

# Longitudinality in nurses' work: a report of professional experiences\*

LONGITUDINALIDADE NO TRABALHO DO ENFERMEIRO: RELATOS DA EXPERIÊNCIA PROFISSIONAL

LONGITUDINALIDAD EN EL TRABAJO DEL ENFERMERO: RELATOS DE LA EXPERIENCIA PROFESIONAL

Tatiane Baratieri<sup>1</sup>, Edir Nei Teixeira Mandu<sup>2</sup>, Sonia Silva Marcon<sup>3</sup>

## ABSTRACT

The present study aimed at describing nurses' perceptions regarding care under the perspective of longitudinality. This descriptive-exploratory qualitative study was performed in April 2010 with twenty family health nurses from cities of the 10th Regional Health District of Paraná, using semi-structured interviews. The data were submitted to content analysis. Results pointed at the following category: benefits and implications of interventions from a perspective of longitudinality, which found that the referenced care occurs with children, clients with chronic disease, families, and through groups. Teamwork, accessibility, client's co-participation, home visits and health prevention actions make longitudinality feasible and have a positive impact on peoples' health. In conclusion, longitudinality improves the quality of life of the population and promotes resolvability in primary healthcare.

## DESCRIPTORS

Family health  
Family nursing  
Continuity of patient care  
Interpersonal relations  
Primary Health Care

## RESUMO

Este trabalho objetivou descrever a percepção dos enfermeiros sobre a prática assistencial na perspectiva da longitudinabilidade. Trata-se de estudo descritivo-exploratório qualitativo, realizado com vinte enfermeiros da saúde da família de municípios da 10ª Regional de Saúde do Paraná, mediante entrevistas semiestruturadas, em abril de 2010, com dados submetidos à análise de conteúdo. Os resultados apontaram para a categoria: benefícios e implicações das ações realizadas na perspectiva da longitudinabilidade, que identificou que esse cuidado ocorre junto à criança, usuário em situação de doença crônica, família, e por meio de grupos. O trabalho em equipe, acessibilidade, coparticipação do usuário, visita domiciliar e as ações de prevenção à saúde viabilizam a longitudinabilidade, impactando positivamente na saúde das pessoas. Conclui-se que a longitudinabilidade melhora a qualidade de vida da população e viabiliza a resolutividade no primeiro nível de atenção à saúde.

## DESCRITORES

Saúde da família  
Enfermagem familiar  
Continuidade da assistência ao paciente  
Relações interpessoais  
Atenção Primária à Saúde

## RESUMEN

Se objetivó describir la percepción del enfermero sobre la práctica asistencial en la perspectiva de la Longitudinalidad. Estudio descriptivo-exploratorio cualitativo, realizado con 20 enfermeros de Salud de la Familia de municipios de la 10ª Regional de Salud de Paraná, mediante entrevistas semiestruturadas, en abril de 2010, con datos sometidos a análisis de contenido. Los resultados orientaron hacia la categoría: beneficios e implicaciones de acciones realizadas en la perspectiva de la Longitudinalidad, que identificó que tal cuidado sucede junto al niño, paciente de enfermedad crónica, familia y con foco en grupos. El trabajo en equipo, accesibilidad, coparticipación del paciente, visita domiciliar y acciones de prevención sanitaria facilitan la Longitudinalidad, impactando positivamente en la salud de las personas. Se concluye en que la Longitudinalidad mejora la calidad de vida de la población y viabiliza la resolutividad en el primer nivel de atención de la salud.

## DESCRIPTORES

Salud de la familia  
Enfermería de la familia  
Continuidad de la atención al paciente  
Relaciones interpersonales  
Atención Primaria de Salud

\* Extracted from the dissertation "Percepções de enfermeiros sobre a longitudinabilidade em seu trabalho na Estratégia Saúde da Família", State University of Maringá, 2010. <sup>2</sup> RN. Master in Nursing. Professor of the Nursing Department, Universidade Estadual do Centro-Oeste. Santa Helena, PR, Brazil. baratieri.tatiane@gmail.com <sup>3</sup> RN. Ph.D. in Nursing. Professor of the Nursing Department, Federal University of Mato Grosso. Cuiabá, MT, Brazil. enmandu@terra.com.br <sup>4</sup> RN. Ph.D. in Nursing Philosophy. Professor of the Nursing Department and of the Masters Program in Health Sciences and Nursing, at State University of Maringá. Maringá, PR, Brazil. soniasilvamarcon@gmail.com

## INTRODUCTION

The social, political and cultural changes, the progressive failure of the hospital-centered model of health care, and the modification of the epidemiological profile of the population in recent decades have led to changes in health-care practices of the health professionals involved<sup>(1)</sup>.

Within this context, in 1988 the new Brazilian Federal Constitution introduced the Single Health System (SUS) in Brazil, guided by the principles of universality, accessibility, comprehensiveness and equality<sup>(2)</sup>. Thus, the curative model, which until then predominated, began to lose ground to a health assistance model aimed at understanding and caring for the client as a subject inserted into a reality under the influence of various social factors<sup>(1)</sup>.

In line with these principles, in 1994 the Ministry of Health created the Family Health Strategy (ESF), which strives for the following attributes: be the first contact of the population with the health services, acting with integrity, in a timely fashion and with the coordination of other health services<sup>(3)</sup>, assuming rationality in the use of other levels of care<sup>(2)</sup>.

It is known that longitudinality (continuity of care) is the most important principle of primary health care, and refers to the establishment of lasting therapeutic relationships between clients and professionals of the health care team<sup>(3)</sup>, giving rise to familiarity and mutual trust between professionals and clients, becoming an interpersonal relationship in which the professional focuses their attention and skills on the individual, not on the disease<sup>(4)</sup>. Moreover, longitudinality should occur irrespective of the presence or absence of disease, warranting complete and holistic health care considering the physical, psychological and social realms, and also considering performance thresholds of the health sector and coordinating the several actions and services necessary to solve encompassing, less frequent and more complex needs<sup>(3)</sup>.

It is highlighted that the underlying logic of interpersonal relations is to promote interaction between people, and this occurs mainly through dialogue. When people voluntarily associate with each other, communication is generally more free and full, and therefore the professional can more easily clarify the issues of health/disease involved<sup>(4)</sup>.

This logic of improving interpersonal relationships in health services is supported by a huge wealth of evidence regarding the benefits, which result from better communication: better recognition of people's problems, more accurate diagnoses, and better prepared treatment; less prescription drugs; adoption of preventive behavior by clients; less use of emergency services; fewer hospitalizations and lower costs<sup>(4)</sup>.

The literature indicates that longitudinality is more relevant to the provision of care to children, the elderly, and people with low literacy levels, with a chronic condition and/or high use of medication. It is therefore of paramount importance that the primary health care system devotes additional efforts to maintenance of a relationship over time with clients who are living in a more vulnerable context or have conditions which may lead to illness among vulnerable people<sup>(5)</sup>.

Within this context, the staff of the Family Health Strategy, minimally composed of a physician, a nurse, an auxiliary/technician in nursing and a Community Health Agent (ACS), has the longitudinal responsibility to assist the population. The nurse is essential to coordinate and integrate the team, encouraging its members in providing integrated and quality health care<sup>(6)</sup>, in addition to having great contact and knowledge regarding the territory and socioeconomic conditions of the population served, and also having the practical and scientific knowledge to support the clients. Thus, the nurse is considered to be an important professional to enhance and support the others on the team for the provision of care over time.

... [longitudinality] refers to the establishment of lasting therapeutic relationships between clients and professionals of the health care team, giving rise to familiarity and mutual trust between professionals and clients...

This guides his/her work in monitoring health conditions, whether in individual or group care, in addition to identifying and monitoring health delivery issues and developing a communicative practice in order to increase the autonomy of the clients<sup>(7)</sup>. Moreover, it is in the nursing professionals that the clients perceive a higher commitment and proximity, creating an opportunity out of a relationship which is extended beyond the biological aspect<sup>(8)</sup>, actions which can find opportunity in the establishment of lasting interpersonal relations with the clients which characterizes longitudinal care.

This study includes descriptions of nurses regarding their work within the theory of longitudinality, so that, by emphasizing the importance of this attribute in primary care and reviewing existing literature on the subject, we notice the lack of studies addressing this issue, particularly in Brazil. It is therefore understood that there is a need to investigate the subject, seeking on the one hand to point out the occurrence of longitudinality in the Family Health Program, and on the other hand to point out its benefits and potentials.

Based on the above, we defined the objective of the study: to describe the perception of nurses regarding health care practice from the perspective of longitudinality.

## METHOD

This study is descriptive and exploratory in nature, using a qualitative approach, and is part of the research

project *The assistance and educational work in the daily work of nurses at PSF - characteristics and challenges*, financially supported by the Araucaria Foundation. It was performed in seven of the 25 municipalities that comprise the 10th Health Region (RS) of Paraná, which is headquartered in the municipality of Cascavel/PR.

The Paraná State is divided into 22 Health Regions (RS), which bridge the intermediate administrative needs between the Health Department of the State of Paraná (SESA) and the municipal health departments. The mandate of the Health Region is to support the development of health activities in all areas and influence the management of regional issues, fostering the continuing and growing search for efficiency in quality of care actions<sup>(9)</sup>.

In terms of the participants, considering the possibility that there is some diversity in the Family Health Strategy in regards to the regional municipalities related to their setting and population size (different capacities for health care, with an influence on the possibilities of longitudinal health care), they were divided into five groups: municipalities with less than 5,000 inhabitants (6); from 5,000 to 10,000 inhabitants (10); from 10,000 to 20,000 inhabitants (7); from 20,000 to 35,000 inhabitants (1), and one municipality with over 35,000 inhabitants. As a result, two cities belonging to the first three groups and the two largest ones were included.

All nurses working in the Family Health Strategy (ESF) of the municipalities included in this study should be considered informants, provided that they met the following inclusion criteria: have a full team of ESF workers and be working with the same team for at least five months. Thus, from the total of 27 nurses working in teams of the ESF in the selected municipalities, 20 participated in the study, whereas two did not meet the inclusion criteria (work experience in the same unit for more than five months), one was on vacation, another was away on sick leave, a third declined participation in the study and two others did not meet the minimum requirements for a full team.

Data collection was performed in April 2010, through the use of semi-structured interviews, which, after consent was obtained, were recorded. The interviews were scheduled in advance by phone, depending on the availability of each professional; 16 were held in a reserved room at the health care unit, three at the Health Care Department of Cascavel during a meeting day, and one at the 10th Health Region during a training day.

The interviews were guided by a semi-structured format consisting of two parts: the first contained objective questions pertaining to the sociodemographic profile and work dynamics of the respondents; the second utilized open-questions related to longitudinality in the nurses' day-to-day work experience, with the last question forming a request that the nurses report a situation in which longitudinality was a factor, which is the issue that gave rise to the present article.

The discussion of the data was mainly based on the conceptual assumption that holds that longitudinality is one of the main features of primary health care, and that this constitutes the monitoring of the client by the professional over time<sup>(3)</sup>.

For data analysis, we used categorical content analysis, proceeding to pre-analysis that consisted of floating readings. All data collected in the interviews were set up in the *corpus* to be analyzed, thus enabling the formulation of hypotheses and objectives. Afterwards, the exploration of the material was carried out by extensive readings, coding, enumeration, classification and aggregation of interview material. Finally, the treatment and interpretation of the results obtained took place, including categorization, whereby the elements were isolated and organized by investigating what each element has in common with the other and then proceeding to the inference<sup>(10)</sup>.

The development of the study met the requirements of Resolution 196/96 of the National Health Council, with project approval provided by the Permanent Research Ethics Committee Involving Human Beings of the National Health Council, and further project approval by the Standing Committee on Ethics in Research Involving Human Beings of the Universidade Estadual de Maringá (opinion 659/2009). Prior to the interviews, the information pertinent to the study was explained to the participants by the investigator, with the signature of the term of consent then given by participants.

For the differentiation of the research subjects, as well as the preservation of their identity, codes were used in which the nurses were referenced with the letter 'E' followed by an Arabic numeral, according to the order of the interviews (E1 to E20).

## RESULTS

### *Characteristics of participants and selected units*

Twenty nurses were interviewed, the vast majority of whom were women (19), aged between 22 and 45 years, with the largest portion (11) in the age range from 26 to 30 years. Regarding their marital status, 12 nurses were married, six were single, one was separated and one was in a stable union. Most of them (11) had no children, five had two children and four had only one child.

Of the 20 participants, 18 worked only in the Family Health Strategy (ESF); one was also active in teaching and another worked in a hospital setting. The monthly family income ranged from 3 to 26 times the minimum wage, with the most prevalent income (14) representing an income of five to ten salaries<sup>(9)</sup>. In eight cases only two people were dependent on income, highlighting that the

<sup>(9)</sup> The minimum salary at the time was R\$ 510,00.

maximum number of dependents was five people, represented by only one case.

Most participants (13) graduated from public universities, and the period of time since graduation ranged from two to twenty years; of the total, six participants graduated between 10 and 20 years ago, and the other 14 nurses graduated less than 8 years ago. Almost all (19) of the nurses achieved *lato sensu* post-graduation, 15 in public health, and only five in family health.

Regarding the work dynamics of those who were surveyed, most (15) worked at an exclusive ESF unit, and the other five in mixed units. As for the employment bond, 17 of the respondents were employed through a public tender and three through the CLT (Consolidation of the Brazilian Labor Laws). Regarding the working time at the ESF, it ranged from five months to eleven years; half (10) worked between six and ten years, and the working time in the same unit ranged from five months to eight years, with the majority (10) working from one to five years.

Regarding the number of families served by the ESF team, the majority of participants (17) do not exceed the recommended caseload for this model of care, serving between 500 and 1,000 families. Of all the nurses interviewed, 12 had some area of their territory not covered by Community Health Agents, ranging from 100 to 250 families without access to care from this type of professional.

### ***Benefits and implications of actions taken by nurses from the perspective of longitudinality***

Nurses reported on their professional practice; from these reports it is possible to identify the occurrence of longitudinality at different stages, as well as its development in the various activities that the nurse performs in the Family Health Strategy, both individually and with a greater emphasis on teamwork. Of the 20 respondents, one professional opted to make no report, explaining that he/she could not recall any particular case.

In this context, among the reports, two of the nurses chose to describe their experience with children, and this was considered one of priorities in the health care population.

When I came here, the mothers were pregnant, babies were being born, and I took care of the first babies. Today they are in school, and I go to the school and see them. Now they listen to me, accept my advice, and I find it rewarding; the fact that I managed to stay here all this time, and create this bond with the community. I think my work with the children made a difference, as we do not realize the common problems they would have, hygiene problems; they are not afraid of the health station; they have no tooth decay. I think that this follow-up was successful, and this motivates you (E15).

Child care usually takes place from the moment that women enroll in prenatal care in the Family Health Unit

and lasts for several years, with the women being followed up beyond the context of the unit and independent of illness episodes, following the principles of the Family Health Strategy, which prioritizes health promotion interventions and disease prevention.

A highlight report shows that the effectiveness of longitudinality depends not only on the nurse, but also on teamwork, so for best results it is necessary to also include other sectors of society.

A teenager came to take part in prenatal care going on her sixth month; she did not accept her pregnancy. Then we did the follow-up at her house; she was mistreating the child, she did not change the baby's diaper for two days; if ACS did not go there to change the diaper, she would not do it; we had to go there two to three times a week to try to get her to take care of the baby. So we decided to call the child protection agency and the baby was taken away from the mother; after that, she disappeared. The child is in the halfway house to this day; it has been one year; she was taken away from her mother when she was a baby at the halfway house. I thought it was important, perhaps if he did not do this home follow-up, we would have lost the child, or the child would be in a serious condition when she came to the unit(E1).

For the provision of care to have greater completeness, efficiency and resolution, it is of utmost importance that there is a commitment by all members of the health-care team; in the case in question, there was follow-up from pregnancy on, during which a high-risk situation was identified, not only due to the fact that the mother was a teen-ager, but mainly because of the mother's inability to accept the child. Thus, the team at the Family Health Strategy set out to accomplish longitudinality, overcoming the risk situation and attempting to watch over this child after solving the main problem.

In the practice of nurses, it was found that longitudinal care occurs with chronic care clients, who usually require frequent attention on the part of professionals, comprising a vulnerable group that requires priority attention in healthcare. It is, therefore, understandable that the majority (11) of nurses in this study reported on long-term follow-up of those who are chronically ill:

A patient who ended up dying was followed for a full year. He had polio as a child and was in a wheelchair. He was hospitalized and developed a large bedsore; we loved him and his family. We used to go three times a day to his house to change his dressing - how lucky that it was nearby, in this neighborhood, so that the transportation, both my own and that of the team, was easy as we could go on foot. To this day the family comes here and says: If not for you, if not for the team, everyone here, he would not have endured, or resisted so long. We created a bond of friendship, and even today the family comes; we developed a good relationship (E12).

Longitudinality occurs from the time that the health care team establishes a bond with the client and his/her

family, and this bond is strengthened through constant contact, involvement of professionals in the health condition of the individual and by care that improves the quality of life of the patient. The strong relationships that arise as a result of a specific health situation encourage the professionals to get involved with the whole family, and these relationships go on, developing toward a lasting partnership that transcends the episodes of illness or the resolution of the problem.

By means of the report, it is possible to identify that in addition to the bond, longitudinality is also promoted by accessibility, bearing in mind that the closer the client is to the Family Health Unit, the easier and more immediate it will be to provide assistance, revealing the importance of the geographic location of the unit in the appointed area. Moreover, when the unit and the home are not close in proximity, it is important that both the team and the client are able to commute, involving means of transportation and costs.

Another important point is that longitudinal care improves the quality of life of the individual, and through appropriate interventions it is possible to mitigate health problems, reducing injuries and illness and, consequently, the need to use high complexity services, reducing costs and highlighting the importance of co-participation of the clients in health interventions. Therefore, nurses must be alert to the context of the family and create interpersonal bonds, which will facilitate therapy and the achievement of positive results.

(...) a 93-year-old diabetic lady. When I took over the PSF she had many skin lesions and was always being hospitalized. I began to closely monitor her, I visited her a lot; she had no child; her daughter-in-law takes care of her. I began to advise on her diet, moisturizing of the skin and all. After I started to follow-up, she stopped being hospitalized. One day I met the nurse who worked there before me who asked if she had already died; I said: no, she's great. So she was a patient who by teaching and talking, I was able to see the results (E17).

Health care should not be based only on meeting the immediate needs of the client in his/her individuality, but should be based on providing comprehensive care to the family, an aspect that guides the work of professionals in the Family Health Strategy. Three of the respondents discussed this theme.

There's a family that lives in the countryside and the mother had had diarrhea for 15 years. We ended up getting involved, and even today she comes here to tell us how she is doing, that their goat had that many offspring... We ended up helping with laundry, getting involved with the family. Her uncle was sick and I had to go there. The family had no water, no light, difficult access, the car could not get in, and we had to walk. We mobilized the entire team, took Sanepar to collect the water, even to install light; the girl had serious skin problems and we referred her to a dermatologist. We managed, through a multidisciplinary

action, to gain their trust. Today there is no more trouble; they used to come here every day; after you visit them at home, you see the magnitude of the problem; the family did well and is helping one another (E8).

This report shows the occurrence of longitudinality and its benefits. The important point is the monitoring of the family as a whole, i.e., the health team serves the entire family, contextualizing their problems with the health/disease factors observed in the reality where they live.

The main strategy used to meet the family's problems head-on is the home visit, which gives professionals a closer contact with clients and enables them to identify factors that influence the quality of life. At this point the importance of teamwork is highlighted, in which each professional acts according to his/her specific area of expertise, complementing the work of the other, and thereby promoting the provision of a more integrated and effective care.

Further emphasized is the importance of continuity of care; that is, from the moment that the professional cannot solve the health problem on their own, it is essential that he/she refers the client to another professional who can meet their needs. However, one cannot lose the bond created with the individual, and should remain in contact and be available for other services.

Longitudinality is not only about following the clients and their families individually, but it also occurs and has benefits in establishing a lasting relationship with people through groups, although this aspect was only reported by one of the nurses in the study:

I have a smoking group, and after a lot of follow-up time, several of the individuals had already stopped smoking because of the lectures, the guidance. Sometimes they even say: A, it was because of you that I stopped smoking. But I do scare them; show them the black lungs... and it works. We create a bond with these patients and by means of this work, I managed to achieve good results (E13).

Group work is an activity that the nurse performs in the community in which health education actions are prioritized, and through this process it is also possible to establish lasting interpersonal relationships. The group forms not only a relationship with the professional, but also among clients, who can exchange experiences and help each other in overcoming their problems.

## DISCUSSION

Research conducted in 2009 with nurses working in the Family Health Strategy of six counties in southern Rio Grande do Sul shows that these professionals base their actions on the promotion of children's health, with 91.7% of nurses in the study highlighting the performance of this activity<sup>(11)</sup>. These numbers are similar to the results obtained in this investigation. The tendency that nurses

have to emphasize children's health care is related to the fact that this type of care is time-consuming, requires prolonged follow-up, redoubled attention, effective communication and strengthened bonds of trust<sup>(8)</sup>.

Thus, it is understandable that these actions, because they are performed more frequently, are also more likely to occur under the perspective of longitudinality. With the permanence of nurses working in the same health unit for several years there is the possibility of the establishment of strong bonds, both with mothers and with their children, providing guidance and having this guidance followed more easily, which positively impacts the child's health and highlights the benefits of longitudinality.

The results further demonstrated the importance of teamwork in the scope of the Family Health Strategy, with the joint efforts of the professionals allied to the lasting support given to the client, allowing the determining factors of the health/disease process to be identified more easily. Thus, the professionals have the opportunity to design more punctual interventions, achieving better results.

Interpersonal relationships established between Family Health Strategy professionals and families allow for the acceptance of frequent follow-up and the pursuit of satisfaction of health needs. Therefore, it is essential that the team interacts well together, acting under an interdisciplinary perspective and combining their knowledge to cope with the most varied situations, proposing solutions together and enabling appropriate interventions, considering that all members should have knowledge about the problem<sup>(6)</sup>.

The data demonstrate the importance of performing longitudinal follow-up of chronic patients, and the study reveals that the Family Health Strategy is committed to providing comprehensive care to the population served by the Family Health Unit and at home as per the patient's individual needs, recognizing the determining factors of the health/disease process so as to intervene in an appropriate way<sup>(6)</sup>.

It is noteworthy that, just as with children, the chronically ill must be a priority and require extended care by virtue of their health needs, i.e., from the context that makes them more vulnerable. It should be noted that they are the focus of attention of professionals in the Family Health Strategy because they are clients who value the establishment of interpersonal relationships<sup>(5,8)</sup>.

Thus, the study showed the need for adequate accessibility, both for the professionals working in the homes/community and for the clients of the Family Health Unit. Thus, accessibility to health services is an important component in seeking and obtaining health care. Thus, with regard to geographic accessibility, the health unit should be centrally located in relation to the coverage area, and the ESF should have teams closer to the client's place of residence, thus enabling timely and easy access<sup>(12)</sup>.

The importance of the cooperation of clients in disease prevention, health promotion and recovery was noted, so that nurses can provide guidance depending on the needs and conditions of the family, and can collaborate in the follow-up of any interventions. This fact matches the literature, which reveals that the Family Health Strategy (ESF) is centered on the creation of bonds and formation of ties of commitment and responsibility among health professionals and clients; in the same way, longitudinality is also incorporated in these aspects<sup>(3,6)</sup>, thus highlighting that the ESF's principles enable the continuity of care over the course of time.

In order for longitudinal care to occur, it is necessary to have co-participation and this will be present only when there is mutual trust between provider and client. As such, the professional shall demonstrate availability and use good communication so that the client can discuss his/her symptoms and be responsive to guidance, while the professional must be an active listener, be effective, and coordinate treatment<sup>(13)</sup>.

Regarding the importance of the role of professionals in providing comprehensive care to the family, it is noted that the ESF team is formed by a group of people considered fundamental in the identification and treatment of health problems<sup>(14)</sup>, and should take full measures through the articulation of knowledge necessary to render health care. From this perspective the team needs to engage in conversation and develop joint interventions for each family<sup>(15)</sup>, which is essential to maintain a longitudinal relationship<sup>(14)</sup>.

Thus, resolution is guaranteed not only by intervening in the problem, but especially by identifying the numerous causes involved in the health/disease process, seeking ways to change them positively. Furthermore, it is also important that professionals base their actions not only on the biological aspects involved but also on social factors.

At the same time, the importance of continuity of care in strengthening longitudinality is shown, noting that this is the sustained personal contact between clients and health care professionals. Since continuity is not necessary for this relationship to exist, and because interruptions in continuity of care, for whatever reason, are not synonymous with an interruption in the professional/client relationship<sup>(9)</sup>, the promotion of continuity of care favors the resolution of problems, and consequently better bonds and lasting relationships are formed.

The nurses' reports have also demonstrated the value of group work, and through guidance and repeated meetings with the group, the team can establish a bond with group members based mainly on trust, so clients tend to follow the established therapy, and gradually the benefits and objectives proposed are met.

In the Family Health Strategy there is an appreciation for group practices, which are constituted as a learning

place for collective needs, strengthening the bond between professionals and users. Similarly, the educational activities proposed in the groups should represent an appreciation of the exchange of knowledge, enabling the creation of bonds and promoting the autonomy of users, through horizontal, bidirectional, and democratic actions aimed at joint transformation<sup>(16)</sup>.

It should be noted that for the nurses to develop their work based on the principle of longitudinality, it is necessary that they base their actions on the proposed model of care in question. To do this, they need to know the client/family/community and have good interpersonal relationships and bonds of trust, in addition to acting as a liaison between the client and the health services in all of their levels of magnitude, aspects that are favored by primary health care<sup>(17)</sup>.

In order for this to happen, it is extremely important that health services are organized to enable the concept of longitudinality. Therefore, it is necessary that the health unit exists and is recognized as a consistent and regular source of care, and that there is a therapeutic bond between clients and professionals<sup>(18)</sup>. In this regard, one must consider governmental incentives so that the Family Health Strategy can be implemented in all of the Brazilian municipalities, which will foster the expansion of primary health care. Moreover, the bond of trust is also favored, since it is one of the principles for promoting the supply of care in the first level of care<sup>(18)</sup>.

Furthermore, it is necessary for nursing care interventions to be guided in longitudinal care, and that the organizational structure of services can facilitate this practice. Studies show that nurses still cling to management activities and compliance with excessive spontaneous demands arising from the curative model, which is still rooted in health care. This causes work overload, in addition to difficulties in intersectoral cooperation and full attention to the continuity of care provided to families<sup>(19-20)</sup>.

Thus, it is noted that even when longitudinality is present in professional practice, its effectiveness will be realized only when it is made a management priority, involving issues such as the provision of primary health care and forms of establishing the professional in the health unit<sup>(18)</sup>. Thus, in spite of the nurses currently reporting on their actions under the longitudinal perspective, they develop in their daily practice a primary focus on the groups who are most vulnerable to worsening disease. This fact shows that professionals need to have available a well-structured primary care network to enable them to serve the entire population in a satisfactory manner, which implies provision of comprehensive health care, shaped by good interpersonal relationships and based mainly on the prevention of disease and health promotion. These aspects will in fact contribute and promote the realization of longitudinality in health care.

## CONCLUSION

The study pointed out important aspects of nurses' care practices that comprise longitudinal care, such as the relevance of constant contact with users, the effectiveness of the actions made possible by teamwork, the enhanced problem resolution as a result of comprehensive care, and the benefits of group activities to prevent, promote and recover health.

It was noted that the provision of longitudinal service by the entire Family Health Strategy team assumes the maintenance of lasting bonds with clients, thus professionals win the confidence of the people and understand their reality better, including the biopsychosocial aspects, so that interventions occur in a more punctual fashion and are settled at the first level of health care, enabling improvement in quality of life of the population and a reduction in the need to use services of higher complexity.

Longitudinal care is improved mainly by long-term performance in the same health unit, integrated action of the multidisciplinary team and knowledge of the reality of families, especially through home visits, in addition to adequate geographic location of the Family Health Unit and co participation of clients, so that these points are complementary and benefit the establishment of interpersonal relationships between professionals and clients.

The importance of longitudinality to quality of life of clients is highlighted and, therefore, the nurse must be aware of its benefits and act jointly with his/her team, coordinating, planning and intervening in the determining factors of the population's health/disease process. In order for the nurse to be able to carry out the practice of longitudinality in his/her practice, it is essential that public policies and organization of services provide adequate means for professional performance, which can be enabled through the implementation of the principles of the Family Health Strategy, particularly by the proximity to the community and appreciation of the bonds created with clients and families.

This study is expected to contribute to the performance not only of nurses but of the entire family health team, demonstrating the importance of care over time, as well as follow-up of the policies of the Family Health Strategy, serving as input so that other investigations are performed in order to improve care given to clients and the performance of professionals.

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