

## Lived Experiences and meanings of the Nurse Consultation in Childcare: analysis in the light of Wanda Horta\*

Vivências e significados da Consulta do Enfermeiro em puericultura: análise à luz de Wanda Horta

Experiencias y significados de la Consulta de enfermeras en cuidado infantil: análisis a la luz de Wanda Horta

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**Abstract: Aims:** to analyze the meanings attributed to the Nurse Consultation in childcare in Primary Health Care in the light of the Theory of Wanda Horta and to know the experiences of these professionals regarding its operation. **Method:** action research with 15 nurses working in Primary Health Care. Data collected through semi-structured interviews, organized, considering content analysis and interpreted in the light of Theory. **Results:** three categories emerged: Past and current history of the child and his family; Steps for the implementation of systematic care and Difficulties to carry out the Consultation of Nurses in childcare in Primary Health Care. **Conclusion:** in their experiences, nurses report difficulties that culminate in the fragmentation of the consultation, however, they mean it as an opportunity to get to know the child and family in their entirety. Systematic operationalization of the Consultation in childcare provides professional empowerment, qualification of assistance and strengthening of the profession as a science of care.

**Descriptors:** Nursing process; Childcare, Primary health care; Nursing theory; Nurse

\* Extraído da Dissertação “Desenvolvimento de técnica instrumental: construção e validação de um subconjunto terminológico da CIPE® para a Consulta de Enfermagem em puericultura”, Programa de Pós-Graduação em Enfermagem, Universidade do Estado de Santa Catarina (UDESC), 2019.

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**Resumo:** **Objetivos:** analisar os significados atribuídos à Consulta do Enfermeiro em puericultura na Atenção Primária à Saúde à luz da Teoria de Wanda Horta e conhecer as vivências desses profissionais acerca da sua operacionalização. **Método:** pesquisa-ação com 15 enfermeiros atuantes na Atenção Primária à Saúde. Dados coletados por entrevistas semiestruturadas, organizados, considerando a análise de conteúdo e interpretados à luz da Teoria. **Resultados:** revelaram-se três categorias: história pregressa e atual da criança e sua família; Etapas para a implementação do cuidado sistematizado e Dificuldades para realizar a Consulta do Enfermeiro em puericultura na Atenção Primária à Saúde. **Conclusão:** em suas vivências os enfermeiros relatam dificuldades que culminam na fragmentação da Consulta, entretanto, a significam como oportunidade para conhecer a criança e família na sua integralidade. A operacionalização sistemática da Consulta em puericultura proporciona o empoderamento profissional, qualificação da assistência e fortalecimento da profissão como ciência do cuidado.

**Descritores:** Processo de enfermagem; Cuidado da criança; Atenção primária à saúde; Teoria de enfermagem; Enfermeiro

**Resumén:** **Objetivos:** analizar los significados atribuidos a la Consulta de Enfermeras en puericultura en Atención Primaria de Salud a la luz de la Teoría de Wanda Horta y conocer las experiencias de estos profesionales con respecto a su funcionamiento. **Método:** investigación de acción con 15 enfermeras que trabajan en Atención Primaria de Salud. Datos recopilados a través de entrevistas semiestructuradas, organizadas, considerando análisis de contenido e interpretadas a la luz de la teoría. **Resultados:** se revelaron tres categorías: historia pasada y actual del niño y su familia; Pasos para la implementación de la atención sistemática y Dificultades para realizar la Consulta de Enfermeras en la atención infantil en Atención Primaria de Salud. **Conclusión:** en sus experiencias, las enfermeras reportan dificultades que culminan en la fragmentación de la Consulta, sin embargo, significan una oportunidad para conocer al niño y familia en su totalidad. La operacionalización sistemática de la Consulta en el cuidado de niños proporciona el empoderamiento profesional, la calificación de la asistencia y el fortalecimiento de la profesión como ciencia de la atención.

**Descriptorios:** Proceso de enfermería, Cuidado del niño, Atención primaria de salud; Teoría de enfermería; Enfermero

## Introduction

Primary Health Care (PHC), conducted, nowadays, by the Primary Care National Policy (PCNP), lists, among other possibilities, the Family Health Strategy Team (FHST) as an strategy for its expansion, qualification and consolidation. The nurse integrates the FSHT and develop activities that aim to qualify the assistance to people and collectiveness in the PHC. Among these activities, we highlight the Nurse Consultation (NC).<sup>1-2</sup>

NC is regulated by the Federal Nursing Council (FNC) through the Resolution nº 358 of 2009, which is considered correspondant to the Nursing Process (NP), when developed in

institutions that provide ambulatory care, home care, school care, among others. Also, its operationalization must be guided by five interconnected steps: Nursing History; Nursing Diagnosis; Planning; Implementation and Nursing Evaluation, which must be anchored by a theoretical support that orients the nurse on implementing each step.<sup>3-4</sup>

Whithin this context, the dynamics of the process that involves the NC enables a vision to the human being and his/her basic needs. This way, it provides actions to be performed according to the needs of the individual, family and community in a systematic way and guided by theoretical models that assist nurses in understanding the practice.<sup>5</sup>

NC operationalization in PHC, in childcare, aims to follow up his/her physical growth and psychic and social development. It's main focus is the precocious identification of grievances that can interfere in the healthy process, considering the child inside their family, cultural and community context, as well as orientation of needed care.<sup>6</sup> To develop the NC in childcare, a minimum calendar of seven consultations in the first year of the child's life, two in their second year and, from the third year on, annual consultations near their birthday is recommended. And those who need a greater attention must be followed up more frequently.<sup>1,7</sup>

Even though the NC is a regulated and discussed activity in the contemporaneity, we observe that nurses did not incorporate it often in their daily work routine, as it is preconized and with the hoped resolutivity, specially, in childcare. A study<sup>8</sup> developed in Austrália discusses that nurses report challenges in assisting child demands and needs, because they feel unprepared. Thus, they need support and constant studies to be up to date and able to this type of care. Anotehr research<sup>2</sup> developed in Paraíba shows that the dimensions of care developed in greater proportion by nurses in the PHC were the evaluation of immunization and iron and vitamin A supplementations; anamnesis, welcoming, physical exam/neuropsychomotor development and health education were the less effective among nursing.<sup>2</sup>

Childcare consultation by nurses privileges aspects such as complications and feeding the child, evaluating growth and immunization. The evaluation of development and orientation about each age are incomplete.<sup>9</sup> Other studies are still focused on specific aspects and conditions such as growth and development<sup>10</sup> and precocious ab lactation,<sup>11</sup> showing that this is a practice adopted by the nurse in PHC and that it needs to be discussed, involving Consultation in childcare in which the child is evaluated in its totality and periodically.

Considering the exposed and facing the importance of integral care to the child that happens in primary level of health care, it is fundamental to reflect on lived experiences and meanings of these professionals so that information that will subsidize reflection of this practice can be gathered and, with that, movements of change should be investigated in the experienced scenery. In this sense, we ask what are the meanings attributed to Nurse Consultation in childcare by PHC nurses? What are the lived experiences of nurses about its operationalization?

This article aims to analyze the meanings attributed to Nurse Consultation in childcare in Primary Health Care in the light of Wanda Horta Theory and to know lived experiences of these professionals on its operationalization.

## **Method**

It is a qualitative action-research, developed in six adapted steps,<sup>12</sup> being: exploratory phase, situation of diagnosis, data collection, integrated seminars, planning of qualification of nurses and publicization. In this article, results from the data collection step will be described.

Research developed with 15 nurses that act on PHC in a Center-west city of Santa Catarina. A survey of professionals registered in the National Registry of Health Establishments was carried out in April 2018, totaling 19 nurses. Inclusion criteria applied were: to be a nurse and act on childcare in PHC. Nurses that were away from work for licenses and those who worked there for less than six months were excluded, which were four.

Data collection occurred between May and June 2018, through individual interviews, conducted through a semistructured guide,<sup>13</sup> with open questions. To preserve anonymity,

nurses were identified by the letter N (nurse), followed by ordinal number, attributed according to the order of the interview. Participants signed a Free and Informed Consent Form.

Data were organized following the steps of content analysis<sup>14</sup> and interpreted in the light of Wanda Horta Theory.<sup>5</sup> The three steps that compose the analysis are: pre-analysis; exploration and treatment of results and; inference and interpretation.<sup>14</sup> The pre-analysis step occurred during all data collection, interviews transcription, organization and general reading of the produced material. In the exploration and treatment of results step, profound readings of this material were developed, aiming to identify categories and subcategories. In the last step, of inference and interpretation of results, it was possible to come close the extracted results of depositions and the discussion with the scientific literature and with the Wanda Horta Theory,<sup>5</sup> in order to give meaning and validity of raw data, resulting in categories.

The Research followed the Resolution n° 466 of 2012 from the National Health Council for research, involving human beings and bioethical principals of autonomy, non maleficency, beneficence, justice and equity, being approved by the local Research Ethics Committee under the Feedback n°. 2.630.923 in May 2nd 2018.

## **Results**

Data treatment originated three categories: Past and current history of the child and his family; Steps for the implementation of systematic care and Difficulties to carry out the Nurse Consultation in childcare in Primary Health Care, which enabled comprehension of meaning of NC in childcare for the nurse and the identification of its operacionalization in PHC.

### **Past and current history of the child and his family**

For nurses, NC in childcare is an activity that enables them to know the past and current history of the child and his family and identify their main needs. This recognition occurs, primarily, in the data collection step.

*It is a process in which I will talk, investigate what he [referring to the child] is needing. (N1)*

*It is a moment that we give a special attention, we listen, exam, investigate the child's history through the Nursing Consultation. (N6)*

*To collect information with the child's family trying to raise some situations that you do not see in symptoms, it is a conversation. (N9)*

*In the first contact, we welcome, identify the child's need. (E14)*

The first step of the consultation enables the nurse to know the child and his family. It favours the evaluation of the child through physical exam, using the propaedeutic methods of inspection, percussion, de inspeção, percussão, palpation and auscultation. For nurses, this is the moment to develop qualified listening, which requires competence, ability and knowledge in order to develop the NC in childcare in totality.

*To understand the child, assess from head to toe, assess the situation as a whole. (N3)*

*It is what the nurse has the capacity, the skills to be doing in an integrated way, trying as much as possible to cover the whole history of the child. (N4)*

*To see the individual as a whole, to do all part of the history, all part of an introduction, physical examination, is to listen to the child's need. (N7)*

### **Steps for implementing systematic care**

NC in childcare, developed by nurses, has its meaning attributed to the realization of a sequence of systematic steps that enable integral care to the child.

*To raise problems that, sometimes, ends up discovering in the NC in childcare, therefore, there is the systematization of the NC, where there are the steps that the agent must follow. (N9)*

*[...] I seek to do the anamnesis of the child to see which is the problem, to develop the physical exam, get their history, and then, make a nursing diagnosis, and give it the necessary forwarding. (N10)*

Other nurses signify NC in childcare as an investigation process. We observe, however, they have difficulty in differentiating the meanings between Nursing Care Systematization (NCS), NP and NC, a condition that can tangle the understanding of the methodology of assistance practice.

*It is a script that the nurse should follow to assist the child, from anamnesis, an interview, raising problems until we arrive to a prescription. (N5)*

*It is the development of NP, with all its steps of evaluation, anamnesis, physical exam, prescriptions and evaluation, then, the continuity of planning. (N13)*

*It is the moment where you have to apply the NCS, which involves the whole NCS process, physical exam, interview, anamnesis, planning, every step of the systematization of care. (N15)*

Even though nurses identify the steps of NC in childcare and the importance of implementing them in the context of work process in a systematized way, reports of difficulties to operationalize it in all its steps in a systematic way emerge from N2 and N3 depositions. Which can mean that there is a fragmentation of care to the child, making it difficult to perform integral assistance.

*NC in childcare is what englobes the whole, from anamnesis, physical exam, evaluation of the social context, not only of the health, implementation, but also using it is what we do not do and that is part of NCS. (N2)*

*NC in childcare must be understood much more than what I do in my daily routine here in the health unit [...] thus, what I understand is that NC should be about understanding the child, evaluating him/her, identifying factos, making nursing diagnosis and creating a plan for care. (N3)*

### **Dificulties to develop Nurse Consultation in childcare in Primary Health Care**

This category shows obstacles to operacionalize NC in childcare in the lived experience of nurses. When questioned about the realization of NC to the child, nine of 15 nurses answered they did not do that. When they were asked about their motives, answers were related to the identification of obstacles, more specifically the lack of instruments and routines, that are stated later on.

*[...] there is not a cronogram or a script of how to make these consultations, childcare is one of the ones we have not done yet. (N1)*

*[...] we do not have a protocol for this type of consultation [referring it to NC in childcare], I see that we end up losing as a nurse, in the moment a protocol is created it is easier to make this program work. (N9)*

Nurses mention the lack of an implemented routine in the PHC in the realization of NC in childcare. Beyond that, there is a rotativity of professionals, making it difficult to create a bond between the team, families and community, resulting in the lack of trust in the nurse that develops this consultation. Nurse also highlighted the lack of incentive by the local management to Permanent Education in Health (PEH), as well as, little interest by professionals in seeking qualifications.

*In our city, NC to the child is not inserted in the routine. Because of that, we do not do it. (N1)*



*[...] I tried to develop childcare in other units, but when I was developing that, they sent me to another unit and I ended up discouraged. [...] there is all the work for you to bring the children to the unit, asking them to come through Health Agents, then when the routine starts to work, they send me to another unit. Because of that, I am not doing it today. (N11)*

*[...] given the various task aspects that we have during the day, in our month, in our week, I think that the NC in childcare is not very encouraged within Primary Care in the municipality, we do not have the tools for that. (N15)*

*[...] there are not enough tools, capacitations, updates and the will of the Professional too. (N15)*

Difficulties in organizing the interprofessional work process centered in the child emerge from nurses' depositions, because they understand there is low adherence to NC in childcare when there is a pediatric physician in the PHU.

*[...] mothers are already used to it, because she is here for a long time [referring the the pediatric physician], não tem confiança e segurança de consultar com o enfermeiro. (E4)*

*Because there is a pediatrician in the unit, four days a week, they normally GO straight to the pediatrician [referring the child consultation]. (N10)*

In addition to these difficulties, nurse also report lack of preparation and knowledge to develop NC in childcare as obstacles.

*I did not do it because I did not know how to conduct it, it was very difficult to deal with the child[...]. Childcare is very fault because I did not have the knowledge for it. (N2)*

*[...] I do not feel prepared, I have not had any preparation for it, even though we have bibliographical support, I was not trained for it, a training or kick-off for that, so I do not feel prepared. (N14)*

*To do a complete physical examination in the child, I would have difficulties, a pumonary auscultation, a cardiac auscultation, this is part of the physical examination, inside the NC in childcare. So, I think that there is also a lack of knowledge. (N15)*

In addition to highlighted obstacles, some emphasize that there are institutional difficulties related to physical and material structure, and lack of human resources.

*The other team did not have a nurse, so, I was responsible for two teams, I ended up not doing it [referring to NC in childcare], there was not a schedule in my agenda to do it. (N3)*

*I think there is a lack of physical structure, more space. There is a lack of equipments needed to develop a consultation of a child, such as adequate bed, mattress, scale. (N7)*

## **Discussion**

NC carried out in a systematic way makes it possible to produce individual and collective changes in order to develop educational and care practices aimed at disease prevention, health promotion and recovery. In the scenario of PHC, in which the human being is contemplated in the different stages of the life cycle and, in the different dimensions of health and disease, NC is seen as a strategy for carrying out these actions, especially when directed at the child in a phase with more vulnerabilities and risks. In this sense, early and periodic interventions can generate positive impacts on their growth and development process, corroborating that they are healthy adults.<sup>2,15-16</sup>

Nurses understand the first stage of NC in childcare, the Nursing History, as an important moment to establish a relationship with the child and family and the opportunity to identify their needs. This step allows the nurse to carry out a comprehensive assessment of the

child, using technologies such as qualified listening and instruments for assessing the physical, social and emotional state, and from there, make judgments, draw diagnoses and develop the care plan.

Nurses' understanding is in line with Theory ideas,<sup>5</sup> in which the first step of the NC is the ideal moment to develop data collection and informations about the individual, through him, his family, his medical records and complemented by nurse observations by the one that makes it and by physical exam, which will serve as basis to construct the following steps of care. Similiarly, it is what disposes a legislation on NC, and that this step will assist the nurse on identifying problems and potentialities through clinical rationale.<sup>3</sup>

This result also dialogues with the study<sup>17</sup> that identified, in the maternal perspective, the existance of bond between nurses and mothers of children Bellow two years old, corroborated by NC in childcare in PHC, that the bond favours how they seek for this service. Thus, qualified listening, committed from the stabilishment of interpersonal relationships, that initiates in welcoming hte child and the family and the construction of bonds of trust and bond with the Professional, they are important on stabilishing collaborative partnerships that can guarantee problem resolution.<sup>2</sup>

In agreement with the present study, in which nurses recognize the first stage of EC in childcare as important for the integral evaluation of children, a study<sup>18</sup> revealed that nurses identified NC as an instrument to integral care to the child, perceiving it as a facilitator of relationships between family and health team. Thus, the Theory<sup>5</sup> demonstrates the importance of the totality of the human being, an undivided being, that needs to be comprehended through a holistic vision to his needs. A being that has psychobiological, psychosocial, psycho-spiritual needs, closely interconnected and nursing as a recognizer of being belonging to a family and community.<sup>5</sup>

In the present research, nurses also express, the operationalization of NC considering the steps according to the Resolution,<sup>3</sup> which is similar to the Theory proposal<sup>5</sup> that the NP occurs in steps that inter-relate dynamically and enable efficiency and resolutivity through planing of actions. Corroborating with this proposal, COFEn Resolution n° 358 of 2009,<sup>3</sup> organizes successive steps to Nursing History in: Nursing Diagnosis (ND); Planning; Impementation and Nursing Evaluation. Thus, it is important to know and highlight the need of developing the NC in childcare in a systematized way, because otherwise, it can weaken assistance to the child with the consequence of losing trust in the care implemented by the nurse.

In this sense, it is believed that the implementation and implantation of NC can assisto n organizing work processes. However, it is observed that having only one legislation on the topic is not enough to assure that the routine is implemented, movements in different areas are necessary so NC in childcare is developed as a routine in health services.

A situation that maybe challenges the consolidation of NC in childcare, in the scenery of the study, is the confusion that nurses make in terms of NSC, NP and NC. Results corroborated with a research<sup>19</sup> that reveals difficulties in the use of nomenclatures and conceptualization of terms in which nurses, justifying that the majority of participants learned little or nothing about the methodology in their training, making it difficult, thus, its comprehension.

Present research showed, also, the fragmentation of NC in childcare. Nurses say they cannot implement every step of in a systematic way, which difficults integral childcare and puts into check the scientificity of the process. Studies<sup>2,4</sup> show similar results and approach little knowledge of professionals about the methodology, fragility in registers and the realization of the steps in a partial form. Also, they reveal lack of theoretical funding to sustain the steps of NC, making the clinical rationale difficult, stabilishing goals and evaluating actions based on a Nursing Theory.

Thus, PHC movements to rescue concepts and applicability of SNC, NP and NC, making it difficult to learn and operate the methodology are necessary. Integration between nurses, health team, local managers and regulatory agencies is necessary to promote a broad conversation and support to develop these activities. Dialogue and reflection of local reality are essential to transform this reality.<sup>2,4,19</sup>

Another highlight of the present study is related to the factors that interfere with the performance of NC in childcare. Despite the nurses' understanding of the importance of their adoption, they report situations that contribute to not being developed on a daily basis, such as organizational, institutional and personal difficulties. These findings are reinforced by studies<sup>1,6,20</sup> that also identify factors that contribute to the limitation on developing NC. Among which, the lack of training, parental resistance to consultations with the nurse, bureaucracy, inadequate physical space and the role of the medical figure, especially the pediatrician, are cited.

In this sense, when nurses report the lack of a guide document, instruments and institutional routine as obstacles to the operationalization of NC in childcare, care protocols present themselves as a possibility in facing the factors that hinder their implementation. The assistance protocol can contribute to the organization of work processes and routines and to the systematization of the EC in childcare, facilitating the registration and organization of data. Thus, creating an instrument from the experienced reality adds value to its effectiveness. In addition, it assists in monitoring the child's growth and development by facilitating the observation of the data obtained, allowing holistic care, assisting the family in a standardized way based on evidence.<sup>6,15</sup>

Regarding the turnover of professionals in the FHST, an obstacle pointed out by the participants of this research to justify not performing NC in childcare, a study<sup>21</sup> verified that the average work time of nurses in these teams were four years. However, there was a variation through the State, when evaluated separately, they reveal that professionals work there for less

than a year. Turnover contributes to work overload, demands time and costs for training new professionals and, above all, weakens work processes. The establishment of bonds between professionals, staff and the community is another important instrument of committed work.<sup>6,22</sup>

Nurses in this research also highlight difficulties in organizing interprofessional work processes, since for them, the presence of a pediatric physician at the PHC is a cause of low adherence to NC in childcare. Despite this premise, a study<sup>1</sup> corroborates this perception that the doctor is the competent professional for carrying out the consultation in childcare, especially the pediatrician, portraying a medicocentric view of health care.

However, actions recommended in PHC suggest to interlayer childcare consultation between the physician and the nurse, a thought that is similar to the Thoery lenses,<sup>5</sup> in which nursing integrates the health team, assisting the human being in their basic human needs, and having other professionals as a source of support.<sup>5</sup> Alternance of professionals in childcare consultations seeks to complement the work in a team, considering that each one has a different look to childcare, searching, thus, sharing knowledge and practices and perfecting care.<sup>6-7</sup> In addition to the interprofessional relationship between doctor and nurse, there is a need for the nurse's dialogue with other professionals. It is also recommended, periodic dental consultations and referral to the professionals who make up the Family Health Support Center (NASF) when necessary, strengthening comprehensive and comprehensive health care.<sup>7,18,22</sup>

In relation to work processes, in the present study, it was identified as an obstacle to the realization of EC in childcare, issues related to the organization of the routine and lack of incentive by the local management for EPS activities. Related to that, authors<sup>6,22</sup> signal that the poor organization of the tasks negatively affects the practice of childcare. In order for changes to occur, it is necessary to involve the team and, above all, local management so that professional training and education activities are developed.<sup>23</sup> There is a need for planning, elaboration and execution of actions, programs and protocols that establish flows and processes

through the participatory elaboration of the actors involved, as well as the users, promoting the agreement of actions based on local needs.<sup>6,20,23</sup> NP characterizes itself as a methodological instrument for work, however, it is necessary that nurses recognize the importance of this technology in PHC for it to be implemented, specially in childcare.<sup>6,23</sup>

It was also observed by nurses, a certain comfort in looking for qualifications, situations that hinder the operationalization of the NC in childcare in PHC, reinforced by obstacles related to physical structure, material and human resources. Regarding the personal limitations of nurses for the operationalization of NC in childcare, studies<sup>2,6</sup> have similar results when they reveal that nurses find it difficult to perform the physical examination, assess child growth and development and record data, reflecting, perhaps, little foundation theoretical basis of these professionals. Other weaknesses revolve around structural limitations, work overload, excessive bureaucratic activities, great demand from patients and passive posture of nurses.

Thus, activities in PHC need to be constant in the Professional life of the nurse, because they perfect assistance, mantaining themselves updated and trained. They also provide greater confidence and skill in the development of activities that require both clinical reasoning and technical resourcefulness, which contributes to making families feel more secure, allowing the strengthening of bonds of trust and bond.<sup>6,16</sup> Thus, it is essential that the professional seeks knowledge, because the field of action is full of dynamism, especially in childcare, which can mean opportunities for new experiences and learning, making care increasingly qualified.<sup>6,23-24</sup>

In relation to local managers, it is necessary to assume their responsibility for the continuity of the training and qualification of professionals, thereby realizing the assumptions of the National Policy for Permanent Education in Health (NPPEH), incorporating teaching and learning in PHC daily, as that permanent education is a strategy for consolidating changes in care practice. The problematization of reality helps professionals to become reflective about

their practice and build knowledge and solutions, in addition, it focuses on work processes, as it is not limited to professional categories, but the health team.<sup>4,24</sup>

Some situations can be considered difficult to resolve, such as human resources and infrastructure, as they depend on government investments. It is essential that local management work together with assistance, as it is up to these managers to make the process of implementing a scientifically based assistance methodology via the organization of its structure viable. Assistance protocols, again, present themselves as an important instrument, allowing during their collective construction, the agreement of conducts based on the local reality, which support the operationalization of the NC in childcare, foreseeing and providing the structure, materials and the necessary dynamics for the activity.<sup>4,6,15</sup>

Thus, despite the difficulties highlighted in this study, it is possible to identify that nurses have been conquering their space in PHCT and in the community, due to the role they play. Nurse's responsibility for child care is reflected in the establishment of bonds with her and her family and professional autonomy that is strengthened through the NC in childcare, technology that allows greater organization and direction of actions in the care process permeated by knowledge scientific results, which make it possible to achieve beneficial results in child care in PHC.<sup>1,6,18-19</sup>

This study has the research scenario as a limitation, as it was decided to listen to nurses from only one municipality. It is necessary to expand it, seeking to understand the meaning of NC in childcare for nurses from other municipalities, as well as in the light of the team, management and users, thus expanding the understanding of NC in childcare and the possibilities to make it resolute.

## **Conclusion**



Meanings attributed by nurses about NC in childcare are related to the opportunity to know the child and the family in his/her totality, based on qualified listening, enabling the creation of bonds and facilitating the operationalization of NC in childcare, related to organizational, institutional and personal challenges as a consequence of development in the consultation a fragmented way.

Faced with the identified obstacles, the construction of standardized instruments to guide the NC and the care protocols, were highlighted because they understand that these help to guide their actions and provide them with legal support for the realization of the NC in childcare. However, it is important that the construction of these instruments takes place collectively, including professionals and managers in EPS spaces with extensive discussions about the NSC, NP and NC, especially in childcare, enabling their implementation and operation to be made possible.

The operationalization of the NC in childcare in PHC provides qualified assistance to children and their families, with a view to comprehensive care. In addition, it contributes to the empowerment of nurses, enabling these professionals to feel capable and confident for the development of their activities, as they are based on evidence, resulting in professional autonomy and strengthening the profession as a science of care. It is also emphasized the need to adopt a theoretical framework that guides nurses' practices during NC, contributing to the understanding of the proposed care. In this study, Wanda Horta's Theory favored the approximation between the theoretical concepts and the meanings attributed by nurses in relation to NC and the interrelation with care, making it possible to reflect and organize their practices in accordance with the needs of the child and his family. in a welcoming and resolute way.

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**Fomento:** Edital Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) / Conselho Federal de Enfermagem (COFEN) nº 27/2016.

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### **How to site this article**

Siega CK, Adamy EK, Toso BRGO, Zocche DAZ, Zanatta EA. Lived Experiences and meanings of the Nurse Consultation in Childcare: analysis in the light of Wanda Horta. Rev. Enferm. UFSM. 2020 [Acess at: Year Month Day]; vol.10 e65: 1-20. DOI:<https://doi.org/10.5902/2179769241597>