede de Atenção Básica de um município do Semiárido Nordeste brasileiro.

Métodos: Estudo qualitativo descritivo-exploratório realizado com 9 enfermeiros atuantes nas Estratégias de Saúde da Família da Atenção Básica de um município do Estado do Rio Grande do Norte, interior do semiárido nordestino brasileiro. Os dados foram coletados por entrevista semiestruturada entre janeiro e março de 2021 e analisados por Análise de Conteúdo do tipo Temática.

Resultados: Emergiram 5 categorias de análise e discussão: acolhimento para o vínculo; antropometria e exame físico; vigilância do desenvolvimento infantil; educação em saúde: atitude de cuidado; dificuldades no preenchimento da caderneta de saúde da criança.

Conclusão: Percebeu-se que os enfermeiros conseguem realizar ampla avaliação de saúde das crianças, perpassando o cuidado pelo vínculo e acolhimento e pela educação em saúde. Evidencia-se que as deficiências no preenchimento da caderneta existem e que o processo de enfermagem não obedece a estrutura prevista, podendo comprometer com a qualidade da assistência.

Descritores: Atenção primária à saúde; Cuidado da criança; Desenvolvimento infantil; Processo de enfermagem.

RESUMEN:

Introducción: En la Consulta de Enfermería de Puericultura, el enfermero realiza el seguimiento del crecimiento y desarrollo del niño, práctica fundamental para la promoción y prevención de la salud. Sin embargo, hay fragilidades en la implementación, como vacíos en los registros y fallas en la evaluación preventiva de resultados importantes en la infancia, como obesidad y desnutrición.

Objetivo: Identificar las acciones del enfermero en la consulta de enfermería de puericultura en la red de Atención Primaria de un municipio de la región semiárida del Nordeste de Brasil.

Método: Estudio cualitativo descriptivo-exploratorio realizado con 9 enfermeros que trabajan en las Estrategias Salud de la Familia de la Atención Primaria de un municipio del estado de Río Grande del Norte, en la región semiárida del nordeste de Brasil. Los datos fueron recolectados a través de entrevistas semiestructuradas entre enero y marzo de 2021 y analizados mediante Análisis de Contenido Temático.

Resultados: Surgieron 5 categorías de análisis y discusión: acogida para el vínculo; antropometría y examen físico; seguimiento del desarrollo infantil; educación para la salud: comportamiento para el cuidado; Dificultades para completar la libreta de salud del niño.

Conclusión: Se observó que el enfermero es capaz de realizar una evaluación integral de la salud del niño, el vínculo y la acogida y la educación para la salud forman parte de la atención. Se verificó que hay deficiencias en la cumplimentación de la cartilla y que el proceso de enfermería no sigue la estructura esperada, lo que puede comprometer la calidad de la atención.

Descriptor: Atención Primaria de Salud; Cuidado del niño; Desarrollo infantil; Proceso de enfermería

INTRODUCTION

With the institution of the Family Health Program, which was later on elevated to the Family Health Strategy, Primary Care gained a preferential model for assisting and managing care processes, especially children's health, focused on the use of light technologies, both relational and attitudinal, in welcoming and qualified listening to the health needs of this population segment⁽¹⁾.

Primary Care assumes its role as care coordinator and organizer of health care networks, qualifying, among others, surveillance of child development and childcare assistance, strategic measures to reduce the morbidity and mortality that affect children. It is worth noting the drastic decrease in infant mortality since PHC implementation within the scope of the Unified Health System⁽²⁾.

In the meantime, nurses assume the essential role of vital members of the teams operating in the territories and Basic Health Units, establishing their work procedures based on community and social requirements and ensuring that they prioritize the needs of children, families and caregivers⁽³⁾.

With Childcare Nursing Consultations, nurses monitor children's growth and development, an essential practice for health promotion and prevention. The consultations present an ideal opportunity for nurses, children and families to establish bonds and harmonious relationships, exchange knowledge and practices, engage in health education activities, and receive guidelines that aid in daily child care and maximize the potential of being a child^(3,4).

The study highlights nurses' potential to capillarize practices and disseminate low-cost and highly effective actions within the Primary Care scope, praising Nursing consultations as an effective means for promoting health, distinguishing genuine child and family needs, and implementing Nursing care that is in line with the family and social realities of these subjects⁽⁵⁾.

Nonetheless, a thorough literature review has identified potential weaknesses in childcare Nursing consultations, particularly in relation to discrepancies in medical records and booklets, rendering it impracticable to evaluate the comprehensiveness of the Nursing assistance provided⁽⁶⁾. The study also pointed out weaknesses in the anthropometric assessment and predictions of morbidity states in children, such as obesity and malnutrition^(7,8), which highlights vulnerabilities in the use of Nursing consultations and in achieving their potentialities.

In this way, recognizing the actions that nurses can use for good quality child care and recognizing the different characteristics that growth and development surveillance assumes in national Primary Care, the question is as follows: Which are the nurses' actions in childcare Nursing consultations at the Primary Care level?

With this, the objective is to identify nurses' actions in childcare Nursing consultations in the Primary Care network of a municipality from the Brazilian semi-arid northeastern region.

METHODS

A qualitative and descriptive study. Qualitative research fulfills the function of describing the occurrence of phenomena and their subjective constructions, in addition to portraying their meanings that emerge from individual and collective subjectivity⁽⁹⁾. Writing of the article followed the COREQ checklist for qualitative research⁽¹⁰⁾.

It was carried out in the municipality of Pau dos Ferros, in the inland of Brazil's Rio Grande do Norte semi-arid region, which was chosen for being a medium-sized city, intermediary between small and large urban centers, regulator of economic and social flows in the region, headquarters of the sixth health region in the state, the second largest economy in the West Region of the state of Rio Grande do Norte, and for being located within the drought polygon, a region marked by significant social inequalities⁽¹¹⁾.

The study population consisted of nurses working at the aforementioned care level. A non-probability and intentional sample was used, for understanding the need to exhaust data for effective validity in qualitative research⁽¹²⁾.

Nurses who had been working in Primary Care for more than 6 months were included and those who were not present in the Basic Units after three recruitment attempts were excluded, which led to a sample comprised by 11 nurses, of which 9 agreed to participate in the research based on availability and non-interruption of their work routine. There was sample loss of 2 nurses due to the exclusion criteria defined.

The researcher contacted the nurses in person at the Family Health Units where they worked, using a printed invitation letter attached to the terms of consent and audio recording authorization. The letter was read and the research objectives and reason were explained.

Data collection took place with prior consent from the participants, through interviews guided by a semi-structured script. The script comprised questions about the childcare Nursing consultation structure, developmental milestones, growth patterns, parental/caregiver participation, children's health booklet completion, care guidelines and humanization. It was formulated based on an integrative literature review conducted by the researcher on the primary points of assessment and guidance for nurses in child care.

The interviews took place at the participants' workplaces at the end of the working day, in a room reserved for the researcher and participant, with only both of them present in the room, minimizing interference in the service routine. They were conducted between January and March 2021, lasted a mean of 20 minutes and were recorded in audio format (.mp3) with a Galaxy A30S smartphone device exclusively used for this purpose. The participants' anonymity was preserved using an alphanumeric code with the letter "N" followed by a numeral (1,2,3...) to identify the interviews and replacing their names.

Data analysis took place after transcribing the interviews into a *Word*® document, using the thematic analysis technique, which comprises three stages¹³. In the first stage, a floating reading and selection of interviews was carried out based on exhaustiveness, homogeneity and relevance to the topic researched.

They were divided into registration units (excerpts) that were alphanumerically coded according to the theme: WB (Welcoming and Bonding), APE (Anthropometry and Physical Examination), GDS (Growth and Development Surveillance), HE (Health Education) and CHB (Children's Health Booklet), followed by a number that corresponds to the sequence of the excerpts (1, 2, 3...) and the interview code that corresponds to the nurse (N1, N2, N3...).

In the second stage, the registration units are categorized according to thematic aggregation and in-depth exploration of the material. The last phase corresponds to inference of the results through a comparison to findings in the scientific literature⁽¹³⁾. Five thematic categories emerged from the interviewees' testimonies that were not previously established and which arose from the aggregation of meanings exposed by the interlocutors.

The research was submitted to the Research Ethics Committee of the State University of Rio Grande do Norte, in compliance with resolution 466/12⁽¹⁴⁾ of the National Health Council, and was approved on February 13th, 2020 under opinion No. 3,835,550 and CAAE No. 28811320.1.0000.5294.

RESULTS

The interviewees were 9 nurses from the Family Health Strategies in the municipality of Pau dos Ferros, Rio Grande do Norte. All had worked for more than 6 months in Primary Care, 2 of them for more than 20 years. The group was made up of 3 (33%) male and 6 (67%) female professionals.

It is worth noting the existence of five outstanding thematic categories that comprise nurses' work in childcare: "Welcoming for the bond"; "Anthropometry and Physical Examination"; "Child Development Surveillance"; "Health Education: Caring attitude"; and "Difficulties completing the Children's Health Booklets".

The categories and testimonies that contribute to describing and characterizing nurses' activity in child care will be presented below.

Welcoming for the bond

Welcoming was highlighted in the listening process to establish the bond between parents, caregivers and/or family and professional nurses. Nurses highlight that welcoming and building bonds are essential for childcare to be established.

The way you welcome that family [...] it's not just about welcoming the child, the mother, the father, because any problem that happens at home affects everyone in the family. N7

Sensitive care, where you need to have the sensitivity to provide good assistance, do your best, listen to the mother, pay special attention to that child, so that a bond can be established. N2

Some participants also highlighted that welcoming takes place by understanding the other's needs, of listening, providing support and solidarity, and understanding that there is not always a single formula for providing care and that this brings parents and families closer to the Basic Health Unit and improves child care.

You can't say: "You have an obligation to breastfeed for six months, it is your obligation", because each case is different. Understand that each mother is unique. N5

It's the way to welcome, how to understand other people's feelings [...] it's a matter of being polite, it goes way beyond [...] it's about listening. So, to listen and try to put yourself in the other person's shoes, try to be empathetic. Sometimes just a different look, a conversation, or some guidance can change everything. N8

It is understood that nurses understand the need to provide hospitable care and to be able to listen to and be with others. It is verified that health needs will not be met without creating a welcoming environment and bonding.

Anthropometry and Physical Examination

The nurses pointed out anthropometry and physical examination as essential among the activities carried out in the consultations. Anthropometry was widely mentioned, being described for each type of measurement performed on the children.

Firstly, the patient goes through the screening process [...] weight is measured, and then I'm responsible for the height, these measurement parts such as HC (Head Circumference), abdominal, those things, I work more with the cephalic. N7

I measure weight, the child, height. I also measure head circumference. I don't do the thoracic. Then I do the physical examination, I check the mouth, the ear, the eyes, I check if reflexes are present. N9

The importance conferred by nurses to these measures as a form of assessment is noticeable. Children's global physical examination was mentioned very vaguely, which can be related to the understanding that, together with anthropometry, they are a single activity.

I check head circumference, chest circumference, height, and then I can watch many other things. You always do the assessment from head to toe. N2

It is noticed that nurses understand the need for a general children's assessment; however, they do not distinguish what to evaluate, understanding that the general assessment has the same specificities, which can compromise attributes and characteristics that require a more specific assessment.

Child Development Surveillance

The nurses made special mention of child development milestones, portraying the difficulties of visualizing such milestones, whether due to children's non-collaborative attitudes or to their own dynamics, with parents as immediate collaborators in paying attention to these indispensable indicators.

I watch and ask the parents, because there are developmental milestones that the father sees, right?, which are not just at that moment that I can observe. N2

But if I stimulate reflexes, there are some that I can't be sure of, so I ask: "Mom, when he's breastfeeding, does he look into your eyes? Mom, when you call him, does he look like this, searching?" So I think it's not just the seeing part, but you have to ask the parents how they are seeing everything. N8

To overcome the difficulties presented, one of the participants lists using a program that provides the milestones and how they should be researched.

And I use the e-SUS program, which we also generally follow over here; it has many questions and, according to the age group, I see whether they (developmental milestones) are present or not. N9

Nurses' willingness to use instruments that assist and qualify care shows the importance that monitoring child development has in their professional practice and their commitment to children's health.

Health Education: Caring attitude

Another highlight was health education, as a primary activity and Nursing work center, through guidelines and conversations. They mainly highlighted guidelines focused on feeding, safety, vaccination and stimulating development:

From the issue of postpartum, breastfeeding, the developmental stages, what is normal, what is expected, and is important so that we can intervene at the right moment, so that that growth and development don't stagnate there. N8

The motor part involves general care for the NB, and always guiding the mother. Care referring to falls. N7

So it's very broad. There's the issue of... vaccines, immunization. N6

An important aspect mentioned by the interviewees was the quality of the information transmitted. As they work in a region historically marked by social inequality, such as the northeastern hinterland (*sertão*), nurses are aware of difficulties understanding and applying the guidelines conveyed.

It depends a lot on the person's social level because you can't give a Nursing class in a consultation. So what are you doing? Identify the problems here, I', going to address the problem here and, although I speak in general, I just can't be specific about many things because she's not going to understand. N1

And that's it, sometimes it's no use saying: "The child's having colic", and you think you have to give the mother a diet if she can't buy that food product. N5

The nurses were attentive to providing guidelines and health education that were understandable to parents and caregivers, revealing attention to the social disparities inherent to the place where they work and live. However, in their testimonies, they do not show a complete horizontality attitude in knowledge construction, maintaining care verticalization.

Difficulties completing the children's health booklets

The objective of this last category is to present the interviewees' statements regarding the Children's Health Booklet, which are instruments for recording and longitudinal monitoring of children's health. Nurses address the importance of children's booklets for parents and caregivers from the perspective of knowing each child's health status and as instruments to assist in the care provided.

In the children's health booklets there's a parameter of what is normal and what is not, and you're largely based on what you have there. I believe that there could even be more things [...] then he (the father) would identify it at

home, as generally happens when the child reaches eight months or one year of age. The child has a disability and then the parents report it. N1

I usually write down in the booklet those things that really happen, the milestones, weight, height, the chart; I show the parents how he's doing, how the child is behaving during all that monitoring on that chart. N8

Despite the highlighted importance, the professionals report a deficit in filling out the instrument, in appreciation of filling out the data in the children's clinical booklets, through the Electronic Medical Records.

I update in the electronic medical record... The e-SUS, and there's space there for me to put everything about the child's development, monitoring, all the data are there, and when they aren't (child's health booklet) there's space for you to write. N3

In the booklet, as there are many things to write down, it generally leaves a lot to be desired [...] I know that everything must be recorded, all the milestones in the booklet, but I think that this is common sense, I think almost no one records both in the medical chart and in the booklet. N8

Although nurses understand how important it is to have a booklet with all or as much information as possible, they are unable to ensure that it is filled out correctly, which directly interferes with care quality and with its completeness for other points in the health care network.

DISCUSSION

The research showed the nurses' interest in monitoring children's growth and development and devoted time, opportunities, knowledge, techniques and attitudes so that this moment is beneficial for children and their families.

By pointing out the indispensable need for bonding, the professionals show the importance of maintaining lasting relationships between children, family and professionals. This is fundamental to the childcare line of care, allowing both parties to act together for dynamic and lively care that can be carried out in the face of the different realities that arise^(1,3).

In childcare, nurses develop actions that include the health levels related to promotion, protection, prevention, treatment and rehabilitation, when necessary, in addition to being trained to detect early delays and deviations in child development, a central point of all children's health surveillance⁽¹⁾.

To this end, nurses undertake in their practice the use of methods to achieve full health care, highlighting the Nursing Process, which is called Nursing Consultation (NC) in outpatient environments. Supported by the Professional Practice Law and COFEN resolution 358/09⁽¹⁵⁾, an NC is a working method that systematizes nurses' assistance regarding health assessments.

Consisting of five interdependent components (history, diagnosis, planning, implementation and evaluation), the NC is designed to mediate nurses' work, guiding

them in their assistance and health assessment of different life cycles and social groups, especially children, offering low cost and great effectiveness^(15,16).

NCs have the premise of ensuring care quality, individualizing actions, directing nurses' work towards each individual, being their center and object of care. In a study carried out using Wanda Horta's Theory, the NC proved to be effective in identifying and covering the health needs of children and their families cared for by nurses in Primary Care⁽⁴⁾.

The number of annual consultations recommended by the Ministry of Health for a child's first year of life totals 7; 2 in the second year of life and 1 every year until the age of 10. In addition to paying attention to the current needs of the child and family, childcare Nursing consultations should focus on the early identification of problems and considering each child in their environment and family and social structure, expanding the concept of health to understand their social determination⁽⁴⁾.

However, Nursing consultations cannot be something fixed in themselves, with a mechanical and automated sequential logic. As a guiding method, they should allow nurses to feel free to increase and renew their aspects, granting creative freedom capable of making them recognize their work and themselves at the same time as they carry it out⁽¹⁶⁾.

In the study, it was possible to notice that the nurses did not mention Nursing consultation in their usual structure, not delimiting the stages and not even pointing out Nursing diagnoses. However, it is noted that they were able to structure their actions based on their responsibilities, such as constructing the health history, assessments through physical examinations, assessments of needs, guidelines and management of situations and continuous reassessments of the children, which in the end correspond to the consultation stages⁽¹⁵⁾.

Thinking from this perspective, a study⁽¹⁷⁾ points out that nurses' clinical practice in Primary Care should overcome the hegemonic curative and biomedical logic of health services and provide care that adds knowledge and attitudes arising from the fields of health promotion and prevention. They point out that instituting protocols that increase the action scope can improve these workers' performance, conferring them autonomy. Therefore, nurses should be able to evaluate and analyze children's development milestones, noticing when they are not present in the expected time and thoroughly investigating to prevent further distortions or problems⁽¹⁸⁾. In the research, the nurses encourage parental collaboration in this surveillance, as children spend most of their time at their homes and many milestones may not be visible during the consultations.

However, this practice should not exempt professionals from the responsibility of monitoring during consultations and timely recording whether or not the milestones have been reached, in addition to making the necessary referrals if required. Nurse play an essential role to avoid complications and assist parents and caregivers in encouraging adequate development, understanding that it is a social, environmental, family, political and economic reality^(18,19).

At times, the children's booklets suffered detriment in relation to records in the Electronic Medical Records, leading to discourses that the reality of the practice is underutilization of the instrument by nurses. Some authors⁽²⁰⁾ emphasize that

Electronic Citizen Records and CHBs are not distinct and contradictory realities, but instruments that preserve care longitudinally in Primary Care and beyond, as in the case of CHBs.

Some studies indicate that the CHB is a guiding instrument for monitoring children's growth and development, rich in details and information for parents, caregivers and families who pay attention to children in their everyday lives⁽²¹⁾. It is a sign of care transversality and integrality, as it is able to maintain permanent and good quality information at different levels and points of the health care network, and its correct and timely completion is essential for this purpose^(22,23).

In the meantime, nurses' role as health educators becomes the culmination of their work in childcare and monitoring children's growth and development⁽⁷⁾. During Nursing consultation, nurses have an opportune moment to clarify the caregivers' or parents' doubts about their children and to build new knowledge based on the health education that is engendered in a horizontal dynamic of relationships and listening to the others' knowledge⁽²⁴⁾.

By starting from the knowledge of others and with others, nurses can recreate their own work process and perceive themselves as not centralizing care, but as a part of it. Awareness of the existence of others also emerges, of their wills, desires and subjectivities that develop knowledge based on their experiences. This process enables greater autonomy and empowerment for parents and caregivers in their own child care decisions⁽²⁴⁾.

It is important to highlight the limitations found during the research regarding the method used to collect the data. Perhaps, adding direct observations of the interviewed nurses' practices in childcare consultations, guided by a script and consolidated in field diary notes, might add more elements to enrich the discussion.

Nevertheless, it is recommended to use Children' Health Booklets as a guiding principle for the consultations and/or the elaboration of childcare Nursing consultation scripts that incorporate the main axes of nurses' performance in recognizing needs, preparing individualized care plans, and follow-up in the monitoring of growth and development.

FINAL CONSIDERATIONS

It was noticed that nurses are able to carry out comprehensive health assessments of children, encompassing care through bonding, welcoming and health education. They reported using various actions to provide good quality and humanized Nursing childcare within the personal, structural and service capabilities and care level where they work.

Health education was identified as the flagship of Nursing leading role in child care. The study reveals certain deficit among nurses in appropriating the Nursing Process within the consultations and the difficulties using the Children's Health Booklet, a material symbol of care integrality and transversality and of children's right to health, which cannot be underused in appreciation of other instruments. Organizing work processes that include all recording modalities is something to be structured by professionals and by SUS and Primary Care managers.

Finally, it is recommended to carry out research studies that address Nursing consultations based on the theoretical frameworks of the profession itself, knowledge and recognition of how to use children's health booklets, Nursing taxonomies in Nursing consultation qualification, and research that evaluates the quality of childcare Nursing consultations from the perspective of those for whom they are intended: children, family and community.

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