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Nursing Consultation as part of the Family Health Strategy: a Descriptive Study

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ABSTRACT

Aim: To analyze nursing consultation as part of the Family Health Strategy (FHS) and to describe the approaches involved in the work of nurses as part of the nursing consultation process in this scenario. **Method:** This project takes the form of a descriptive research using a qualitative approach in Family Health Units in the city of Rio de Janeiro. Data collection will take place from March 2015. We will use a focused interview approach with 14 nurses working in FHS and through simple observation of nursing visits, recorded in an institutional diary. Afterwards, the data collected will be analyzed with the use of hermeneutics and dialectics, which is the art of understanding the meanings and significances that go beyond what is presented as a finding, without ignoring the existence of contradictions that represent the context in which the events happen.

Descriptors: Family Health Strategy; Nursing Process; Primary Health Care.

PROBLEM SITUATION AND ITS SIGNIFICANCE

The strengthening of Primary Health Care (PHC) by means of the introduction of the Family Health Strategy (FHS) stands out as one of the great advances of public health policy in Brazil. This tactic has been the target of many encouragements by the Ministry of Health to expand its implementation in Brazil. Among the proposed actions, the role of the nurse stands out on terms of its autonomy and its multifaceted role within the healthcare team involved in the care process.

However, this increased freedom on the part of nurses was also rooted in the concession of a certain amount of "medicalized power." This also happened with regard to municipal protocols aimed at resolving most of the potential health problems of the population in terms of Primary Care.

Nursing consultation is highlighted in the current policy, whereby actions related to health promotion and illness prevention are addressed in conjunction with the prescription of drugs, in the formulation of protocols, and other predetermined regulatory techniques⁽¹⁾.

As we reflect upon the documents published by the Ministry of Health that relate to actions in Primary Care, we realize that these documents are targeted, almost entirely, on queries through a well-defined complaints system.

It is known that health work is characterized by the need for multiple action approaches⁽²⁾. Yet, if on the one hand the actions of nurses in terms of the introduction of protocols amplify the degree of resoluteness (especially in nursing assessments), on the other hand it configures prescriptive acts centered on medication and the spatial distribution of diseases in the body. In this arrangement, the dynamics of dead work over live work can be detected⁽³⁾.

ASSUMPTION

The actions of nurses in the FHS clinics have often incorporated the biomedical model of care. In this sense, it is understood that the act of [re]thinking practices of care generate an attempt to improve the quality of the service provided, fostering the development of a self-critical approach.

GUIDING QUESTIONS

- Do we experience a reproduction of the assisting and curative biomedical model within nursing clinics?
- What are the work processes involved in the implementation of nursing consultation?
- Which factors influence these processes?

AIM

General aim

To analyze nursing consultation in the FHS.

Specific aims

- To describe the working processes of nurses with regard to the nursing consultations of FHS;
- To contribute to reflection on the part of nurses in terms of working processes in the clinics.

METHOD

This is a descriptive study using a qualitative approach that uses nurses in the Primary Care units working with FHS in the city of Rio

de Janeiro for the research. The municipality is divided into program areas under the organization of local management. The study will be conducted in program area 1.0.

Data collection will take place from March 2015. The instruments used are simple observation recorded by means of the production of an institutional journal and focused interviews which aim to gather information about behaviors, relational aspects and the technologies used.

The research subjects will be the FHT nurses who have been working in the unit for at least three months and who agree to take part in the study by signing the consent form. Those who are on vacation or medical/maternity leave during the period of data collection will be excluded.

The sample size is the ratio of one nurse for every Unit of Primary Health Care of PA 1.0 that uses FHS, totaling 14 nurses.

The data collected will be analyzed using the hermeneutic-dialectic approach, which is the philosophy of understanding the meanings and relevance that go beyond what is presented as a finding, without ignoring the existence of the contradictions that form the context of the facts.

This research is part of the project "Primary Care and the Work Process in Hypertension/Diabetes Care and Tissue Injuries" that is funded by CNPq. It will not harm the subjects and was approved by the Research Ethics Committee, Faculty of Medicine, Fluminense Federal University, under the opinion number 563,899, according to the precepts of Resolution 466/12.

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Contribution of authors:

Both authors are responsible for the conception and design of research. The text was written by Isabela Barboza da Silva Tavares Amaral and; the critical review and approval of the final version were carried out by Ana Lúcia Abrahão.

All authors participated in the phases of this publication in one or more of the following steps, in According to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013): (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the version submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www.objnursing.uff.br/normas/DUDE_eng_13-06-2013.pdf

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