

Nursing actions in primary care and the control of diseases preventable through vaccines

Ações de enfermagem na Atenção Primária e o controle de doenças imunopreveníveis
Acciones de enfermería en la Atención Primaria y el control de enfermedades inmunoprevenibles

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ABSTRACT

Objective: to discuss the actions performed by nurses in the control and eradication of diseases preventable with vaccines in healthcare setting, according to the National Primary Health Care Policy. **Method:** qualitative research supported by the social phenomenology of Schutz. It had as its setting a Family Health Clinic, located in the city of Rio de Janeiro (Brazil), with ten nurses. The data collection occurred through interviews. **Results:** nurses' actions aimed at the control and eradication of preventable diseases mainly involve updating a vaccination card, administering the vaccine, and guiding the user of the Health Unit, with the purpose of preventing diseases. The National Primary Care Policy and all manuals from the Ministry of Health recognize the importance of focusing on the service user. **Conclusion:** the user's lifestyle must be considered, and his access to services aiming at the expansion of the control of diseases preventable with vaccines should be promoted.

Key words: Primary Health Care; Nursing in Public Health; Control of Communicable Diseases.

RESUMO

Objetivo: discutir as ações desenvolvidas pelo enfermeiro para o controle e a erradicação de doenças imunopreveníveis no cenário assistencial frente à Política Nacional de Atenção Básica. **Método:** pesquisa qualitativa apoiada na abordagem da fenomenologia sociológica de Schutz. Teve como cenário uma Clínica de Saúde da Família na cidade Rio de Janeiro e contou com a participação de dez enfermeiros. A coleta das informações ocorreu mediante entrevista. **Resultados:** as ações dos enfermeiros envolvem a atualização do cartão, a vacinação e a orientação ao usuário do serviço, tendo como propósito evitar doenças. No entanto, a Política Nacional de Atenção Básica e os manuais do Ministério da Saúde enfatizam a importância de deslocar o foco da atenção para o usuário. **Conclusão:** Faz-se relevante considerar o estilo de vida do usuário e favorecer seu acesso aos serviços de saúde, para que seja ampliado o controle de doenças imunopreveníveis.

Descritores: Atenção Primária à Saúde; Enfermagem em Saúde Pública; Controle de Doenças Transmissíveis.

RESUMEN

Objetivo: discutir las acciones realizadas por los enfermeros en el control y erradicación de las enfermedades inmunoprevenibles frente la Política Nacional de Atención Primaria. **Método:** una investigación cualitativa apoyada en la fenomenología social de Schutz. Tenía como un escenario una Clínica de la Salud Familiar, situado en Río de Janeiro (Br.), y participaron diez enfermeros. Los datos fueron colectados a través de entrevistas. **Resultados:** los enfermeros realizan para el control y erradicación de las enfermedades inmunoprevenibles principalmente actualizar la tarjeta de vacunación y orientación al usuario de la unidad, con el propósito de prevenir enfermedades. La Política Nacional de Atención Primaria y especialmente manuales del Ministerio de Salud reconocen la importancia de centrarse en el usuario de la unidad. **Conclusión:** Hace relevante considerar el estilo de vida del usuario y facilitar su acceso a servicios de salud para ser mayor el control de las enfermedades inmunoprevenibles.

Palabras clave: Atención Primaria de Salud; Enfermería en Salud Pública; Control de Enfermedades Transmisibles.

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INTRODUCTION

A significant number of diseases preventable with vaccines still exist in Brazil, affecting different population groups. The National Immunization Program (NIP) aims to control such diseases and has transversal character as targets for all age groups. The central purpose is “contributing to maintain the eradication and control of poliomyelitis and other diseases preventable with vaccines that are included in the basic vaccination schedule”⁽¹⁾.

To achieve this purpose, actions developed by the health team working in primary care are necessary⁽²⁾; a dynamic scenario in which different strategies can be used for control of diseases preventable with vaccines. According to official documents of the Ministry of Health⁽¹⁻²⁾, these strategies include proper provision of biopharmaceuticals, health education, vaccination and the evaluation of the epidemiological situation, among others⁽²⁾.

The nurse, as a member of the health team, is committed to performing health actions⁽³⁾. The nurse has a responsibility to meet both the guidelines of the National Immunization Program as well as the National Primary Health Care Policy, which guide the actions undertaken at this level of care⁽⁴⁾.

Based on the nurse’s commitments and responsibilities for the control and eradication of diseases preventable with vaccines in primary care⁽⁵⁾, this study aimed to answer the following question: what actions are developed for the control of diseases preventable with vaccines? This question is based on the Code of Ethics of Nursing Professionals that indicates the participation of nurses in actions established in public health policies. Another question was: does a nurse in Basic Health Care contribute to the control and eradication of diseases preventable with vaccines in the unit’s coverage area?

Thus, the aim was to discuss the actions developed by nurses in the control and eradication of diseases preventable with vaccines in healthcare, in accordance with the National Primary Health Care Policy.

METHOD

This was a qualitative study using the theoretical and methodological approach of social phenomenology of Alfred Schutz⁽⁶⁻¹¹⁾. The qualitative method values the perceptions and subjectivity of the subject, trying to understand what is subjective for interpretation of the situation and the context that is being investigated⁽¹⁰⁾.

The phenomenological approach “requires an interest in unveiling the phenomenon, discovering meanings, developing understanding and exploring the phenomenon in a greatest diversity possible”⁽¹¹⁾. The phenomenological approach of Alfred Schutz focuses on the subject as a singular being, considering his experiences and at the same time, the social subject in everyday life^(6,8).

In primary health care, both the professional nurse as well as the service user are inserted in what is called, by Schutz, as the life-world, where the social and interpersonal relationships occur^(6,10).

Social relationships occur, taking as a reference the biographical situation of those involved, that is, from the “sedimentation of all individual previous experiences”⁽⁸⁻⁹⁾. This set of experiences can be understood as a stock of knowledge acquired during the life of each subject^(6,10): “it is an interpretive scheme of their past and present experiences” and is always changing as new experiments exist⁽⁸⁾.

Nurses holds in their biographical situation a stock of knowledge and previous experiences that encompass formal and informal knowledge. Formal knowledge is the result of theoretical experiences and practices experienced during the undergraduate degree in nursing, while informal learning results from their experience, and experiences in the life-world. At the same time, the health care subject also has his knowledge that, in turn, originates from his experience, and experiences in the life-world.

Social relationships that occur in the life - world are expressed by actions. The action can be conceived as “a conscious human conduct, voluntary and intentional, designed by the actor”^(6,10-11). They are designed and performed having the stock of knowledge as a foundation^(8,10-11).

Assisting the user with the aim of controlling diseases preventable with vaccines, a nurse performs actions according to her available stock of knowledge (formal and informal). The actions are intentional and present motivations or reasons-for, referring to a future purpose that the subject of the action plan should achieve⁽⁶⁻¹³⁾. As a social subject, she has a stock of knowledge common to all nurses, as all attended a school of nursing.

This study was approved by the Ethics Committee of the Federal University of Rio de Janeiro State (UNIRIO) (CAAE: 10835712.0.0000.5285) and the Ethics Committee of the Municipal Secretary of Health and Civil Defense of Rio de Janeiro (SMSDC-RJ) (Protocol No. 133rd / 2013), according to the ethical principles established in Resolution 466/2012⁽¹⁴⁾.

Participants of the study were ten nurses working with the population served by the coverage area of the Family Health Unit (FHU-USF), except those professionals who exclusively performed management activities or other activities without clinical nursing activities. The Family Clinic located in the community of Rocinha, Rio de Janeiro, was the place where the study was conducted. The number of professionals interviewed was based on the theoretical and methodological approach of Alfred Schutz, with regard to the saturation content of the participants’ statements⁽¹⁰⁾.

Interviews were conducted in the period from July to October of 2013, in the Family Clinic, with prior appointment, according to the nurses’ availability. The Terms of Free and Informed Consent were presented before the interview, and authorization to record the statements was obtained.

A semi-structured interview guide with open- and closed-ended questions was used. Issues referred to: age, sex, year of completion of undergraduate nursing program, any post-graduation course, or continuing education program (if so, what issues were addressed during this course), if he works in some specific area of the health unit and what professional activities does he perform with a specific group of the population?

The open-ended questions were: what actions do you perform in the Family Health Unit? What actions do you perform in the Family Health Unit aiming at the control and eradication of diseases preventable with vaccines? What do you have in mind (what you want) when you are performing these actions?

The question What do you have in mind (what you want) when you are performing these actions? relates to the professionals' motivations, believing that every action is intentional^(6,8,10-11).

The statements of the respondents were transcribed, organized according to the profile of nurses (biographical situation), and the motivation (reason for) of these professionals were analyzed according to the theoretical framework of Alfred Schutz⁽¹¹⁾ and to the related literature.

For Schutz^(6,8), the intentionality of action is expressed by the reason for, in other words, the meaning attributed by nurses when performing actions that contribute to the control and eradication of diseases preventable with vaccines. From a methodological perspective, the common reasons for among the subjects of action enable the emergence of concrete categories of the experience, and consequently developing the typical action of this health professional⁽¹⁰⁾.

RESULTS

Most respondents were female, aged between 25-38 years old. The year of completion of their undergraduate nursing courses ranged from 1999 - 2010; all had attended at least one specialization course, predominantly in the areas of occupational health nursing and family health, followed by public health, obstetrical nursing, health care auditing, women's health, and management in family health.

All respondents participated in continuing education programs. The most cited issues were related to diseases, such as diabetes mellitus (diabetic foot), arterial hypertension, leprosy, diseases preventable with vaccines, infectious diseases, sexually transmitted diseases, viral hepatitis, yellow fever, dengue, and tuberculosis; technical procedures (immunization, rapid HIV testing, PPD skin test); and, population groups (children and adolescents, white, indigenous and quilombo). In relation to the biographical situation, 80% reported working in all FHU-USF areas and were responsible for actions of a particular health program or care line.

Regarding occupational activities, 50% reported working with all the enrolled population groups and 50% performed activities with groups focused on health diseases (arterial hypertension and diabetes), followed by health care of pregnant women, youth, seniors and children (child development), as well as nutritional and smoking counseling. Different interpretations about the word "group" were found, because some nurses answered from the perspective of population groups and others from the perspective of things such as a health education group.

In the day-to-day work in the FHU-USF, nurses perform more actions related to the caring demands (spontaneous or planned) of users (nursing consultations and home visits), followed by educational activities, using health education

groups as strategy. Active searching, actions related to technical procedures are conducted as well as management actions (nursing staff training and administrative records) and planning (a single action was mentioned, which is to identify risks in the area).

The focuses of actions are on assisting population groups (elderly, adults, pregnant women, and children) and those affected by dengue. Health education actions are developed with smoking groups. When the focus is an epidemiological control problem, such as when users have tuberculosis or chronic diseases such as hypertension and diabetes, health care activities and educational activities are performed. Educational activities are articulated with technical procedures when collecting materials for a Pap smear, vaccination and control of sexually transmitted diseases. Management and planning actions were mentioned by only 10% of respondents. Nurses reported that they are responsible for actions that integrate programs or lines of care, but did not mention the bureaucratic activities involving this responsibility.

Next, the syntheses (scheme) of actions reported by nurses, as specifically geared for the control of diseases preventable with vaccines are presented (Figure 1).

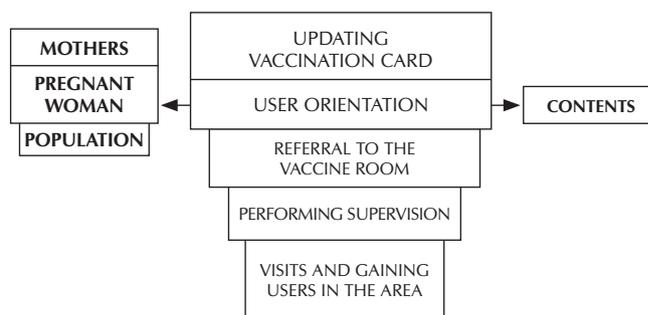


Figure 1 - Actions developed by nurses for the control of diseases preventable with vaccines in the Family Health Unit

Nurses develop primarily actions involving vaccination, update the vaccination card and provide guidance to the user of the health service, followed by referral to the vaccination room, supervision of activities of nursing technicians in the vaccination area, visits and gaining users of the area for vaccination within the area, with possible support from the Community Health Agents (CAH-ACS). Nurses that work at FHU-USF administer vaccinations, update the vaccination card, and provide guidance to the health service user as key actions for the control of diseases preventable with vaccines.

The content of the guidelines undergo: relevance of keeping vaccinations up-to-date, the incentive for vaccination, specifying types and importance of vaccines, importance of the environment, good food and hygiene. The guidelines are primarily targeted to mothers, pregnant women, followed by the general population. Most of these guidelines are aimed at the technical process of vaccination. However, 20% of nurses reported performing guidelines involving the context of life of the population (environment, good nutrition and hygiene).

The statements of the nurses, showed the intentionality when performing actions for control of diseases preventable with vaccines. The significance of this action, namely, the reasons-for of each respondent were delimited from their statement and analyzed as a set, through successive readings of the responses to the question: what do you have in mind (what you want) when you are performing actions aimed at the control and eradication of diseases preventable with vaccines?

The statement of nurse E9 was dismissed in this moment, which did not show intentionality for the actions.

A single common idea of the meaning of action emerged in this process among all interviewed, entitled concrete category of the experience, which indicates both "for a typical action" and "as a typical action", "avoiding diseases".

The respondents' statements (transcript) allowed the emergence of such a category from a phenomenological perspective, and therefore the construction of the typical action of the nurse that works in a FHU-USF, when performing actions that aim to control and eradicate diseases preventable with vaccines.

[...] *To prevent the diseases [...] we can control and prevent these diseases [...] the control and prevention of these diseases.* (E1)

[...] *Minimize the impact of diseases, especially in disadvantaged community [...] we try to minimize, you, see, situations that occur within the community [...] minimize it, so that there is prevention and prevention It is only acquired through lecture.* (E2)

[...] *I intend that the population [...] is immunized.* (E4)

[...] *We want is to try to prevent the maximum that the disease will happen [...] avoiding more cases [...] more prevention.* (E5)

[...] *It is important to understand that [...] what can happen if the child does not get the vaccine, if the person does not get the vaccine, the risks of it [...].* (E6)

[...] *control and the eradication of diseases preventable with vaccines.* (E7)

[...] *We want to decrease these cases, achieve eradication.* (E8)

[...] *Prevent the onset of these diseases [...]. Show the importance of the vaccine to prevent diseases.* (E10)

It is noteworthy that, in order to avoid diseases, most nurses use offer more knowledge to the user unit as a strategy. This perspective can be verified through the following statements:

[...] *We intend to educate mothers, especially, coming to vaccinate.* (E1)

[...] *minimize it, so that there is prevention and prevention is only acquired through lecture.* (E2)

[...] *bringing knowledge , making people know [...]. On the calendar, on diseases, for child care.* (E3)

[...] *We can always be guiding.* (E4)

[...] *transmitting information so the family understands [...] It is important to understand that* (E6)

[...] *We have to enlighten the population, the population must know ... have the power to distinguish what they want for themselves, they have the power of decision.* (E8)

[...] *bringing knowledge.* (E9)

Presenting the motivation to avoid diseases, the nurse at the FHU-USF also aims to develop actions that culminate in vaccination encompassing the educational activity designed as guidance and transmission of knowledge. This can be evidenced in the statements:

We intend to educate mothers, especially, coming to vaccinate. (E1)

[...] *bringing knowledge [...] making people know [...]. On the calendar, on diseases, for child care.* (E3)

[...] *We can always be guiding, showing that we provide this service, ... for having access to it [vaccination].* (E4)

[...] *to transmit information so the family understands [...] it is important to understand that ... what can happen if the child does not get the vaccine, if the person does not get the vaccine, the risks, then she begins to be aware [...].* (E6)

In summary, the actions of nurses aimed at the control and eradication of diseases preventable with vaccines in the health care setting of primary health care, involves upgrading the vaccination card, administering the vaccination as a technical providing guidance to the FHU-USF user, with the purpose of avoiding diseases.

DISCUSSION

It was found that nurses have a stock of knowledge related to the control of diseases preventable with vaccines, because they participated in continuing education courses on diseases preventable with vaccines, infectious diseases, yellow fever, viral hepatitis and immunization procedures. In addition, they mentioned population groups that are the focus of the NPI⁽¹⁻²⁾.

The permanent education perspective is described in the National Primary Care Policy (NPCP) and consists of "a pedagogical process that addresses updating of both knowledge and skills based on the problems and challenges faced in the work process"⁽⁴⁾.

Based on this definition of continuous permanent education, the reflection about the themes of the mentioned courses is valid, because they do not fully contemplate what the nurse's labor process is regarding control and eradication of diseases preventable with vaccines⁽¹⁻²⁾, mainly due to not

addressing some planned activities, such as planning, technical and administrative aspects, monitoring and evaluation of immunization activities⁽²⁾.

According to official documents of the Ministry of Health⁽¹⁻²⁾, for the control of diseases preventable with vaccines, it is relevant to make adequate immunobiologicals available, evaluate the epidemiological situation of the population, develop educational strategies in health, and administer the vaccination itself. However, it was found that, although they mentioned participation in actions that are part of health care programs or care lines, the nurses did not reported participating in activities of providing immunobiologicals and evaluating the epidemiological situation of the population of the Family Health Unit as being fundamental to their professional activities.

With the aim of contributing to the control of diseases preventable with vaccines, it is essential that nurses provide the required materials and immunobiologicals periodically and understand the epidemiological situation in the FHU area with the participation of the health care team, so that priorities are set, resources are allocated, and programmatic guidance is performed when necessary⁽²⁾.

Most nurses stated that they work in all of the FHU areas, taking responsibility for actions and activities involving both the perspective based on the focus of care, or the concept of health of health care programs as care lines.

However, according to the NPCP, one of the functions of primary care in the Health Care Network (HCN) is coordinating care, which means "monitoring and organizing the flow of users within the HCN"⁽⁴⁾. In this sense, one of the management tools in health care is the Care Lines⁽⁴⁾ and not the actions guided by health programs. However, both perspectives are recognized, so as not to lose sight of the fact that nurses have as one of their specific tasks "to provide health care to individuals and families enrolled in the teams [...] at all stages of human development: childhood, adolescence, adulthood and old age"⁽⁴⁾, as pointed out in the NPCP.

All the data related to the actions performed by nurses in care practice at the FHU is primarily from the clinical perspective, considering that the main focus is on individual care. This perspective is questioned when one understands, as focused on the Paideia method, that it emphasizes the need not to reduce individuals to their clinical aspects, but to regard them as "concrete people" and "suggests the synthesis of objective clinical and epidemiological knowledge and history of the subject or a population group"⁽¹⁵⁾.

As for the actions taken by nurses for the control of diseases preventable with vaccines, it can be stated that they are more focused on the vaccination strategy than in the context of life of the enrolled population. The vaccination strategy is considered an essential tool for the control of diseases preventable with vaccines⁽¹⁾, but it is not the only one. The NPCP itself refers to the need to "shift the labor process focused on procedures to a process that is centered on the user"⁽⁴⁾. It deserves recognition that the Health Ministry manuals indicate the relevance of the professional investment also in actions involving the user's lifestyle, and access to services for the control of

diseases preventable with vaccines in the full sense⁽⁵⁾.

The lifestyle relates to the fact that there are diseases that can be prevented, for example, by means of individual protection⁽¹⁶⁾ (yellow fever), hygiene education measures⁽¹⁷⁾ (hepatitis A), education and dissemination of information on the problem⁽¹⁷⁾ (hepatitis B), and frequent hand hygiene; avoiding close contact with people with signs or symptoms of influenza; avoiding crowds and closed environments; adopting healthy habits such as balanced nutrition and fluid intake⁽¹⁸⁾ (influenza).

Access to services such as social rights and health care for the prevention and control of diseases preventable with vaccines also includes access to adequate basic sanitation, garbage collection⁽²⁾ (polio and rotavirus), and a water supply network⁽¹⁷⁾ (hepatitis A) in the health care service to develop health education⁽²⁾ (most diseases preventable with vaccines), among others.

By analyzing the different documents of the Ministry of Health^(1-2,4,16), whose purpose is directly and indirectly controlling diseases preventable with vaccines, it should be observed and emphasized that health care professionals, including nurses, must consider the lifestyle and facilitate access to services by developing actions for guidance in a critical and participatory way.

This understanding is also addressed in the National Policy on Popular Education in Health⁽¹⁹⁾, when it presents education as a political-pedagogical practice supported by principles such as:

- 1) dialogue: how the encounter between the professional and the user happens, in which both extend their knowledge, which allows the user to make choices and become an active subject, especially with regard to preventing disease;
- 2) loveliness: it involves sensitivity to capture the care and health needs, not just tell the user what is considered important to prevent diseases;
- 3) problem-based actions: towards a critical analysis of reality⁽¹⁹⁾, through strategies for users to reflect and make favorable choices, thereby contributing significantly to prevent diseases, and;
- 4) shared construction of knowledge: consists of collectively understanding and transforming the health actions in their theoretical dimensions, policies and practices⁽¹⁹⁾, actively involving the population, considering its peculiarities and diversities, such as performing actions beyond procedures to prevent diseases, resulting in changes in health care.

The relevance of "participation of users as a way to expand their autonomy and ability in constructing care to their health and the people and communities of the territory" is seen, as recommended by the NPCP⁽⁴⁾, thereby widening the control and possibility of eradication of diseases preventable with vaccines.

As a limitation of this study considering the methodological approach, there is the fact that the results and data discussion can only be translated to a population of nurses that has strong resemblance to the profile (*biographical situation*) and space or setting of health care delivery (FHU) of the participants in this study.

FINAL CONSIDERATIONS

The study identified that nurses mainly perform actions aimed at updating the vaccination status and guidance of the health service user, in addition to referring the users to the vaccination room for the control and eradication of diseases preventable with vaccines.

It was noticed that the purpose of the nurses' actions when acting with the aim to control and eradicate diseases preventable with vaccines is to prevent diseases. With that aim, most used as a strategy, "bringing knowledge", which

is fundamentally aimed at vaccination. However, the Health Ministry manuals themselves recommend that it is necessary to focus on the user, considering his/her lifestyle and promoting access to health care services.

The perspective of a closer look at the user and not only looking toward the technical procedures, which in this case refers to vaccination, is also present in the NPCP. It contributes to the control of diseases preventable with vaccines and increases the performance of different members of the health team as part of the professional ethical commitment, in the context of health as a right of the population.

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