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RESEARCH

WORK PROCESS OF NURSES IN CHILD DEVELOPMENT SURVEILLANCE

PROCESSO DE TRABALHO DE ENFERMEIROS NA VIGILÂNCIA DO DESENVOLVIMENTO INFANTIL

PROCESO DE TRABAJO DE ENFERMEROS EN VIGILANCIA DEL DESARROLLO INFANTIL

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ABSTRACT

Objective: to investigate the work process of nurses in childcare consultations regarding child developmental surveillance in family health units. **Method:** a qualitative research conducted with 19 nurses who performed childcare consultations with children under two years old in family health units. Data collection took place from March to July 2016 through semi-structured interviews and thematic content analysis was used. **Results:** it was evidenced that the nurses implement some care actions recommended for childcare consultation, but the surveillance of the neuropsychomotor development and the relational techniques are weakened. The factors that hinder the work process of nurses in conducting child developmental surveillance were the poor infrastructure, lack of inputs and low adherence of mothers to consultations. **Conclusion:** the qualification of nurses and the awareness of managers are necessary to provide favorable working conditions for the promotion of comprehensive childcare.

Keywords: Child Care; Child Development; Child, Nursing; Primary Health Care.

RESUMO

Objetivo: *investigar o processo de trabalho de enfermeiros nas consultas de puericultura em relação à vigilância do desenvolvimento infantil em unidades de saúde da família.* ***Método:*** *pesquisa qualitativa com 19 enfermeiros que realizavam consultas de puericultura à criança menor de dois anos de idade em unidades de saúde da família. A coleta de dados ocorreu de março a julho de 2016 por meio de entrevistas semiestruturadas e utilizou-se a análise de conteúdo temática.* ***Resultados:*** *evidenciou-se que os enfermeiros implementam algumas ações de cuidado preconizadas para consulta de puericultura, porém a vigilância do desenvolvimento neuropsicomotor e as técnicas relacionais encontram-se fragilizadas. Os fatores que dificultam o processo de trabalho dos enfermeiros na realização da vigilância do desenvolvimento infantil foram a precária infraestrutura, escassez de insumos e baixa adesão das mães às consultas.* ***Conclusão:*** *é necessária a qualificação do enfermeiro e a sensibilização dos gestores, para proporcionar condições de trabalhos favoráveis para a promoção do cuidado integral à criança.*

Palavras-chave: *Cuidado da Criança; Desenvolvimento Infantil; Criança; Enfermagem; Atenção Primária à Saúde.*

RESUMEN

Objetivo: *investigar el proceso de trabajo de los enfermeros en las consultas de cuidado infantil sobre la vigilancia del desarrollo infantil en las unidades de salud familiar.* ***Método:*** *investigación cualitativa con 19 enfermeros que realizaron consultas de cuidado infantil a niños menores de dos años en unidades de salud familiar. La recogida de datos tuvo lugar de marzo a julio de 2016 a través de entrevistas semiestructuradas y se utilizó el análisis de contenido temático.* ***Resultados:*** *se evidenció que los enfermeros implementan algunas acciones de atención recomendadas para la consulta de cuidado infantil, pero la vigilancia del desarrollo neuropsicomotor y las técnicas relacionales son frágiles. Los factores que obstaculizan el proceso de trabajo de los enfermeros para llevar a cabo la vigilancia del desarrollo infantil fueron infraestructura inadecuada, falta de insumos y baja*

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adhesión de las madres a las consultas. ***Conclusión:*** *se precisa calificación de los enfermeros y conciencia de los gerentes para proporcionar condiciones de trabajo favorables con miras a la promoción de la atención integral del niño.*

Palabras clave: *Cuidado del Niño; Desarrollo Infantil; Niño; Enfermería; Atención Primaria de Salud.*

INTRODUCTION

Primary Health Care (PHC) allows for the autonomy of nurses in comprehensive care to users, bypassing the biomedical model and favoring inter-professionality in the collective work process.[1]

Thus, the health work process should prevail over the live work in action, performed at the time of care and guided by the use of health technologies, especially light technologies, relationships and bond production, which reflects in the autonomy of the encounter between the user and the health professional; to the detriment of the dead work, expressed by previous elaborated works, represented by the light-hard technologies, found in the structured knowledge; and hard as in organizational structures, standards and equipment.[2]

In the Family Health Strategy (FHS), the preferred gateway for the promotion of child health, child health services are offered in order to monitor their growth and development and prevent health problems using light technologies that promote comprehensive care in the biopsychosocial context of the child.[3]

In this perspective, Nursing consultation in childcare becomes an essential tool in its work process, enabling the implementation of child development surveillance, with prevention and health promotion strategies.

It is through child developmental surveillance that nurses have the opportunity to provide qualified, systematized, integral and individualized care, preventing the occurrence of health problems that may come to hinder the normal development of the child.[4,5]

However, a study[4] found weaknesses in the monitoring of child growth and development due to fragmentation of care and lack of complete assessment of the child, with impairment of educational activities and interaction with the family in the childcare consultations.

Another study[6] evidenced the following as obstacles that interfere in the execution of the quality childcare consultation: lack of inputs, physical structures and number of professionals, demotivation and professional commitment, curative practices, devaluation and lack of knowledge of the importance of consultation by users and permanent education deficit.

Considering that child growth and developmental surveillance is a fundamental activity to prevent the occurrence of morbidity and mortality, the weaknesses identified in the routine of the services are of concern and need to be discussed in order to propose strategies for improving this scenario.

Given the aforementioned, the following question was asked: How do nurses develop their work process in relation to child developmental surveillance in childcare consultations in the Family Health Strategy? And it was aimed to investigate the work process of nurses in childcare consultations regarding child developmental surveillance in family health units.

DESCRIPTION OF THE METHODOLOGY

A qualitative descriptive research conducted in Family Health Units (FHUs) in one of the five health districts of the capital of *Paraíba*-Brazil. The research participants were 19 nurses who performed childcare consultations to children under two years of age and who have worked in the FHUs for a minimum of six months. Nurses on vacation, leave or away during the data collection period were excluded.

Data was collected from March to July 2016, through a semi-structured interview, following this guiding question: Regarding child development surveillance, how do you conduct childcare consultations for children under two years old? The interviews took place in the nurses' offices, in a single meeting, and were recorded on digital media after signing the Free and Informed Consent Form (FICF).

The closure of the collection followed the criterion of sufficiency,[7] which after repetition of the participants' ideas it was possible to draw a comprehensive picture of the object of study. To ensure anonymity, the participants were identified with the letter N, followed by the Arabic number of the sequence of the interviews.

The empirical material was fully transcribed and subjected to thematic content analysis[7] with material organization and first classification; successive readings drawing the horizontal map and apprehending the relevant structures; and cross reading by grouping into categories to achieve the objectives of the study.

The survey met the regulatory standards for research involving human beings, being approved by the Research Ethics Committee under Opinion No. 0096/12.

RESULTS

Among the 19 nurses, only two were male. The time since graduation ranged from four to 34 years, working in PHC from three to 30 years.

The participants' reports enabled the construction of two thematic categories, as presented below.

Work process of the nurse from the perspective of child development surveillance

Some recommended care actions for child health care are implemented during childcare consultations, such as: anamnesis, history, physical examination, anthropometry and health guidelines.

> *We do the perimeters. Cephalic, abdominal perimeters, structure and weighting. I advise regarding the feeding of this baby, the breastfeeding* (N10).

> […] *I try to collect the data regarding the child's birth, the child's card notes, everything that has been recorded, how it is, how the child has been the last days and I start to do the clinical portion* (N15).

The neuropsychomotor assessment of children as an integral practice of their work process in the consultation was mentioned more generally by the nurses:

> *I always see the issue of muscle tone, development issue* […] *if they are crawling in a certain period, if they are already raising their head* (N08).

> *I pick up the child's vaccination card and show: oh! See here* […] *the one-month-old child does this, the two-month-old child does this. So, we try to bring parents to be partners in this development monitoring* (N03).

> *I usually look for the development in the cards* […] *the child has already started talking, is walking,* […] *according to their age, this is the development that they already have to be doing* (N07).

It is noteworthy that some nurses referred to the assessment of growth as synonymous with neuropsychomotor development.

> *The development with the growth can be seen in the table if they are underweight, I say and guide them on what to do* (N06).

> [I evaluate the development], *by the child's weight gain, when they come for consultations, if they are gaining adequate weight, according to the schedule, according to each child's age* (N18).

Regarding the measurement of the children's head circumference, the nurses explain a differentiated look at this parameter in their practices, due to the increase in cases of microcephaly in newborns in the Northeast region since 2015.

> *We have to take care of the perimeters, especially the head circumference, because of microcephaly.* […] *Getting weight, height, thoracic and cephalic perimeters* (N12).

> […] *And now with these cases of microcephaly, we started doing the most accurate verification,* […] *we are more careful to measure,* […] *really looking at the centimeters, if they are appropriate, if they were born straight* […] *you get more attentive* (N18).

The registration in the Child Health Booklet (CHB) was another action mentioned by the nurses during the childcare consultation as an indispensable tool for monitoring child growth and development.

> […] *I'll check the little vaccine card, everything,* […] *the instrument of the card where we follow up* (N04).

> *We follow the card, I put in the graphics* […] *every month I put it right and orient the mother and explain, see, your baby is within normal, because they are within the range, explaining everything* (N16).

Another aspect that is indispensable in the work process in childcare consultation is team work, so the following reports highlight acting together with the physician as a resolute action to respond to the child's health needs.

> […] *when I detect a little problem,* […] *together with the doctor,* […] *we already refer, already refer this child to the necessary specialty* (N05).

> […] *if I find something that is not up to normal, I already have that access, right here to take to show the doctor* […] *for her to identify something if needed* [*the child*] *returns for a consultation* (N13).

This reality, however, is not experienced by everyone, so some nurses do the childcare consultation, but they miss the joint work.

> […] *I do most of the appointments, so if the consultations were shared with the doctor, I would have a different view for the child, and then they might see things that I can't see* (N01).

> *When there was a doctor, the consultation certainly got richer because each one had a specific part to work with* (N07).

Barriers to developmental surveillance in the childcare consultation

Despite the importance of continuous monitoring, the nurses reported situations that significantly interfere with childcare and that may hinder their work processes. These factors vary according to the child's demand and need, as well as the excess of bureaucratic assignments and activities.

> *One of the things that make our childcare difficult is the excess of roles* [...], *we waste more time filling put papers than actually caring for the child, providing the parent with guidance* (N03).

> *There are days when there are a lot of children and we can't help* [...] *sometimes I miss some things that I know apparently have nothing, and as I've been following the child* [...], *in the other day I accomplish the complementation* (N08).

The lack of materials and equipment and poor infrastructure in the health units were also cited as obstacles in the work process of nurses, as they hinder the assessment of child growth and development.

> *There are no measurement tapes often, for measuring height and head circumference.* [...] *We don't have here medications for children* [...] *for a long time no polyvitamin comes* [...] *we don't have it, pass it to the mother to buy, but she can't afford it* (N02).

> *The biggest difficulties we have are in relation to the material, we really have a lot of difficulty, not everything is perfect, but what we can do, we do* [...] *sometimes a booklet is missing, printed material is missing* (N18).

However, with the purpose of overcoming the difficulties in the micropolitics of health work and of ensuring the physical evaluation of the child, nurses improvise materials that may compromise the quality of their work.

> *Missing a ruler, I measure with this one* [measurement tape], *it is not suitable,* [...] *I do because this is the way* (N06).

> *It's one scale for the whole unit, if you are using it and someone needs it, you have to give it up* (N14).

> *The weight is unreliable because we use the adult scale,* [...] *the mother weighs with the child and then takes the child and subtracts the mother's weight and gets the result because it does not have a child-specific scale* (N19).

Regarding the infrastructure of the family health units, nurses work in inadequate settings with adapted rooms, small and hot, which directly interfere with care, as they do not offer adequate conditions to perform their work.

> [...] *And sometimes even the working conditions, the heat, the small room* (N03).

> *The question of the structure* [...] *there is no childcare room that is attractive to the child, that has proper stretcher, scale being close* [...] *the structure does not allow you to have adequate privacy to develop your work* [...] *You have to get going with what you have* (N08).

In addition to these factors that hinder the implementation of childcare, another barrier mentioned by the nurses relates to the low adherence of mothers to childcare consultation, as they seek care for their children only when they are sick.

> *We follow up growth and development, but most people come because of virosis* [...] *and weight deficit* (N09).

> *Because they think* [the people responsible for the child] *you only bring the child to the doctor, there's nothing to bring to the nurse* (N11).

> *Sometimes, because the baby wasn't feeling anything, they didn't come for childcare consultations* (N17).

DISCUSSION

Childcare is an activity with low implementation complexity and minimum cost,[8] through which the nurse is able to identify possible changes in the child development and vulnerability situations that may come to contribute to reduce child morbidity and mortality.[9]

The work process of nurses in childcare consultation is marked by actions that include health promotion, prevention, treatment and recovery, employing the scientific knowledge of the profession in clinical practice in primary care.

Care actions in child health care carried out during childcare consultations are paramount to assess the child's general condition and to intervene early on changes in the evaluated parameters, as they may indicate delays in child development and/or chronic disease.[9]

It should be noted that the history and physical examination in the consultation reflect on quality care, given that these

are essential actions to identify injuries, perform appropriate interventions and provide follow-up for the offered care.[10]

In addition to the sequential stages performed in the childcare consultation, the practice of nurses to implement health promotion, disease prevention and comprehensive care actions translates into important actions for the achievement of child welfare.[8]

Regarding neuropsychomotor development, it was found that some nurses do not report in detail how they perform their assessment and others confuse their assessment with the child's general condition and growth measurements, not including actions that include the assessment of milestones and risk for delay in development for the age.

Proper understanding of the neuropsychomotor development assessment is necessary for the correct implementation of childcare with timely interventions. This is because developmental surveillance is essential in child health care since it contains activities that promote healthy development as well as early detection of delays.[11] A study conducted in Canada in 2010 highlighted the importance of the comprehensive approach to child development surveillance, noting that, during the care of children in PHC, the health professionals were able to identify some kind of developmental delay.[12]

In the meantime, it is relevant that the professionals who assist the child are aware of the risk factors for developmental delay, in order to intervene early in health care teams and services,[13] for the child to grow up and develop to its full potential.

It is noteworthy that the nurses mention being more aware of the head circumference, starting to implement this action more often due to the emergence of microcephaly by the Zika virus in Brazil. This attitude becomes important because it demonstrates that they are vigilant in their assessment, contributing to the early identification of microcephaly and other associated problems.

However, the need to measure the parameters of child growth and development in all childcare consultations in a careful and responsible manner is reiterated, as they provide information on the child's evolution.[9]

Regarding the CHB, data indicates that the nurses still use the term child card to refer to the booklet. This term should be in disuse because, before, the child accompaniment card contained only the vaccination calendar and a chart for monitoring child growth and development, but without any information for the child's parents and/or caregivers.

Currently, the booklet is an effective instrument for the longitudinality of childcare; therefore, the proper use and correct recording of information in the CHB are essential for an efficient, longitudinal and resolute care. Therefore, this document is characterized as a timely tool for child health surveillance, protection and promotion, as well as for communication between professionals and family, converging to comprehensive care.[14]

Despite the importance of the booklet for comprehensive childcare, a study[15] conducted in the city of *Cuiabá*-MT with professionals working in the basic health network states that nurses and doctors continue to limit the use of the booklet in their practice to monitor childhood growth and vaccination. Therefore, the absence of records in the booklet by the health professionals compromises the continuity of care and communication among the different services of the health care network.[14]

Faced with complex situations identified by the nurses, inter-professional work in childcare was associated with the guarantee for problem solving. According to the World Health Organization,[16] inter-professional collaboration happens when the health workers contribute to the care offered to the patient in different health services, valuing the skills of each team member and sharing the actions, seeking to offer better quality care.

Thus, inter-professional collaboration is fundamental in PHC, considering that it proposes a shared and integrated practice, marked by the involvement of the entire health team, considering the user's need for decision-making.[17]

This articulation among the professionals is fundamental to knowledge sharing and avoids unnecessary referrals when any change in the child's health is identified.[8]

However, a multi-center study[3] that sought to evaluate PHC services in child health care through observation of the work process identified that childcare was predominantly individualized, without sharing of actions among the professionals. Another study,[14] conducted with PHC professionals in 2013, also found isolated activities in the practices of professionals in childcare, contrary to the teamwork principles. Thus, it is understood that, despite the importance of inter-professionality and of the PHC philosophy, which favors teamwork, isolated actions are still common among the professionals.

In the meantime, it is learned that the nurses value the role of the physician in childcare and, therefore, feel the need for their collaboration in care. However, the absence of the doctor in the team or the non-consultation of the child by this professional constituted barriers to the promotion of qualified care that marked the nurses' discourse in this study.

As obstacles to the surveillance of the development, the nurses explained the overload of activities resulting from high demand and bureaucratic activities that correspond to filling out forms during care, containing the necessary information for the health information system in force in the municipality. Several studies[3,5] also concluded that this is one of the factors that interfere with and weaken childcare consultation and, consequently, compromise the quality of child development surveillance.

It is worrying that some nurses do not use the moment of consultation to provide comprehensive childcare, due to the

demand for other actions in the service, suggesting that in the work process of nurses in the PHC, quantity is given priority over quality of care. This behavior deserves reflection because, during childcare consultations, risk situations can be identified early.

The PHC nurse acts not only in care, but also in administrative-managerial activities,[18] a fact that weakens the attention to the child's health. From this perspective, to ensure quality care, it is necessary that nurses reduce the number of bureaucratic activities in their childcare consultations, favoring the interaction between professionals and family,[4] because the excessive demand, protocol actions and bureaucratic activities make it difficult to establish this professional's bond with the child/family and denounce the capture of live work in action by the dead work.

Thus, we highlight the need to work on the bond as one of the pillars in childcare consultation, because it provides an interpersonal and lasting relationship between professional and family, guided by trust in actions, responsibility in care and resoluteness.[19]

It is necessary to emphasize the lack of materials for the development of childcare consultations. Other studies[4,5] that worked with the Nursing childcare consultation at PHC also report the lack of equipment needed for childcare consultation. This finding reflects negatively on the quality of care of the health professionals in PHC and needs the intervention of managers to enable and ensure the full assessment of the child.

The study reports also highlight the inadequate working conditions of nurses in health units for childcare, making consultations an exhausting moment for professionals who need to evaluate a child. Moreover, the lack of an adequate physical room has served as a justification of some nurses for not conducting childcare consultation.

In line with these findings, a study conducted in southern Spain that assessed users' opinions regarding Nursing care revealed the dissatisfaction of PHC users with the physical room and infrastructure of their offices, underlining the need to improve the facilities and infrastructures to improve the quality of care offered in the Nursing consultation.[20]

Based on the premise that the care offered to children should provide for the resolution of their health needs,[3] it is essential that the health services have adequate structures, with physical areas and facilities, material resources and necessary equipment, in order to provide the child with quality care in an attractive and stimulating setting for children.

It is noteworthy in the reports that the mothers do not seem to value the monitoring of growth and development performed by nurses and that childcare is centered on the medical professional. In this regard, the literature is emphatic in stating that the predominance of the curative, fragmented and medical view focused on childcare contributes to the devaluation of childcare consultations performed by nurses.[8]

Thus, it is necessary to propagate in the health services the importance of monitoring child growth and development in childcare. For this, nurses should provide appropriate guidance and develop care actions aimed at monitoring growth and child development, seeking to promote safety and confidence in relation to their work.[6]

It is important to make sure that the nurse, besides monitoring the growth and development of children periodically, may have autonomy in decision-making and implementation of the necessary conducts, following the law that governs the profession.[1]

In this context, the strategy of Integrated Attention to Prevalent Childhood Diseases (*Atenção Integrada às Doenças Prevalentes na Infância*, AIDPI) is emphasized, which enables health professionals, including nurses, to treat child health problems in PHC through a systematic evaluation of the clinical symptoms and signs, contributing to the diagnosis and implementation of childcare actions.[21] Thus, it is relevant to introduce the strategy in the Nursing course Bachelor degree, given its contribution to the application of the AIDPI.

Thus, it is expected that these professionals guide mothers and caregivers on the relevance of monitoring the development in the childcare consultation and that they perform actions that encourage mothers to seek the health services, given the importance of developmental surveillance for the promotion of health and for the reduction of child morbidity and mortality.

FINAL CONSIDERATIONS

This study made it possible, from the perspective of nurses, to know their work process in childcare consultation regarding child development surveillance. Data revealed a predominance of dead work in their daily lives and that, sometimes, nurses practice actions that enable the establishment of a relationship based on trust, through dialog and qualified listening, making live work in the workplace effective in monitoring child development surveillance.

The obstacles that hinder development surveillance also become evident, a reality that weakens the work process of nurses. The need for qualification of professionals through continuing/continuing education serves as a warning, in order to sensitize them to the importance of child developmental surveillance in PHC, ensuring a quality follow-up to the children.

The limitations of the study are related to the fact that it was developed in a single health district of the municipality in focus. It is to be expected, however, that the submitted results may contribute to care practice, since they identify the need for planning more effective actions and the encouragement of inter-professionality in child care, for the qualification of child development surveillance, as well as the reorganization

of the service on the part of the managers to improve the working conditions.

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