

# PERCEPTIONS OF THE HEALTH TEAM AND FAMILY MEMBERS REGARDING THE CHILDCARE CONSULTATION

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**ABSTRACT:** This qualitative descriptive study aimed to investigate the dynamic of the childcare consultation of Family Health Strategy teams of an Integrated Health Nucleus and reflections of this in the conceptions of the health team and the family members of children registered on the Childcare Program. Data collection took place in June 2012 – February 2013, through semistructured interviews and non-participant observation, and were subjected to content analysis. The subjects were 19 health professionals and 13 family members of children. The results indicated weaknesses in the operationalization of the consultations and that the professionals' incipient knowledge regarding the issue contributes to fragmented practice based in curativism, resulting in the maintaining of erroneous conceptions among the system's users. The need is indicated to raise professionals' awareness, with a view to the construction of a new paradigm in this context, valuing the childcare consultation as an essential tool for the promotion of child health.

**DESCRIPTORS:** Child health; Child development; Health personnel; Family; Family health program.

## PERCEPÇÕES DA EQUIPE DE SAÚDE E DE FAMILIARES SOBRE A CONSULTA DE PUERICULTURA

**RESUMO:** Estudo qualitativo descritivo com o objetivo de conhecer a dinâmica da consulta de puericultura de equipes da Estratégia Saúde da Família de um Núcleo Integrado de Saúde e seus reflexos nas concepções da equipe de saúde e de familiares de crianças inscritas no Programa de Puericultura. A coleta de dados ocorreu entre junho de 2012 e fevereiro de 2013, mediante entrevista semiestruturada e observação não participante e submetidos à análise de conteúdo. Foram sujeitos, 19 profissionais de saúde e 13 familiares de crianças. Os resultados apontaram fragilidades na operacionalização das consultas e que o saber incipiente dos profissionais acerca do tema, contribui para uma prática fragmentada, pautada no curativismo, acarretando manutenção de concepções errôneas entre os usuários do sistema. Sinaliza-se a necessidade de conscientização dos profissionais, com vistas à construção de um novo paradigma nesta realidade, que valorize a consulta de puericultura, enquanto ferramenta imprescindível à promoção da saúde infantil.

**DESCRIPTORIOS:** Saúde da criança; Desenvolvimento infantil; Pessoal de saúde; Família; Programa saúde da família.

## PERCEPCIONES DEL EQUIPO DE SALUD Y DE FAMILIARES ACERCA DE LA CONSULTA DE PUERICULTURA

**RESUMEN:** Estudio cualitativo descriptivo cuyo objetivo fue conocer la dinámica de la consulta de puericultura de equipos de Estrategia Salud de la Familia de un Nucleo Integrado de Salud y sus reflejos en las concepciones del equipo de salud y de familiares de niños del Programa de Puericultura. Los datos fueron obtenidos entre junio de 2012 y febrero de 2013, por medio de entrevista semiestructurada y observación no participante y sometidos al análisis de contenido. Participaron 19 profesionales de salud y 13 familiares de niños. Los resultados apuntaron fragilidades en la operacionalización de las consultas y que el saber incipiente de los profesionales acerca del tema contribuye para una práctica fragmentada, pautada en el "curativismo", traendo mantenimiento de concepciones errôneas entre los usuarios del sistema. Se apunta la necesidad de conscientización de los profesionales para que sea posible contruir un nuevo paradigma en esta realidad, lo cual valore la consulta de puericultura, en cuanto herramienta imprescindible a la promoción de la salud infantil.

**DESCRIPTORIOS:** Salud del niño; Desarrollo infantil; Personal de salud; Familia; Programa Salud de la Familia.

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## INTRODUCTION

At the time of writing, Care for the Child's Health in Brazil is considered one of the Health System's priority axes, being linked to the Ministry of Health (MS) by the Technical Area of Children's Health and Breast-feeding (ATSCAM). The models of care proposed by ATSCAM are directed towards health promotion, surveillance, prevention of health problems, and assistance in "lines of care", aiming for comprehensive attention to children's health, including: Newborn Health Care; Promotion, Protection and Support of Breastfeeding; Prevention of Violence and Promotion of a Culture of Peace; Incentivization and Monitoring of Growth and Development<sup>(1)</sup>.

The Ministry of Health proposes the Agenda of Commitment to Comprehensive Health of the Child and Reduction of Child Mortality for the guidance of the action of all professionals who deal with children. This document's objective is to ensure the child may benefit from holistic and multi-professional care, requiring the encompassing of all her needs and rights as an individual. As comprehensive care, the following is understood: responsibility for providing the care necessary at all levels; promoting health at the most complex level of care, from the locus itself of the healthcare to the other sectors which have a close and basic interface with health (housing, treated water, education, etc)<sup>(2)</sup>.

As a result, holistic care for child health is shown to be an important landmark in childcare and in the recognition of the child's rights, allowing healthy growth and development with all its potential<sup>(3)</sup>.

The monitoring of the growth and development of the child in the context of the Family Health Strategy (ESF) has, in the Childcare Program (PP), its guiding axis, the reason for which the activities which make the same up must be undertaken by a group of professionals who are committed to the care of the child.

In this scenario, the childcare consultation aims for the promotion of child health, allied with the prevention of future diseases and health problems. For this to occur satisfactorily, the professional responsible for the consultation must be familiar with the Childcare Program stipulated by the MS and with the objectives it was designed

for, in addition to understanding the child in the family and social environment and the cultural and economic relationships in which the child is inserted<sup>(4)</sup>.

In the "First Week Holistic Health", which encompasses the actions which are undertaken in the first week of life of the newborn, and which aim to strengthen the mother-child bond and to reduce maternal and child mortality, every newborn must be embraced in the Primary Care Center for checking of the care, as much for the mother as for the child, emphasizing the importance of this approach in the first days of life and first months, which is when the majority of problems which lead to early weaning take place<sup>(2)</sup>.

In this regard, the beginning of the childcare consultations must be undertaken prior to the 15th day of life of the newborn. The age range for the attendances encompasses from birth up to 10 years old. The attendances may be undertaken by the physician or nurse and the follow-up consultations must be arranged in accordance with the needs posed by each case (daily, weekly, fortnightly or monthly)<sup>(5)</sup>.

Furthermore, it is emphasized that the health care for the child must privilege the feelings and values of the families, such that all the subjects involved in the process of care may jointly take the decisions necessary for the promotion and recovery of a healthy life. In this perspective, the relationship between professionals and service users makes possible the search for autonomy and the capacity for change in the society to which they belong<sup>(6)</sup>.

Hence, empathy, the humanized care and the forming of an affective bond between the health team and the families are emphasized as tools which favor adherence to the PP, in this way allowing the appropriate following up of the children. Although the understanding of this chain of actions is simple, one can ascertain, in the care contexts, the existence of gaps in relation to its implementation. It was from this observation that the concerns arose which led us to propose a study seeking to investigate how the childcare consultation is inserted in the "doing" of the routine of the ESF health professionals, and what the understanding is that the family members of the children attended by the family health strategy have regarding this attendance.

This study's objective was to investigate the dynamic of the childcare consultation of the Family Health Strategy teams of an Integrated Health Center and its reflections in the conceptions of the health team and of the family members of the children registered on the Childcare Program.

## METHOD

This is a study with a qualitative descriptive approach, undertaken in the municipality of Maringá, in the state of Paraná, with ESF teams working in an Integrated Health Nucleus, the participants being professionals from the health teams linked to the Childcare Program, and family members of children registered in this program.

The primary health care network of Maringá currently has 34 Primary Healthcare Centers (UBS), organized in 5 regions – the Integrated Health Center (NIS), in which the Family Health Strategy teams work. In 2013, the coverage was 61.97% of the population, with 66 ESF teams<sup>(7-8)</sup>.

The locus selected for the undertaking of the present study was the Pinheiros Integrated Health Nucleus (NIS), selected because it constitutes a field of practice of teaching, research and extension courses for the area of health, for Maringá State University. In the period in which the study was undertaken, there were seven ESF working in the NIS, termed team 02, team 03, team 04, team 05, team 06, team 07, and team 10. Each ESF team had one nurse, one physician, one nurse technician or auxiliary nurse, and community health workers.

The care for children's health in the ESF teams is implemented based on the National Immunization Program and on the Childcare Program, with the physician and the nurse being the professionals responsible for the consultations, receiving support from the nurse technicians/auxiliary nurses for verification of the anthropometric data, and from the community health workers in the home visits. The activities which make up the childcare in the above-mentioned context include the consultations arranged and the home visits.

The children are monitored from 0 to 10 years of age and the consultations are arranged using, as guidance, the pattern established by the Ministry of Health, in the Primary Care Book: Child Health

– Growth and Development<sup>(5)</sup>.

Data collection took place in June 2012 – February 2013, through interviews using a semistructured questionnaire and by nonparticipant observation of the childcare consultations by the researchers. A script was used for the observation in the format of a checklist, containing the data regarding the activities and procedures undertaken in the consultation, resources and materials used, records and information/communication systems, the relationship with the child and her family members, the arranging of consultations, the control of information and the filling out of the child health record.

The inclusion criteria for the family members were: to have a child/grandchild registered on the PP and for this to have been monitored for at least 6 months. For the health professionals, the inclusion criteria were: to have been a professional of the Family Health Strategy health team (physician, nurse, nurse technician or auxiliary nurse, or community health worker) for at least one year, and to work in activities related to the childcare consultation.

In the interviews with the participants, two models of the semistructured script were used: one for the health professionals, and the other for the family members of the child, made up of two parts: one directed towards the characterization of the research subject and the other containing the guiding question relevant to the approach of the study's central issue and supporting questions. The guiding question for the professionals was: What is your perception regarding the childcare consultation in the context of care for the health of the child? For the family members it was: What is your perception regarding the childcare consultation for the health of your child/grandchild? This participation occurred following previous instruction and signing of the Terms of Free and Informed Consent. The interviews were audio-recorded and subsequently transcribed in full for the analysis procedures. The data were collected until the study's objectives had been achieved.

In order to maintain the confidentiality of the interviewees' identity, the family members were identified using the names of birds, and the health professionals, with the names of flowers. The data extracted from the observations were identified as

“TO” (team observation), followed by the number attributed to the team (2,3,4,5,6,7,10).

The process of interpreting the data took place through thematic categorical analysis<sup>(9)</sup>, in which the material was firstly organized for subsequent transcription. Various readings were undertaken in order to grasp the significant registration units, with a view to seeking to meet the study's objectives. Following that, the analytic deepening took place, in which the units were grouped by similarities and divergences, forming themes which led to inferences, thus establishing the thematic category of the study discussed with theoretical and reflexive foundation: The dynamic of the childcare consultations in the ESF.

The study protocol (CAAE 05191612.2.0000.0104) was approved by the Standing Committee for Ethics in Research Involving Human Beings, of Maringá State University (COPEP), in accordance with Opinions N. 63568/2012 and 147.735/2012, and respected all the precepts established by Resolution 466/2012 of the National Health Council of the Ministry of Health.

## RESULTS

### Characterization of the research subjects

As participants, the study had 19 family members of children registered on the Childcare Program, of whom 16 were mothers, two grandmothers and one a father, as well as thirteen health professionals, of whom seven were community health workers (ACS), three were physicians, two were nurses and one was an auxiliary nurse.

### The dynamic of the childcare consultations in the ESF

During the observations of the childcare consultations, it was possible to ascertain various configurations regarding the protagonism of their implementation: in teams three and seven, the childcare was undertaken by the family's doctor; in team four, it was the nurse who was entirely responsible for the consultation; in teams six and ten, it was the pediatrician who attended

the children; in team two, the nurse and the physician took the consultation; and in team five, the childcare consultation was not undertaken, due to the lack of the physician (TO 2, 3, 4, 5, 6, 7 and 10).

In the undertaking of the research, it was ascertained that two other teams, in the absence of the family's physician, ceased to undertake the childcare consultation. In these two cases, the children registered were referred to the NIS pediatrician (TO 6 and 10).

In one of the ESF teams, in which the childcare consultation was undertaken by the family's physician (general practitioner) it was observed that the approaching of the child was undertaken in a superficial way, without taking into consideration the guidelines established by the Ministry of Health. In these attendances, the children's anthropometric measurements were verified previously by the auxiliary nurses and sent to the physician using the computerised system. The data was not cross-checked by the physician with the Child Health Record and neither was the data entered in this, and neither was the family member informed regarding the progression of the monitoring of the child's growth and development (TO 3).

The majority of the childcare consultations undertaken by the teams were based prioritarly in the curativist model, being supported in the biological dimension of the process of the falling ill of the child. It was also perceived that some of the professionals and family members participating in the study did not have a deeper notion regarding the principles which define the childcare consultation (TO 2, 3, 6, 7 and 10):

*The doctor asks if everything is all right, if we need anything, and he listens to my daughter's heart.* (Parakeet - mother)

*I needed advice from this doctor, and he couldn't tell me (well, he's not a pediatrician, you know!). He needs to give more attention, look at the child a little more.* (Seagull - mother)

*Childcare is the monitoring of the child's development.* (Daisy – Nurse)

*Ah.... childcare? It is checking the weight...*

*Monitoring the child... The growth. It has to be done by the physician.* (Violet – Community Health Worker)

*Childcare? No, I don't know what that is.* (Hyacinth Macaw – mother).

*Childcare? I've heard about it, but I don't know what it means.* (Nightingale – mother)

The childcare consultation was undertaken by the nurse in only one of the seven ESF teams observed. It was noted that the consultation was more organized, and followed a systematization equivalent to that proposed by the Ministry of Health. The nurse received the family members with tenderness and empathy, checked the children's anthropometric data, and took the physical examination, made the notes in the Child Health Record and in the medical records, provided guidance in accordance with the child's and the family's needs, arranged the next consultation, and encouraged them to continue with the monitoring of the child. In two attendances, the children had respiratory problems and because of this were referred to the family's physician, who continued with the attendance (TO 4):

*The nurse's attendance is very good. She does it with love, she gives my son attention... She examines everything: his lungs, his head, his ears, his tummy, everything... If I have any doubts, she always provides me with guidance.* (Sparrow – mother)

*I like the attendance we get from the nurse, she advises us, she examines the child, and if anything more specific is needed, she refers him to the doctor. I try to come to all the consultations arranged, I know it is good for my daughter* (Pheasant - mother).

*The nurse is highly present. She tries to do the attendance correctly, as not all the teams do it this way* (Hydrangea – Community Health Worker).

Although the childcare consultation undertaken by the nurse is close to the model

established by the Ministry of Health, some mothers showed a certain insecurity, valuing the medical consultation and the medicalization in the approach of the child:

*The nurse attends well, but I think it has to be the doctor, you know!? He sees what the child has and resolves the problem on the spot.* (Kiskadee - mother)

*I think that the child should have a consultation with the pediatrician, you know!? It is the nurse who does the attendance here, but the pediatrician would be better, because they give the right medicine straightaway.* (Parakeet – mother).

## DISCUSSION

The Childcare Program and the National Immunization Program, at the present time, are presented as the main instruments for promoting child health and preventing problems in this area. It was evidenced in the study that, in spite of the childcare consultation being implanted in the ESF, there are some gaps in its implementation. It was not possible to observe a single and consistent protocol for operationalization of the consultation, which contributes to the depiction of a care context without uniformity of actions and with heterogeneous practice among the teams.

The effective implementation of the childcare consultation in the ESF is considered priority and of extreme importance in the care for the child and her family, as the actions directed towards the child's health, proposed by the Ministry of Health, aim for holistic and humanized care, valuing the patient and her family in their socio-economic and cultural context, shifting the focus from medica-curativist care<sup>(10)</sup>.

The lack of valuing of these fundamental precepts by the members of the teams leads to a predominantly technical practice, translated through a process of embracement which is little efficacious, and mechanical attendance on the part of the professionals. The observation of the childcare consultations undertaken by the team revealed the lack of dialogue, little or no guidance, and the absence of spaces in which the

family members could express their anxieties and doubts in relation to the care for the child. This stance contributes, ultimately, to the distancing between the professional and the service user, perpetuating the paradigm of healthcare which is merely assistentialist and focused on attending complaints and health problems.

The literature reveals that the professional who practices the childcare consultation must undertake her work with a broad clinical perspective, which aims to increase the health service user's autonomy, performing the role of educator and advisor in the context of the child's health and the health of the child's family members, ensuring the best care and strengthening the service users' bond with the health services<sup>(11)</sup>.

Valuing listening and dialogue are positions which reveal the disposition to understand the other in her needs, demonstrating the professional's interest in understanding the parents, in their limitations and strong points in the care for the child. The users of the health system, in evaluating the comprehensive character of the care, do not take into consideration only the structural aspects, but show themselves to be displeased regarding how the relationships are put into effect, as the care is only possible if there are concrete conditions for dialogue<sup>(3)</sup>.

The premises of care centered on the family are dignity and respect: the professionals hear and respect the patient's and family's choices and perspectives, incorporating these into the planning of the childcare, so as to implement the bond and the autonomy of the care<sup>(12)</sup>.

Corroborating this conception, one study undertaken in Campo Grande observed that, during the childcare consultations, the mothers have the opportunity to question and learn regarding their child's health<sup>(13)</sup>. When the attendance is permeated by care and tenderness, it allows a relationship of trust between the children's family members and the health professionals, being valued through the appropriate following of the consultations by the parents and guardians.

The present study's findings evidenced that the majority of the professionals who work in the childcare consultation continue to hold a curativist vision of the attendance for the service user, valuing the consultation which is fragmented and centered on a complaint to be analyzed.

As a reflection of this type of attendance, the community assisted by the ESF has come to absorb the professionals' concepts, giving little importance to the childcare consultation.

Similarly, these conceptions have been indicated in other studies, such as in the research undertaken in Paraíba, which observed that the actions of the nurses in the attendance provided to children were based in the biological dimension and in the process of falling ill, without prior scheduling and through self-referral, rendering inviable the user-centered approach<sup>(14)</sup>. In the Ceará<sup>(4)</sup> one study indicated that the majority of the health professionals of the ESF prioritized the attendance to the ill child, not undertaking the childcare consultation. Corroborating these data, mothers from Sobral, in Ceará, reported that they did not take their children to the childcare consultations as they considered that they were healthy and that they did not, therefore, need attendance<sup>(15)</sup>.

This curativist model of health is wholly contrary to the Primary Care guidelines, represented by the ESF, and which recognizes in the Childcare Program a timely tool for the monitoring of child growth and development, geared towards the aspects of health promotion and prevention of health problems, allowing humanized and holistic care for the child, demystifying the focus centered only on the illness<sup>(16)</sup>.

In accepting the changing of this paradigm, through the substitution of the curativist model by the preventive model, with a view to health promotion, the ESF became a fundamental instrument for the empowerment of the population, leading it to autonomy of care<sup>(17)</sup>.

The data from this study also revealed that there are professionals committed to child health, and who are concerned with assisting the child and her family comprehensively. This was observed in only one of the teams, in which the childcare was undertaken by the nurse. Thus, and despite being an initiative which is praiseworthy and recognized by the population attended, this situation raises another problem, which is that of the lack of a guideline for action among the teams, and scarcity of policies for continuous training or continuing education and health, with a view to the qualification of the care.

As a result, one can infer that the practice and implementation of the actions in the routine of

the care depend on the appropriate conception regarding the childcare consultation on the part of the professionals, and on the valuing of this body of knowledge by the services; and that it is on these, in their turn, that the evaluation by the health services users in the process of the raising of the awareness of the population itself, depends.

It is therefore necessary that the actions undertaken by the health team should be perceived by the users through the attitudes and behaviors during the care dynamic. The population associates good attendance with the vocational issue, understanding that the professionals who perform the humanized care like what they do<sup>(4)</sup>.

Through the knowledge of the context experience, and the socioeconomic and cultural conditions of the families, the health professional can offer attendance which encompasses the child's real health needs, with possibilities for greater adherence to the treatment and advice, promoting child development with the minimum of problems, such that she may achieve a healthy adult life<sup>(3-4)</sup>.

The literature indicates that there are various strategies which promote the involvement of the community in the process of autonomy of the care. One can emphasize health education as a tool which facilitates this process, giving the service users a voice and opportunity, taking into account their knowledge, beliefs, habits and roles, so as to ensure the sustainability of the healthcare<sup>(4,18)</sup>.

Comprehensive care in health presupposes multi-professional work, in which the focus is the child's well-being. In this perspective, the nurse, as a member of this team, must be active in and value the childcare consultation as a strategy for promoting child health, and with a view to producing individual and collective changes. The practice of the nursing consultation makes it possible for the nurse to regain control of the care, through systematized care, establishing co-responsibilities with the service user so as to contribute to the transformation of the lifestyle and the health context in which the latter is inserted, arousing the nurse's personal satisfaction and professional valorization<sup>(19)</sup>.

In the process of care of the child, the nurse must be up to date with the latest developments in

care and educational actions, as her involvement is fundamental for the success of the Childcare Program in the ESF. These activities, however, must be shared by the health team, such that all can contribute to the child's healthy development. In this context, the nurses, like the other professions, need to review their practice, seeking improvement and quality in care, as well as the ability to resolve the routine problems faced in care of the child<sup>(10,20)</sup>.

## FINAL CONSIDERATIONS

The valuing and implementation of the PP by the health professionals have implications for the safety and trust of the community in the preventive model of health. As a result, the hegemonic medical paradigm, with its focus on medicalization and attendance of demands, loses its power to influence the ideology which is predominant in the population, giving way to a new logic of work in the ESF, which aims for the promotion of the child's health.

The childcare consultation undertaken in the ambit of the ESF constitutes an essential instrument in the promotion of child health. For this, it needs to be implemented in accordance with the guidelines established by the Ministry of Health, adjusted to the needs of each municipality.

It is worth, therefore, emphasizing the importance of placing the Childcare Program, particularly the childcare consultation, on the agenda of the municipal managers and those responsible for the ESF teams regarding the routine in primary care in the context of the promotion of child health. It must be emphasized, among the various advantages of encouraging this practice, that carrying out this form of attendance is of low complexity and low cost, in contrast with the positive impacts – when it is implemented effectively – in the ambit of quality of life and health of the child population. Investment in the continuing education of the professionals who work in this area and in processes evaluating the health services are also considered to be of extreme importance, such that the practices in the care for the health of the child may be in accordance with the public policies and the guidelines of the Unified Health System (SUS).

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