

PRIMARY CARE USERS' PERCEPTION OF THE NURSING CONSULTATION

PERCEÇÃO DOS USUÁRIOS DA ATENÇÃO BÁSICA ACERCA DA CONSULTA DE ENFERMAGEM

PERCEPCIÓN DE LOS USUARIOS DE ATENCIÓN PRIMARIA DE LA CONSULTA DE ENFERMERÍA

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ABSTRACT

The Nursing Consultation (NC) is characterized as the nurse's own practice, providing the conditions for this professional to act directly and independently, using scientific methods to identify health/disease situations. This study was carried out to assess the NC in the context of primary health care in an attempt to elucidate how users of primary care services perceive the NC. This is a qualitative, exploratory study with 29 users of the Unified Health System in the city of Belo Horizonte – MG using semi-structured individual interviews conducted in July 2011. The data were analyzed according to content analysis techniques proposed by Bardin, from which four categories emerged: Users' perceptions of the nurses; Communication in the Nursing Consultation, Nurses and Health Education; Nurses in Primary Care as Part of a Multidisciplinary Team. The results showed that users see nurses as a professional who is welcoming, which favors their approaching the users effectively. We also noted that during the NC the nurse is able to communicate efficiently to promote health education. Finally, it was also noted that users recognize the nurses as active members of the multidisciplinary team. We conclude that the NC is an important tool that the nursing staff possess and that they should invest in it to promote health and prevent diseases. It also became apparent that there are still very few studies addressing this theme in the scientific literature.

Keywords: Nursing; Primary Health Care; Referral and Consultation; Perception.

RESUMO

A Consulta de Enfermagem (CE) caracteriza-se como prática privativa do enfermeiro, o que lhe proporciona condições para atuar de forma direta e totalmente independente, uma vez que utiliza métodos científicos para identificar situações de saúde/doença. A proposta com este estudo foi abordar a CE no contexto da atenção primária à saúde com o objetivo de compreender quais são as percepções dos usuários da atenção básica sobre a CE. Trata-se de uma pesquisa qualitativa e exploratória, realizada com 29 usuários do Sistema Único de Saúde de Belo Horizonte-MG, no mês de julho de 2011, por meio de entrevista individual semiestruturada. As informações foram analisadas conforme a técnica da Análise de Conteúdo proposta por Bardin, da qual emergiram quatro categorias: a percepção dos usuários sobre o profissional enfermeiro; a comunicação na CE; o enfermeiro e a educação em saúde; e o enfermeiro da atenção básica como integrante da ação multidisciplinar. Os resultados mostraram que os usuários enxergam o enfermeiro como um profissional acolhedor, o que favorece uma aproximação dele com o usuário. Notou-se, também, que durante a CE o enfermeiro estabelece uma comunicação satisfatória e promove a educação em saúde. Por fim, percebeu-se que os usuários reconhecem o enfermeiro como integrante ativo da equipe multidisciplinar. Concluiu-se que a CE é um importante instrumento de que a enfermagem dispõe para investir na promoção e prevenção de agravos à saúde. Além disso, ficou visível que há uma escassez de estudos que abordam este tema na comunidade científica.

Palavras-chave: Enfermagem; Atenção Primária à Saúde; Referência e Consulta; Percepção.

RESUMEN

La Consulta de Enfermería (CE) se caracteriza como práctica privada del enfermero, en condiciones de ejercer su profesión directa y totalmente independiente puesto que emplea métodos científicos para identificar situaciones de salud/enfermedad. La propuesta de este estudio fue enfocar la CE dentro del contexto de la atención primaria con miras a captar la percepción de sus usuarios de dicha consulta. Se trata de una investigación cualitativa exploratoria realizada con 29 usuarios del Sistema Único de Salud en Belo Horizonte – MG, entrevistados en julio de 2011. Los datos, recogidos en entrevistas semiestructuradas individuales, fueron analizados según la técnica de análisis de contenido propuesta por Bardin. Surgieron entonces cuatro categorías de análisis, a saber: percepción de los usuarios acerca del enfermero; comunicación en la consulta de enfermería; enfermero y educación sanitaria; el enfermero de atención primaria como parte de una acción multidisciplinaria. Los resultados mostraron que los usuarios ven al enfermero como un profesional acogedor, lo cual favorece una relación más cercana entre profesional y usuario. También se observó que durante la CE el enfermero establece una comunicación satisfactoria y que promueve la educación para la salud. Finalmente, se percibe que los usuarios reconocen al enfermero como miembro activo del equipo multidisciplinario. Se ha llegado a la conclusión de que la CE es una herramienta importante a disposición de los enfermeros para invertir en prevención de enfermedades y promoción de la salud. Además, ha quedado evidente que hay pocos estudios científicos que enfocan este asunto.

Palabras clave: Enfermería; Atención Primaria de Salud; Remisión y Consulta; Percepción.

INTRODUCTION

The nursing consultation (NC) under Brazilian law number 7,498 of July 25th, 1986,¹ is characterized as a nurse's own practice, and provides conditions for this professional to act directly and independently, without the supervision of any other team member.² Historical data reveal that this has been a common, unofficial practice performed by nurses since the 1920s, among pregnant women, healthy children, and tuberculosis patients. It was then called, "post-clinical interview," being thus a medical procedure entrusted to nurses as complementing the medical consultation.³ Professional nurses, taking part in a program of health planning at the Public Health Teaching and Specialization Foundation in Rio de Janeiro, officially created the NC in 1968. It was presented that same year during a national conference determining nurses' exclusive activities and primary functions. NC was then implemented in the southern Brazil state of Rio Grande do Sul, and was initially destined for tuberculosis patients in a health unit at the State Office for Health and the Environment.⁴

In 1993, after resolution number 159, of the Brazilian National Nursing Council,⁵ the NC was described, for the first time, as an activity that employs scientific methods to identify health-disease situations to prescribe and implement measures in order to contribute in the promotion, prevention, and protection of health, in the individual's recovery and rehabilitation in the family and the community. It is based on the principles of universality, equity, efficiency, and integrality, as well as on the history of nursing, physical exams, nursing diagnosis, prescription, implementation of assistance, and the evolution of nursing. The resolution establishes, in its first article, that in all levels of health assistance, either public or private, the NC ought to be developed in nursing assistance.⁵

The NC is a rational deliberation activity, based on a methodology of its own that has complex, immediate, and indirect aims, with an emphasis in prevention. It includes physical examination and the need to establish trust. Providing a more in-depth assessment to the patient's health, it also functions as an aid to nursing diagnosis, easing the preparation of a health plan and resolving the issues identified.⁴ The NC also contributes for maintaining assistance, focusing on educational aspects and linking the patient to the health service. The patient is made aware of certain practices and habits that facilitate his or her recovery.^{3,6} For these objectives, the NC requires that nurses be proficient in communication, observation, and propaedeutic techniques.⁷ Furthermore, in addition to scientific-based care, the NC facilitates multiprofessional work, intersectoral practices, interpersonal relation with patients and family, in accordance to the Unified Health System (SUS, in Portuguese) Family Health Strategy (ESF, in Portuguese). This strategy recommends a dynamic communication between knowledge, experience and folk wisdom.^{8,9}

These nursing actions are therefore legal and widely supported within the context of the Family Health Strategy, as nurses carry out priority tasks and take on responsibilities that make their professional practice known and recognized.¹⁰ However, the question of the perception of the nursing profession still remains. The present study aims to investigate the user's perception of the NC (in terms of visibility and their role in transforming the health-disease process) in actions of health prevention, promotion, and protection, both for the individual patient and in the community. Furthermore, this study can contribute to improve relations with patients, planning further actions, the formation of new professionals, and lead to reflection about nursing assistance.

OBJECTIVE

To verify how users of the basic healthcare systems perceive the NC.

METHODOLOGY

Qualitative research is useful to establish concepts and objectives and suggest variables to be further studied in depth. Some possible tools for conducting a qualitative research include interviews and questionnaires with descriptive questions. Their use is particularly appropriate to explain how people consider a certain experience, idea, or event.¹¹ It allows the collection of interesting data in a short amount of time and building parameters to further investigation. This is an exploratory study, since this type of study seeks to expand experience of a certain problem and see the hidden side of reality.^{12,13} The exploratory study allows an overview of a certain fact, especially when it is little studied and lacking in precise and operative hypotheses.¹⁴ Therefore, it contributes to refine the issue and investigate it in a more systematic way.

The study was approved by the Committee of Ethics in Research with Human Beings of the Pontifícia Universidade Católica of Minas Gerais and the Municipal Health Authority of the city of Belo Horizonte, report number 0323.0.213.410-10. It was carried out in three basic health units in the Barreiro region in Belo Horizonte, Minas Gerais.

Twenty-nine users took part in the study and were interviewed after the NC. The inclusion criteria were age over 18 years and willingness to participate in the study. Users signed a informed consent form before the interview, in accordance to resolution number 196/96 of the National Health Board (CNS).

In this study, the principle of saturation¹⁵ was observed, that is, collection stopped when data became repetitive and redundant and no additional information was brought forward. When that occurred, we had 29 users interviewed. The interviews were

conducted in the month of July 2011, and data was collected through a semi-structured individual interview, with five questions covering user's perception of the NC. After recording the session, the interviews were transcribed for further analysis.

Data collected was assessed according Bardin's content analysis,¹⁶ understood as a set of techniques for communication analysis in order to obtain, systematically and objectively, indices for inference of knowledge pertaining to the conditions of production and reception of the messages. Additionally, in order to identify and extract users' perception from their utterances, the theory of interpersonal perception put forth by Laing, Phillipson and Lee was used.¹⁷

A fluctuating reading of the interviews was carried out to systematize the initial ideas. Out of the utterances, themes or register units emerged. These were identified through the occurrence and repetition of certain expressions, according to their semantic meaning, allowing the material to be codified (NC vs. communication; nurse vs. education; nurse vs. teamwork; user vs. nurse). The context units/interviews were grouped according to their common characteristics within four empirical categories:

- users' perception of the nursing professional;
- communication in the NC;
- nurses and health education;
- nurses and basic care as a part of a multidisciplinary action.

To guarantee anonymity, users were identified by the letter "U" and numbers going from 1 to 29.

PRESENTATION AND DATA ANALYSIS

Out of the interview content analysis, categories elucidating user's perception of NC in basic care emerged.

USER'S PERCEPTION ABOUT THE NURSING PROFESSIONAL

The theory of interpersonal perception, by Laing, Phillipson and Lee,¹⁷ is based on the assumption that during a face-to-face interaction, people establish and maintain relationships defined by mutual perception. For these authors, a subject cannot be considered the only perceiving agent of his or her world, and the perception of the other has a profound reactive effect on him or her.¹⁷

Polaki asserts that perception allows apprehension and interpretation of things and of the world, and allows entering patients' universe during care to know them and to guide them, also affecting these others' perceptions of the caregiver.¹⁸ Perception is thus the initial step in the process of caring, and through language one can identify meaning in the rituals of care, as well

as of all social living, thus making the perceptible also visible. The users' utterances reveal this perception of the other:

I liked it a lot because he is more attentive, [...] he talks more to you, knows your problems and the consultation is more in-depth. (U1)

It was a great consultation. He's very attentive, answers all your questions, and looks at all your exams. Because of that, thank God, my pregnancy is going well. (U6)

The nurse is seen here as a person able to establish a close, personal, and flexible relationship, able to appreciate the subjects as the nurse shows attention, care, and respect for the patient. Empathy is mentioned in the National Humanization Policy (PNH)⁹ as an important factor for more humane relationships, favoring the establishment of support bonds. The user also reflects upon previous experiences and shows a positive perception, when she says, "he's more attentive" and "talks more" and "more in-depth." (U1)

COMMUNICATION IN THE NC

The NC permits improvements in quality of life through a contextualized and participative approach. Because of the interaction between professionals and users, Machado, Leitão and Holanda assert that this process allows the nurse to practice communication skills for exercising listening and dialogic action, and that it is beyond a technical and mechanical act.¹⁹ Moreover, Haddad and Zoboli point out that in healthcare, and especially during the NC, suitable communication is essential, since it is the main medium of the instructional process, a resource thought about to establish trust and ties with the team and the service.²⁰ This can be perceived in the following utterances:

Great, great, great! Because... as I was telling you, I found her very communicative and interested... Very good, really good. (U21)

It was great because I learned a lot... I feel I have more room to ask questions, and he takes the time to listen to you, that's very important... He gives you more attention, explains better, in more details, you know? And you learn better, because sometimes it's hard to take it all in. (U27)

It was great, yes... I was more... at ease, right? I already knew her, because when it's someone you don't know, we get shy. She gets talking, we get relaxed, and then when you see it, you're all done with the exam you had to do, then it's all easier. (U26)

The interviews showed that when the nurse shows willingness to hear and appreciates the dialogue during the NC,

users are more at ease to express their doubts and needs. Here we can see the importance of communication in the NC in basic care, since it is a tool to help establishing trust, and provide the user with better, more conscientious, assistance, making patients more autonomous and co-responsible in improving their quality of life. Cianciarullo puts forth that communication is a basic nursing instrument, and it is present in all actions towards the patient: orientation, information, support, comfort and tending to the patient's basic needs.²¹

NURSES AND HEALTH EDUCATION

Health education is a field of practice and knowledge focused on linking assistance to thought and actions in a community, promoting public health knowledge and improvement of daily attitudes.²² For Alves, health education emphasizes interpersonal exchanges, population initiatives, and through dialogue, elucidation and understanding of folk wisdom.²³ The user is thus seen as a knowing subject, able to establish a dialogic interlocution with the health service and develop a critical analysis of his or her reality and how to improve strategies to cope with his or her health needs. Pedroso and Rosa write that the NC demonstrates its instructional side in the identification and solution of a certain issue, allowing an exchange of knowledge between the nurse and the individual, his or her family and the whole community.²⁴ This instructional aspect, established by the nurse during the NC, appears in the following reports:

It was great because I learned a lot... How to prepare the insulin before injecting, for instance. I have only positive things to say. I didn't even know you were supposed to take the insulin and leave it for a while, warm it up in your hands, and then take the right amount, and sometimes there are bubbles. The consultation with the nurse is more precise [...]. He gives you more attention, explains better, in more details. And you learn better, because sometimes it's hard to take it all in. (U27)

She showed interest and asked questions. How long it was since the exams [...]; it didn't bother me, and I really liked how she taught me how to do the breast exam, I really like her way of showing the way to do it.(U21)

I came here for a tube ligation procedure, and he answered all the questions I had. [...] He looked at my two children's vaccination cards, and saw that my daughter missed one by a week, and I'm bringing her soon. [...] He tended to my needs and explained what I needed to know. (U22)

Based on the users' interviews, we can see that the use of health education as a strategy has made patients willing to

accept changes in their lifestyles, and allows them to change unhealthy habits, leading them to a more conscientious and critical autonomy and better quality of life. Reveles and Takahashi report that currently the nurse assumes the role of instructor in addition to caregiver, and that patients ought to be actively involved in the educational process, striving for the development of self-care.

PRIMARY CARE NURSE AS A PART OF A MULTIDISCIPLINARY ACTION

Ferreira, Varga and Silva write that in primary care, health professionals integrate biopsychosocial dimensions for individual, family, and community care with new methods in order to tend to their needs.²⁶ Furthermore, they point out that the multiprofessional work is important to reorganize the work process in primary care and in an integral approach because it fosters the exchange of information, cooperation, and a search for the best therapeutic plan. In this context, Santos et al. highlight the role of the nurse as a part of the multiprofessional team, and emphasize that among his specific functions, the nurse should perform the NC, order additional exams, and prescribe medication, following the Ministry of Health protocol and the profession's legal clauses.⁷

The interviews show the perception of the nurse as a member of a multidisciplinary team, acting within legal boundaries and making referrals when needed:

I thought it was good, I have no complaints. Seeing the nurse before the doctor, right? It was fine by me. (U2)

She knew everything and answered all my questions. She's a professional, just like a doctor. (U18)

I've been seeing Dr. Luiza for years, and this is the first time I saw this nurse. I felt at ease, just like with the actual doctor, because she seems to have the same knowledge. She's very knowledgeable. (U24)

From these reports, we can notice the recognition of the nurse's job as part of a multidisciplinary approach. When the NC is not able to tend to the patient's needs, the nurse makes a referral to another professional. Araújo and Oliveira point out that the nurse is essential in the communication with other members of the health team.²⁷ In any field of knowledge, teamwork means that information is not exclusive to a single member, because each member is aware of his or her limitations. According to Araújo, the nurse has an equity position in the decisions taken by the team, along with the physician.²⁸ Besides, the community does not see the nurse as belonging to an inferior hierarchical position to the physician.

FINAL REMARKS

The results of the study have shown that users perceive nurses as health professionals able to welcome, establish trust, and value the exchange of information with them, setting up a more comfortable and direct line of communication. Furthermore, the user is able to form bonds with and trust the professional, who in turn, sees the user as responsible for promoting his or her quality of life. The nurse is also able to communicate strategies to motivate health education and make users more conscientious and critical of their lifestyle. Users recognize nursing as part of a multiprofessional approach, that is, nurses will make referrals when the care needed is beyond his or her capacities, acting in a way to be as effective as possible. This exchange of knowledge benefits the individual, his or her family, and the entire community.

The present study intends to show the scientific community users' perceptions of the nurses as welcoming, attentive, instructive, and part of a network of professionals designed to tend to the health needs of individuals and their families. Moreover, this perception can help professionals and aspiring professionals to reflect upon their conduct and approach, knowing that the NC is a private, legitimate tool that gives them autonomy, agency, and recognition both inside and outside the scientific community. However, there are still few studies on the NC, since it is still a new and limited practice in Brazil. The present study, by elucidating some issues regarding the users' perception of NC, can lead to further insights about nursing, especially in primary care.

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