

Nursing consultation in child care: the experience of nurses in the Family Health Strategy*

CONSULTA DE ENFERMAGEM EM PUERICULTURA: A VIVÊNCIA DO ENFERMEIRO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

CONSULTA DE ENFERMERÍA EN PUERICULTURA: LA VIVENCIA DEL ENFERMERO EN LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

The objective of this study was to understand the meaning that the nurses working in the Family Health Strategy assign to the nursing consultation in child care. The theoretical framework was Symbolic Interactionism, and the methodological was the Grounded Theory. Data collection was performed with seven nurses by means of a semi-structured interview and participant observation. The comparative data analysis identified the conceptual category: Promoting individual and collective changes by means of comprehensive care. It was found that nurses value the nursing consultation in child care, they consider it important and acknowledge its potential to promote significant comprehensive changes regarding children, their families, and in the context of the community, in the preventive as well as in the curative aspect, and thus they feel fulfilled. Nevertheless, nurses deal with personal and structural difficulties, and are affected by the beliefs, values and social conditions of the assisted population, and, therefore, recognize they need better preparation to perform this activity.

DESCRIPTORS

Ambulatory care.
Child care.
Child health.
Family health.
Family nursing.

RESUMO

Este estudo objetivou compreender o significado atribuído à consulta de enfermagem em puericultura, pelo enfermeiro que atua na Estratégia Saúde da Família. O referencial teórico foi o Interacionismo Simbólico e o metodológico, a Teoria Fundamentada nos Dados. A coleta de dados foi realizada com sete enfermeiros, por meio de entrevista semi-estruturada e observação participante. A análise comparativa dos dados identificou a categoria conceitual Promovendo mudanças individuais e coletivas por meio de uma assistência abrangente revelando que o enfermeiro valoriza a consulta de enfermagem em puericultura, considera-a importante e reconhece sua potencialidade ao promover mudanças abrangentes significativas em relação às crianças, às suas famílias e no contexto da comunidade, tanto no aspecto preventivo como no curativo, sentindo-se gratificado. Porém, interage com dificuldades pessoais, estruturais, com a influência de crenças, valores e condições sociais da população assistida, e reconhece a necessidade de maior preparo para o desempenho dessa atividade.

DESCRITORES

Assistência ambulatorial.
Cuidado da criança.
Saúde da criança.
Saúde da família.
Enfermagem familiar.

RESUMEN

Se objetivó comprender el significado atribuido a la consulta de enfermería en puericultura por el enfermero actuante en la Estrategia Salud de la Familia. El referencial teórico fue el Internacionalismo Simbólico, y el metodológico, la Teoría Fundamentada en los Datos. La recolección de datos se efectuó con siete enfermeros mediante entrevista semiestructurada y observación participativa. El análisis comparativo de los datos identificó la categoría conceptual Promoviendo cambios individuales y colectivos mediante una atención integral revelando que el enfermero valoriza la consulta de enfermería en puericultura, la considera importante y reconoce su potencialidad de promover cambios integrales significativos en relación al niño, su familia y el contexto comunitario, tanto en el aspecto preventivo como en el curativo, sintiéndose gratificado. Sin embargo, interactúa con dificultades personales, estructurales, con influencias de creencias, valores y condiciones sociales de la población atendida, y reconoce la necesidad de mayor preparación para el desempeño de la actividad.

DESCRIPTORES

Atención ambulatoria.
Cuidado del niño.
Salud del niño.
Salud de la familia.
Enfermería de la familia.

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INTRODUCTION

Healthcare of children is an activity of fundamental importance because of the vulnerability of human beings in this phase of the life cycle. Through the monitoring of healthy children, the role of puericulture is expected to reduce the incidence of disease, increasing their chances to grow and develop in order to achieve their full potential.

Puericulture is performed through the periodic and systematic monitoring of children to evaluate their growth and development, vaccinations, breast feeding, personal and environmental hygiene, to provide guidance to mothers on the prevention of accidents and also for the early identification of injuries, with a view to effective and appropriate intervention. For this, it is assumed that the practice of the entire childcare team, interchangeably or together, enables the expansion in the provision of this care, through the nursing consultation, the medical consultation and educational groups⁽¹⁾.

The nursing consultation for the child aims to provide systematic nursing care in a comprehensive and individualized way, identifying health-disease problems, executing and evaluating care that contributes to the promotion, protection, recuperation and rehabilitation of their health⁽²⁾. Its performance involves a systematic sequence of actions: nursing history and physical examination, nursing diagnosis, therapeutic plan or nursing prescription, and evaluation of the consultation⁽²⁻³⁾.

This care practice was made official by Law No. 7.498/86, which regulated the Practice of Nursing and establishes this activity as one exclusively of nurses⁽⁴⁾. Since then it has been the target of several regulations and resolutions of various bodies, including the Federal Nursing Council, as Resolution COFEN/159 which established the mandatory performance of the nursing consultation at all levels of healthcare in public and private institutions and regulated the actions of the nurse in the consultation, prescription of medication and request for examinations⁽⁵⁾.

With the implementation of the Family Health Strategy (FHS) there was the progress of the implementation of the nursing consultation in the Basic Health Units and this activity being carried out continuously with their users, constituting a general care strategy, centered on the life cycle and on family care^(2,6). While the nursing consultation is currently a practice provided systematically, in the puericulture care to children of families assisted by the Family Health Teams, it was observed in the professional practice, that not all nurses are perceived fit, nor do they interact composedly with this activity.

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Regarding nurses committed to the care of children and families, and teachers involved in undergraduate teaching and the training of FHS nurses, it is important to understand how these professionals experience the nursing consultation in order to obtain resources to assist in their planning of educational actions and training. This study aimed to comprehend the meaning attributed by the nurse to the performance of the nursing consultation in puericulture, in the context of the FHS.

METHOD

To conduct the study, a qualitative approach was chosen to allow the comprehension of human behavior based on experience, as well as to comprehend the meaning attributed by individuals who experience it⁽⁷⁾. The theoretical framework was Symbolic Interactionism (SI), an analytical perspective of the human experiences, in which the study focus is the nature of the interactions, the dynamic of social activities among people⁽⁸⁾. The methodological framework was the Grounded Theory (GT), which proposes the construction of theories developed from data systematically obtained and analyzed for their constant comparison, throughout the course of the research⁽⁹⁾.

Research site and subjects

The study was carried out in six Family Health Units (FHUs) of Pindamonhangaba and one of Taubaté, municipalities located in the Paraíba Valley region, in the east of the State of São Paulo, Brazil. The choice of these municipalities was due to the FHS being implemented in them, having, at the time, a total of 26 teams, 14 and 12 respectively in each municipality, and developing the activities recognized by the strategy: alternating medical and nursing consultations, counseling groups and systematic domicile visits.

The subjects were seven nurses, between 24 and 50 years of age, with one to 15 years experience, as follows: two with only graduations, two qualified in Obstetric Nursing, one specialist in the Intensive Care Unit and two in Public Health, one of these specializing in Family Health. With regard to length of professional experience in the FHS, three had worked for less than two years and four for more than three years. Given the precepts of GT, the number of participants was defined by the process of theoretical sampling and this was completed when no new or different data were being obtained, i.e. when the saturation of the categories occurred⁽¹⁰⁾.

Ethical aspects

Because the study involved human beings, before the start of data collection, the project was approved by the Research Ethics Committee of the Federal University of São

Paulo under number 1693/04. The institutions where the data were collected authorized the performance of the study and all the participants signed the Terms of Free Prior Informed Consent.

Data collection

Data were collected between March and December 2005. The strategies employed to obtain the data were participant observation and the semi-structured interview. The first was performed at the FHUs in order to interact with the nurses and to observe: how they interacted with the child and its family, during the puericulture nursing consultation, and with the other professionals involved in the context of this activity, from the moment the child entered the consultation room, accompanied by the parent or guardian; the site where they performed the consultations; and the interactions occurring between the various actors. At the moment of observation only a few notes were taken and later a detailed description of what had been observed was developed.

The interviews were also held in the FHUs and, based on the aim of the study, were initiated with the following guiding question *How does it feel to perform the puericulture nursing consultation in the FHS?* As the nurse was answering the guiding question, other questions were formulated, grounded in the discourse of the nurses, in order to deepen the comprehension of the meaning of the situation studied. The interviews were recorded on tape and then transcribed in their entirety, for later data analysis.

Data analysis

Data analysis occurred concurrently with its collection, following the steps recommended by GT: *initial coding*, which consists of carefully identifying and analyzing the data and conceptualizing them in the form of codes; *categorization*, the process of grouping the codes by their conceptual similarities and differences to form the categories, and *cod-*

ing theory, in which connections are made between categories and subcategories, searching to carry out groupings, links between the categories that are seen to pertain to the same phenomenon. In this process, the identification was sought of broad categories, those which can best represent the concept and that unite or cover the subcategories and components⁽⁹⁾.

It is worth noting that GT is configured in a process of continuous construction and may be interrupted at any of the steps without incurring methodological error⁽¹⁰⁾. Thus, although GT aims to propose a theoretical model, this study was conducted until the Coding Theory step and the identification of a Conceptual Category representative of the phenomenon under study.

RESULTS

The comparative analysis of the data led to the identification of the Conceptual Category *Promoting individual and collective changes through comprehensive support* (Figure 1), which allows the comprehension that by experiencing the realization of the puericulture nursing consultation, the nurse performs systematized and humanitarian actions, in order to provide comprehensive care, which permits the promotion of individual and collective changes. However, during this process, nurses interact with structural and personal difficulties and with the influence of the beliefs, values and social conditions of the assisted population, which interfere in the care of children. Nurses suffer from this situation, mainly because they perceive themselves as unprepared to deal with it, and go in search of training to overcome this. As a consequence, nurses sometimes experience a feeling of gratification, sometimes of frustration, but maintain themselves believing in the importance of this activity and hope that the changes occur. The categories that compose this experience are described below and exemplified with statements extracted from the discourses of the participants.

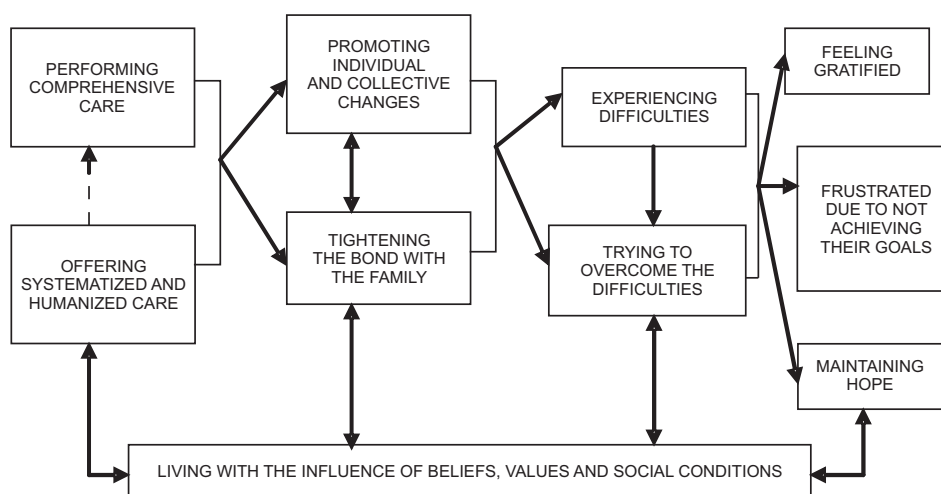


Figure 1 - Conceptual Category: *Promoting individual and collective changes through comprehensive care*

Conducting comprehensive care

For nurses, to undertake nursing consultation means to be conducting integral care for the children and for the family, reaching beyond the interurrences, considering the educative issue, which enables the prevention of early injuries to health. In addition to weighing, measuring and examining the child completely, the nurse evaluates the growth and development of the child, the vaccination card, and accompanies the child from the pregnancy, seeking to enable the family to cope satisfactorily with their problems.

So I think we are working together, guiding from the prenatal... we provide guidance from the pregnancy until after the first visit that we make, when the mother comes to the maternity unit... I am collaborating with the child development (Interview with the fourth nurse = E₄).

I think it is very good, being close to the family, knowing the conditions of the family and you can evaluate the child as a whole, because in the nursing consultation we evaluate everything (E₃).

During the nursing consultation, the nurse also performs actions that address education issues, advising both the adolescent mothers and those who already have previous experience, guiding every action, following the Ministry of Health recommendations.

I provide guidance about the avoidance of home accidents and how to give medicine. We are providing an education, you educate the mother, because I see that there are a lot of adolescent mothers (E₄).

And we are monitoring correctly, everything that is required by the Ministry (E₃).

Nurses consider the puericulture nursing consultation a very important service because following the growth and development of the child creates conditions to initiate a diagnosis of the situation of the community, which allows them to guide actions of prevention that could help them. Nurses understand that this monitoring is important and realize that the population also recognizes this activity and gives importance to it.

Power to guide any work regarding prevention, even if it includes the collectivity, is very important (E₁).

...the population's regard for the nursing consultation has improved, they give it importance (E₆).

By considering it very important, nurses take every opportunity to perform it, either by following a specific schedule, or when children attend the FHU because of a complaint, or even in the domicile of the child.

When the children are interurrences, I take the opportunity and carry out the puericulture nursing consultation. Any child that comes with fever, with something, I take the opportunity (E₄).

Providing systematic and humanized care

The nurses mention that, in performing the puericulture nursing consultation, following the steps that systematically guide their actions, such as collecting the data relating to the history of the child and the family, performing the physical examination, evaluating the situation and providing the appropriate guidance for each phase of the life cycle.

It's because you have a time to get the history, then you have another time to do the physical examination and then the guidance (E₄).

Nurses care about giving attention to the children and to the families, especially to the mothers, in order to provide humanized care. Thus, they have the care to provide well-being to the children and their mothers, giving them attention, calming the children, leaving them in the laps of their mothers, examining them in their time. Nurses are also concerned with promoting an environment with privacy, so that they can provide guidance to the mothers, enabling them to share their concerns, doubts and secrets.

It is important for the child and mother that we give them attention ... I take a mother to my room to provide the guidance in more privacy (E₇).

Always affectionate, touching the child and making it smile. Concerned, commented that it was very cold and was sorry for the child having to take off its clothes.... Always joking and distracting the child.... During the consultation, the child was very calm, did not cry, interacted with the nurse and with me too (Observation note = NO).

Promoting individual and collective changes

As a result of performing comprehensive, humanized and systematized care, nurses consider that they are promoting individual and collective changes. It is recognized that the nursing consultation constitutes an important strategy of significant changes to the care provided to the children because the mothers come to understand the importance of breastfeeding, of immunization, of growth and development monitoring, of proper hygiene, of the appropriate care for their children and the value of the puericulture monitoring.

...you can make the mother understand the importance of immunization, the importance of proper nutrition, the importance of breastfeeding. Anyway, you can sensitize the family about the importance of puericulture, the importance of us monitoring the growth and development of the child (E₁).

In addition to reaching the children and their families, nurses recognize that the nursing consultation will promote significant changes in the entire context of the community, both in the preventive aspect and in the curative aspect, allowing them to meet the targets set by the Ministry of Health related to child health, such as: breastfeeding promotion, growth and development monitoring, combating

nutritional deficiencies, immunization and care of childhood illness, even if not in an integral way.

When you can make the mother understand the importance of immunization, the importance of proper nutrition, the importance of breastfeeding. Anyway, when you can reach, perhaps not 100% of these goals, but you can sensitize the family regarding the importance of puericulture.this will significantly reversed the unfavorable condition that we find in my community (E₁).

Tightening the bond with the family

The puericulture nursing consultation makes it possible for the FHS nurses to tighten the bond with the families assisted. The nurses recognize that the established interaction between professional and family is very important in enabling mutual confidence, so that the strengthening of the bond will increase more over time, causing the family and community to gain more respect for the professional. The establishment of this bond, while it stems from the interaction between nurse, family and community, is shown as a prerequisite for the nursing consultation to succeed and impact on childcare and on the community.

Now, we always have contact with these children, we know their history, so it ends up being much easier when we are going to attend them (E₆).

To perform the puericulture nursing consultation from the birth of the child, whether at home or at the FHU, allows nurses to approach families, interact with them and therefore they perceive being better accepted, since the families and the community will know the professional and begin to follow their guidance more frequently, with greater confidence.

And you realize that the community will acquire more respect for the professional...

From the moment that one, two months pass, in the third month the mothers come on their own account, without the need to insist (E₁).

I've been here five and a half years, so most of the children I've known since they were born... the link is increasing more and more (E₂).

Living with the influence of beliefs, values and social conditions

Although the nursing consultation is an important instrument for individual and collective changes, nurses permanently live with the influence of the beliefs, values and social conditions of the families; they worry and suffer due to these situations because often they feel impotent faced with them. The nurses realize they are sad and refer to being hurt when interacting with the financial difficulties experienced by the children and their families and by recognizing that the aims of the FHU, in relation to health promotion and prevention of infectious diseases, are not always met due to lack of social conditions and due to the scarce financial resources of the family. When the child is

seen to be malnourished due to lack of financial conditions they often go in search of resources, such as food to meet the need of the family, even neglecting to prioritize other planned welfare activities.

We get very upset, we get cases of child malnutrition, of children you are guiding, you're talking and you see that it is not resolved and it is not because the mother does not want to but because they are poor children, right? (E₂).

The people here are very needy, often you arrive to give orientation and end up having to go around chasing a basic food hamper (E₃).

The nurse also lives with cultural diversities and their influence in the care of the children, while recognizing that the customs are different, that the children and their families live another reality, they are concerned with the mothers who do not breastfeed up to the sixth month of age, especially the adolescent mothers who feed the baby as they think they ought to, even though the volume of milk is satisfactory. Another cultural aspect that determines suffering to the nurse, is the fact that the children do not eat quality food, because the mothers provide all the candies they ask for, even being inappropriate, even alcohol drinks, for fear of their getting sick.

When it comes to maternity, you see that most are there with full breasts, but the baby cannot breastfeed, that same story, my milk is weak, it does not sustain the baby. So we arrive, sit and reinforce again ... it is often that, what we recommend in relation to feeding, what will be good for the child and such, the mother does not accept. And, on the other hand, they still have that belief that everything the child sees, if they don't try it, they will become sick. If you see a person taking an alcoholic drink and then you have to try it, because otherwise you will become sick with craving (E₄).

In addition, the nurses interact with the interference of the family in the childcare and worry when they infer that this interference is not being positive for the growth and development of the child. The nurse recognizes that the majority of the mothers have autonomy and follow the guidance, above all those who live far from the grandparents, but those who live together need to follow the house rules.

...when the mother lives apart from her family, each in their home, she is the person in charge of her own household. She follows the guidance. When she lives together with the grandmother, in the same house, she thinks she has to obey the rules of the house (E₅).

Despite the scope and results of the nursing consultation, nurses live with the fact that some mothers still value healthcare centered on the physician figure and are often uneasy with the nursing consultation, in particular when it is a mother new to the service, one who is coming for the first time.

There are mothers who arrive already asking to see the doctor, especially when it is a new mother. ...there are mothers who just do not feel secure with nursing... (E₆).

Experiencing difficulties

While considering the importance of the puericulture nursing consultation in the context of the actions of the FHS, nurses experience difficulties such as the fact of not always having an appropriate site, or even an office, to perform the consultations. The nurses need to make adjustments they do not always consider appropriate, such as using the pre-consultation room, the room for dispensing medicines and even the procedure room. Another difficulty that they experience is the lack of suitable material for the consultation of the child, since materials such as scales, infant gurneys and otoscopes are insufficient and not exclusive for the nursing consultation. Thus, in order to use them, nurses must carry out the consultation in the room of the physician or the pre-consultation room, where the materials are found and often coexist with the presence of noise, with people entering and leaving, the rooms are not comfortable nor do they provide privacy to converse with the mothers.

During much of the consultation, the compressor was turned on, making a loud noise because the inhalations were being performed at the time (NO).

Ideally, I should do it in a nursing consultation room, but we don't have a set of scales, don't have a gurney. So we end up using the pre-consultation room (E₄).

Even as a difficulty, the nurses interact with an overload of activities and thus do not always have time to schedule routine puericulture nursing consultations for all the children living in their area. Moreover, they perceive themselves unprepared to cope with certain situations that usually occur, during the operational aspect of the consultation, due to the fact that they do not have previous experience, not having worked in the FHS, never having worked with children, or even being more experienced in the hospital area than in collective health.

Generally, when the child is not well, the mother comes, I do not schedule it. I am still not able to schedule it, due to lack of time (E₄).

I'd like to have more training, more courses regarding this.... I think that because of a lack of academic preparation. I think we had very little, there was a lot about the hospital and hospital procedures. We had very little about Public Health (E₆).

The lack of preparation of the nurse can also be observed as regards the application of systematization during the performance of the consultation. Many times the nurse carries out the physical examination and provides guidance while constantly on the move; without applying the systematization in an orderly and sequential way.

The consultations did not follow an orderly systematization, because, while doing a physical examination, I would do the interview and give the guidance, all at the same time (NO).

Trying to overcome the difficulties

Even experiencing difficulties, nurses seek to achieve the aims of the nursing consultation and thus will develop some strategies. They search for improvement, both in courses such as in their FHU, and in sharing their concerns with other professionals; they stated that they are receiving training and studying in order to perform the nursing consultation in the proper sequence.

Now, thank God I'm taking (training). I studied, I will do, let's see if we do the right sequence (E₅).

Unable to perform the nursing consultation as what they judge to be the ideal, the nurses are making adaptations: due to having little space, they make adaptations in the environment; to overcome the lack of time, they delegate to auxiliary nurses the verification of the anthropometric measurements; they conduct guidance in puericulture groups; and they individually make the evaluation of growth and development, and of the vaccination card of the child.

...we end up occupying the pre-consultation room and do everything together. But really is not ideal (E₄).

The nurses reported that auxiliary nurses always check the temperature and anthropometric measures of the children before they attend. I realized that this procedure is to expedite the service (NO 03/31/05).

As a result of the performance of the puericulture nursing consultation, with which the FHS nurses perceive to be assisting the children and their families in a comprehensive way, they experience ambivalent feelings: sometimes of gratification, sometimes of frustration, sometimes of hope.

Feeling gratified

Interacting with the children and their families, nurses experience the care in a pleasant and enjoyable way. They feel satisfied to see the development of the children, and, above all, gratified due to the possibility of working in prevention. To perform the nursing consultation also signifies a great reward because being recognized professionally generates feelings of triumph and professional, personal and human valorization.

When I say gratification, I say it in the broadest sense. In the sense that it gives professional satisfaction, because it is different from being a mere adjunct, when you become the main character, who is guiding all the actions, it stops being that thing centered on the physician with nursing in the background (E₁).

Frustrated for not achieving their aims

Although the performance of the puericulture nursing consultation promotes the gratification of the nurses, they experience feelings of frustration when they perceive that the aims are not being fully achieved. They observe that even performing all the guidance, some mothers decide things by themselves. The nurses feel sadness, making themselves anxious

with the situation and asking questions such as *when will it start to make a difference?* But they do not give up even if they need to repeat the guidance many times, they continue insisting. At certain moments, they feel incapacitated for not achieving their aims and this will provoke very bad feelings.

...we get a little anxious. Gee, when will it begin to change? When will it start to make a difference? (E₂).

I don't know if it's frustration or impotence, I cannot tell, but it is not cool! It is a very bad feeling. It seems that we give guidance, we guide or we think we haven't guided right. We get very upset (E₂).

Maintaining hope

Even if they feel frustrated, nurses continue to believe in the changes promoted by the nursing consultation which they consider important. Thus, still believing that over time the mothers start to trust them, that they are satisfied with their care, that they participate spontaneously in the puericulture nursing consultation and, in this way, that they can encourage them to care for their children. Nurses experience the nursing consultation expecting to notice a rapid change of behavior, aiming to make a difference.

I hope the mother is satisfied, that she trusts in us, that she comes and really participates, and with this to encourage the mother to care even better for her child. I hope to notice this difference soon.... and that over time, we can make this change, this difference (E₂).

DISCUSSION

To perform this study in light of the SI and the GT allowed the meaning to be revealed of the experience of the puericulture nursing consultation for the FHS nurses. It was evidenced that the nurses understand that its realization allows the provision of integral care for the children and their families, attending to the physical, mental and social parts, also considering the issue of education, preventing early health injuries. This fact is echoed in the literature findings which reveal that, when experiencing the nursing consultation, the nurses both follow steps that direct their actions in a systematic way as well as worry about promoting the well-being of the child and its mother, so that they perceive the care to the child being provided in an integral and humanized way⁽¹¹⁻¹²⁾.

By performing comprehensive, systematic and humanized care, the nurses recognize that they have been promoting individual and collective changes, both with regard to disease prevention and the promotion and recuperation of health, changes that encompass the child, its family and also the epidemiological issues, since the infant mortality rate has decreased in the region. Thus, they perceive to be transforming the face of the community, which is consistent with other studies that consider the performance of nurses and the potential of this strategy to promote changes in the epidemiological profile of the population⁽¹³⁾ and that emphasize that the nursing consultation, if per-

formed by a competent professional, by its defined structure and high efficiency, has the ability to cause a positive impact in the population, generating alterations in the microenvironment and in the epidemiological condition⁽¹³⁾.

Another aspect that deserves to be discussed concerns the importance of the nursing consultation in order to promote the bond of the nurse with the child and the family, which derives both from co-existing with the child, its family and the community, and the actions and strategies developed by the professional, and from the feeling of empathy that develops between them, during the pregnancy, in the domicile during the first week of life of the child, as well as in the subsequent puericulture consultations. These findings agree with the ideas of other authors, for whom the nursing consultation is configured as a tactic for proximity between client and nurse; a relationship of help strategy, a way to reach the family and the community⁽²⁾. The Ministry of Health considers the establishment of the bond and the relationship of co-responsibility between the professionals and the community as central proposals for the development of the FHS, which arise when the population begins to trust in nurses and recognize them as participants in their treatment⁽¹⁴⁾.

Furthermore, the findings of this study showed that the interactions that the FHS nurses maintain with the children and their families determine that they co-exist, in a narrow way, with the cultural diversities, interacting with the fact that to promote a change in behavior is very difficult, as the customs of the families are different from those recognized by the health service. Authors emphasize that the identification and comprehension of the beliefs that permeate the family care by the professionals, can create opportunities to enable them to broaden the focus of care in search of the prospect of seeing the child and family as a whole to be cared for and, in the sense of overcoming this conflict, it is important that nurses continue to contemplate the family as a unit of care⁽¹⁵⁻¹⁷⁾.

The efforts made by the nurses to overcome the difficulties encountered in the performance of the consultation also deserve to be highlighted, both with regard to the physical resources of the unit, such as the lack of equipment, to the work overload and even to their own unpreparedness. For the nursing consultation to be provided with quality, it is agreed that it is essential to have to have adequate structures in the health service, in relation to the physical area and facilities, availability of materials and equipment, an adequate number of nurses with specific training that interact with the client and family with a perspective towards the creation of a bond and with respect for the autonomy of the user⁽⁶⁾. With regard to the need for preparation, the results of a study indicate that the activities performed by the FHS nurses require knowledge and skills beyond what has been provided by their academic education, generating in the professional a feeling of personal failure and raising the need for further study⁽¹⁶⁾.

The data also revealed that even if they feel frustrated by having to co-exist with so many difficulties and with the feel-

ing of impotence when interacting with such adverse social and economic situations, which do not allow their interventions to lead to the expected resolution of the problems detected, the performance of the nursing consultation determines that the nurses feel gratified to see that they can establish a bond with the community, starting to be recognized professionally and having the possibility to promote individual and collective changes, contributing to promoting the health of their clientele. Findings from the literature report that the nursing consultation practice allows nurses to recover the importance of care of the clients and of educating them and their families through systematic nursing care that aims at promoting, protecting and recovering the health of these individuals, promoting personal satisfaction in them⁽²⁾.

In addition, the performance of the consultation permits the nurses to visualize the users in their social context, welcoming them in order to establish a bond of co-responsibility between them, making them resolute, contributing to the gradual transformation of the health situation in which they are inserted, and stimulating their professional valorization⁽³⁾.

CONCLUSION

The interaction with the discourses of nurses enabled the comprehension of their experiences, changing the con-

ception of how these professionals are interacting with the nursing consultation in child care. Although this care practice is attributed to the FHS nurses by the guidelines of the program, it was revealed that the nurses do not perform it due only to the obligation, but because they consider it an important care instrument for the promotion, prevention and rehabilitation of the health of the children, their families and communities where they are inserted.

Based on what was revealed by the research, it is believed that the possibility exists to act in the professional practice in order to contribute to the children, their families, the undergraduates and nurses themselves. In this regard, we emphasize that the teaching of the puericulture nursing consultation is consistently included in the professional education of these professionals, for them to enter the employment market better prepared to implement it adequately, in order to achieve the promotion of integral care of the family, of the child and of the community.

It is emphasized that, according to the assumptions of GT, the conceptual category revealed in the study can be extended by the constitution of new sample groups, in order to deepen the comprehension of the meaning attributed by the FHS nurses to the puericulture nursing consultation, allowing the construction of a Theoretic Model representative of this experience.

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