

# CARE AT THE FAMILY CLINIC: MEANING OF CARE PROVIDED BY NURSES\*

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**ABSTRACT:** The study aimed to understand the meanings assigned by nurses to the care provided in a Family Clinic. This is a qualitative exploratory study based on Alfred Schütz' social phenomenology. The participants were 10 nurses from a Family Clinic in the city of Rio de Janeiro. Data collection was carried out through interviews during the period from February to March 2012. Based on the analysis of the interviews, the meanings could be organized in three categories: Assisting and caring for family, Promoting health and Occupational satisfaction. We conclude that the meanings of care provided inspire the need to consider the whole family as the focus of care, with a view to developing initiatives to promote health and improve the quality of life of the population, which generates recognition and professional autonomy.

**DESCRIPTORS:** Family health program; Primary health care; Nursing.

## ATENDIMENTO EM CLÍNICA DA FAMÍLIA: SIGNIFICADO DO CUIDADO PRESTADO POR ENFERMEIROS

**RESUMO:** O estudo objetivou compreender os significados atribuídos pelo enfermeiro acerca do cuidado prestado em uma Clínica da Família. Trata-se de uma pesquisa exploratória qualitativa, embasada no referencial da fenomenologia sociológica de Alfred Schütz. Os participantes foram 10 enfermeiros de uma Clínica da Família do município do Rio de Janeiro. A coleta dos dados ocorreu mediante entrevista realizada no período de fevereiro a março de 2012. A partir da análise das entrevistas foi possível organizar os significados em três categorias: Acompanhar e cuidar da família, Promover a saúde e Satisfação profissional. Conclui-se que os significados do atendimento prestado perpassam a necessidade de considerar toda a família como foco da atenção, numa perspectiva de desenvolver ações voltadas para a promoção da saúde e melhoria da qualidade de vida da população, o que gera reconhecimento e autonomia profissional.

**DESCRIPTORIOS:** Programa saúde da família; Atenção primária à saúde; Enfermagem.

## ATENDIMIENTO EN CLÍNICA DE LA FAMILIA: SIGNIFICADO DEL CUIDADO PRESTADO POR ENFERMEROS

**RESUMEN:** El estudio tuvo la finalidad de comprender los significados señalados por el enfermero acerca del cuidado prestado en una Clínica de la Familia. Es una investigación exploratoria cualitativa, basada en el referencial de la fenomenología sociológica de Alfred Schütz. Los participantes fueron 10 enfermeros de una Clínica de la Familia del municipio de Rio de Janeiro. Los datos fueron obtenidos por medio de entrevista realizada en el periodo de febrero a marzo de 2012. Con base en los análisis de las entrevistas, fue posible organizar los significados en tres categorías: Acompañar y cuidar de la familia, Promover la salud y Satisfacción profesional. Se concluye que los significados del atendimento prestado se relacionan a la necesidad de considerar toda la familia como foco de la atención, en una perspectiva de desarrollar acciones para la promoción de la salud y mejoría de la cualidad de vida de la población, lo que genera reconocimiento y autonomía profesional.

**DESCRIPTORIOS:** Programa Salud de la Familia; Atención primaria a la salud; Enfermería.

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## INTRODUCTION

The Family Health Strategy (FHS) is understood as a way of redirecting the healthcare model, operationalized in primary health care units, which aims to develop activities under the principles and guidelines of ascription of users, comprehensiveness, accessibility, variety of services, continuity of care and organization of the work based on a multidisciplinary team<sup>(1)</sup>.

The FHS teams are responsible for monitoring the health status of families residing in an area attached to the healthcare unit by means of planning, organization, development and evaluation of actions for health promotion, prevention, recovery and rehabilitation of injuries affecting population and primary care as reference for their work<sup>(2-3)</sup>.

In the process of service reorganization, the primary health care has been consolidated and strengthened as coordinator of the care provided to the population in the health system and as coordinator of the care model based on the logic of the Health Care Network, which aims to rationalize the use of all resources, both basic and specialized, focused on promoting, maintaining and improving health<sup>(1,4-5)</sup>.

A primary health care service focused on the population can be considered as a primary care provider when it presents the following essential attributes in its work process: first contact access of the individual to the health system; longitudinality; comprehensiveness and coordination of care and; derived attributes: family counseling; community counseling, and cultural competence. These attributes guide and qualify the actions of the primary health care services, expanding the capacity to interact with individuals and the community<sup>(4)</sup>.

In the city of Rio de Janeiro, the FHS has been implemented with a view to expanding the primary health care model proposed in the country. For both, the actions focused on primary health care are performed by FHS teams at units called Family Clinics<sup>(6)</sup>.

In such Family Health units, the role of the nurse is highlighted, who has the ability to supervise and train the nursing staff and community health workers, as well as to perform the co-management of the unit. Following this

logic, the nurse assumes important roles in both health care and administration, such as "educator, caregiver, consultant, listener/ identifier of community problems, articulator, integrator, planner and political interlocutor"<sup>(7:381)</sup>.

Consequently, in this model of primary health care, the nursing care should be directed primarily to actions to promote health and disease prevention, aiming to deliver comprehensive health care to the assisted population<sup>(2,7-10)</sup>.

The relevance of this study is justified, since it may help to understand the meaning of care practice by nurses in the context of the FHS, more specifically in the Family Clinics scenario. It has been noticed that, in the literature, there is a knowledge gap in phenomenological studies on the meaning of care practice in the implementation of Family Health. Most research is focused on the role of nurses in specific areas such as: elderly health, women's health, adolescent health and child health<sup>(11-13)</sup>.

Thus, this study may amplify the perspectives on the experience of this professional and the knowledge of the motives they attribute in their daily actions, in the scenario of the Family Clinic, contributing to the discussion of health care models for Nursing to develop in primary health care.

Based on the above and considering the professional role of nurses in the area of public health, specifically in the FHS, this study aimed to understand the meanings attributed by nurses to the care provided in a Family Clinic.

## METHOD

This is a qualitative exploratory study which used the social phenomenology of Alfred Schütz<sup>(14)</sup> as the reference framework.

The choice of Alfred Schütz' social phenomenology permits the implementation of a systematic method to better understand the social aspects of human action by nurses working in a Family Clinic. This approach represents a way to articulate concepts of intersubjectivity, biographical situations, social relationships, motivations, expectations and others that can better understand the social world of humans<sup>(14)</sup> and, in that case, the meaning of the intentional actions of nurses, expressed in their daily social work context.

When people interact with their fellows in their life world, they establish a shared intersubjective relationship in which daily experiences, actions by which they cope with their interests, manipulate objects, deal with people, design and conduct plans, are mutually interpreted<sup>(14)</sup>.

In the daily world, the way people develop their actions and face their challenges is defined by their biographical situation, which corresponds to the sedimentation of the entire stock of life experiences and knowledge, without which they cannot interpret their experiences and observations or define the situation they are in and make plans<sup>(14)</sup>.

For Alfred Schütz<sup>(14)</sup>, human behavior is considered a significant action, from the moment the person acts and attaches a subjective meaning to the action. To understand this human action, it is necessary to identify the motivation that generated a certain social behavior. This motivation can be expressed by two types of reasons, "reasons for", referring to expectations or goals that aims to achieve or accomplish, regarding a targeted time frame and for the future and; "reasons why", evident in the events already completed, which explain certain aspects of the implementation of the project, and therefore a forward temporal direction focused on past experiences.

Based on these concepts, it was found that the approach of sociological phenomenology constituted a way to understand the significance of the action of the nurses working in the Family Clinic, since their care practice is a social action that is permeated with motivations, reasons and professional goals.

The setting was a Family Clinic situated in the city of Rio de Janeiro. This clinic had eleven Family Health teams and three Oral Health teams. The teams were responsible for a total of 34,900 registered persons, the equivalent of approximately 12,900 families, around 79% of total population estimated, taking into account that the total population of the area attached to the Family Clinic was 44,000 inhabitants<sup>(6)</sup>.

As the inclusion criterion, the nurses were considered who were part of any Family Clinic team in the study setting, regardless of the time of hiring and training. The nurse who headed the management of the unit and was not involved in healthcare practice with users was excluded. The

team which one of the researchers worked in as a nurse was also excluded.

Data collection was performed by means of a phenomenological interview, carried out in the period from February to March 2012, using a script composed of characterization data of the subjects and the following question: What does it mean for you to provide care in the Family Clinic?

Nurses were invited to participate in the study after explaining the purpose and signing an Informed Consent Form, according to Resolution 196/96 of the National Health Council<sup>(15)</sup>. In addition, permission was requested to record the interview on a mini player (MP3), guaranteeing the participants' anonymity. The discourse was identified by the letter E (for Nurse in Portuguese) followed by Arabic numerals in the order the interviews were conducted in.

To interpret the results, the transcription of the obtained statements was read and reread in order to capture the repetition of common aspects in the study participants' discourse. These aspects revealed the concrete categories of experiences that unveiled the meanings the nurses attributed to their care actions. The categorization process and the comprehensive analysis of these meanings were performed in accordance with the methodological reference framework of Alfred Schütz' social phenomenology<sup>(14)</sup>.

This study was approved by the Research Ethics Committee of Anna Nery School of Nursing - HESFA/UFRJ, under protocol No. 100/2011 and authorized by the technical manager of the unit where the research was conducted.

## RESULTS

Characterization data show, that among the ten nurses interviewed, two were male and eight female. They had an average age of 30.7 years old, ranging from 23 to 48 years old; an average training time of 4 years, ranging from 1 to 20 years; an average work time at the Family Clinic of 8 months, ranging from 1 to 24 months and all of them had at least one Specialization Course, mostly in Public Health.

Based on the analysis of the information obtained in the interviews, in response to the question: "What does it mean for you to provide care in the Family Clinic?", it was possible to

organize the meanings into three categories: Assisting and caring for family, Promoting health and Occupational satisfaction.

The analysis of the reports in the category Assisting and caring for family revealed that nurses in their care practice try to: develop actions of health promotion and health prevention, accomplish care for individuals and their family throughout the life cycle, identifying the social processes that interfere in their health, as evidenced in the statements below:

*[...] we come into the house, participate, can be with the family, understand the problems, care from child to elderly, then you can have a better approach to the population, [...] take care, know that whole family, all generations.* (E01)

*To monitor both the individuals and their family, guiding and preventing possible diseases and disorders.* (E03)

*It means to better understand the people you are caring for, means calling these people to build their service, have a proposal to work with the territory, understand that social factors affect the quality of life and health of this population.* (E04)

*It is user monitoring, their family.* (E05)

On the other hand, the category Promoting health shows that the meaning attributed by nurses working in the Family Clinic is focused on carrying out preventive activities and health promotion in order to improve the quality of life of the population:

*I think we can change the habits of life, [...] have a better approach to the population, not just the hospital view on disease.* (E01)

*It means to develop actions [...] care, promotion and prevention actions[...].* (E02)

*It means to promote health, improve quality of life of the population of the region [...] the health quality greatly improved nowadays with the Family Clinic.* (E07)

When asked about the significance of professional practice at the Family Clinic environment, in the category Occupational satisfaction, the nurses mentioned the importance of performing actions for a differentiated service to customers that generates satisfaction and recognition of the value of the profession. At the same time, they mentioned that acting in the FHS means professional autonomy, as evidenced in the statement:

*It is a special service that we do.* (E05)

*To be able to bring my knowledge as correctly as possible to people [...].* (E06)

*To be able to exercise the nursing better in a more autonomous manner [...] in the Family Clinic, I think that nurses can be more autonomous.* (E08)

*It means satisfaction, because we have some recognition of some patients, we see that our work is well accepted, patients like and praise it.* (E10)

## DISCUSSION

The knowledge of the meanings attributed by nurses with regard to their involvement in the Family Clinic scenario permitted grasping the meaning of their care work. According to the theoretical reference framework of this study, it was possible to understand that living in the patients' daily life means living in an interactive involvement with many people in complex networks of social relationships. These people networks can build face to face relationships, which assumes orientation towards the other, considering human beings as people with learning and experiences<sup>(14)</sup>.

The Assisting and caring for family category reveals the nurses' concern with establishing a close relationship with the user, permitting the identification of needs and health monitoring of people assisted in order to develop actions to promote health.

These results are in agreement with a study that shows that, in the practice of health care, nurses have played a decisive and proactive role when it comes to identifying the care needs

of the population, as well as in promoting and protecting the health of individuals in its different dimensions<sup>(16)</sup>. This demands the improvement of their skills to decide on feasible interventions consistent with ethical and legal issues that meet the needs of individuals, families and communities<sup>(17)</sup>.

With respect to monitoring the health of families, the nurse has a more generalist than specialist role and must often be able to perform numerous tasks, to work in a team, to present quick thinking and to act with competence, patience, security and persistence in various circumstances<sup>(8)</sup>. However, the study shows that, although the FHS aims for the reorganization of healthcare practice in primary care, the action of the professionals is still based on the logistics of the care model focused on the disease and individual counseling<sup>(18)</sup>.

According to Schütz<sup>(14)</sup>, the daily life world is not in any way a private or individual world, but from the very beginning, an intersubjective world shared among peers, experienced and interpreted by people; in short, it is a world common to all.

In the category Promoting Health, nurses participating in this study observed the importance of health promotion, which as an articulated strategy with other policies, is of supreme importance for the development of interventions that can impact the health of individuals and community<sup>(9)</sup>.

When conducting health interventions, nurses base themselves on the knowledge accumulated or lifelong skills that characterize their biographical situation and influence their way of understanding the world<sup>(14)</sup>.

The findings of a survey conducted in the South of Brazil, on the significance of the performance of a team of nurses in the FHS, show that the commitment of nurses to the community through health promotion and disease prevention activities has contributed to the improvement of individuals and families' quality of life<sup>(11)</sup>.

The data are also consistent with an integrative literature review that showed that, when the nurses use the concept of health promotion in their care practice, many positive health results can be obtained, such as: adherence, quality of life, patients' knowledge about their illness and self-care<sup>(19)</sup>. However, although Nursing recognizes the importance of health promotion

in the care work, many nurse's activities are still limited to the best health practice guidelines and other related counseling<sup>(20)</sup>.

Anyway, in the category Occupational satisfaction, nurses still showed the possibility to perform actions that bring satisfaction, autonomy and professional recognition. Such findings corroborate with studies that highlight the perceptions of appreciation, satisfaction, identification with the area of primary care, salary reward, performance recognition and higher professional autonomy as determinants of the motivation of nurses working in the FHS<sup>(1-3,12-13)</sup>.

The reasons that underlie the meaning of the care provided by nurses as agents of their own history and reference point for the team in the FHS permit the discussion about the role of these professionals and about the progress and difficulties present in this strategy<sup>(21-22)</sup>.

Accordingly, based on the social phenomenology of Alfred Schütz<sup>(14)</sup>, nursing care in a Family clinic can be considered as a social action that the nurse develops in the daily life world, which establishes various intersubjective relations. By acting in this social context, the nurses seek to value the actions of health promotion, using the knowledge, experiences acquired throughout life, as well as their biographical situation at the time of care.

In this regard, the importance of the nurses' approach of the attended families is emphasized, through a face to face relationship<sup>(14)</sup> of respect and the establishment of a bond of trust, in order to promote quality care focused on the actual health needs of the users.

## CONCLUSION

For nurses, the meanings of care provided at the Family Clinic underlie the need to consider the whole family as the focus of care, with a view to developing initiatives to promote health and improve the quality of life of the population, which leads to recognition and professional autonomy.

This investigation was limited to the experience of a particular group of nurses, located in a given socio-historical-cultural context, which prevents generalization of the results. However, the findings permit understanding that the meanings

attributed by nurses in this study are consistent with government recommendations regarding the development of health promotion activities within the Family Health Strategy.

In this perspective, this study contributes to reflection on the care in this health care model, providing support for the evaluation and reorientation of nurses' care practices, as the main subject of health actions to the benefit of the community served.

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