

## THEORETICAL REVIEW

### THE ROLE OF THE NURSE AND THE RECOMMENDATIONS FOR PROMOTION OF PEDIATRIC HEALTHCARE IN BRAZILIAN NURSING PUBLICATIONS\*

#### O PAPEL DO ENFERMEIRO E AS RECOMENDAÇÕES PARA A PROMOÇÃO DA SAÚDE DA CRIANÇA NAS PUBLICAÇÕES DA ENFERMAGEM BRASILEIRA

#### EL PAPEL DEL ENFERMERO Y LAS RECOMENDACIONES PARA LA PROMOCIÓN DE LA SALUD DEL NIÑO EN LAS PUBLICACIONES DE LA ENFERMERÍA BRASILEÑA

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### ABSTRACT

This research had as its objective to identify within Brazilian nursing publications the role of the nurse and the recommendations for pediatric health promotion. This was a descriptive, exploratory, bibliographic research with a quality approach conducted through database searches. The contents of publications were analyzed based on the proposed operative protocol of Minayo. The categories were described and discussed in light of the analyzed publications and of the reference of health promotion. As a result, it was possible to identify two categories: the nurse's role in promoting health of the child and the recommendations for compliance. It was concluded that the role of nurses identified within Brazilian nursing publications were directly related to three fields of action from the Ottawa Charter for health promotion: development of personal skills, strengthening of community actions, and the reorientation of healthcare services. However, there was also an indirect relationship between the implementation of healthy public policies and the creation of supportive environments. Overcoming the difficulties in fulfilling the roles of the nurse in promoting health of the child will occur with the intensification of health education. The recommendations presented reflect the concerns of nurses with health promotion and guide these professionals in fulfilling their role. However, there is still a need for these actions to be specifically related to nursing, contributing to the visibility of the profession.

**Keywords:** Nursing; Health Promotion; Health Education; Child; Child Health.

### RESUMO

*Esta pesquisa objetivou identificar nas publicações da enfermagem brasileira o papel do enfermeiro e as recomendações para a promoção da saúde da criança. Trata-se de uma pesquisa bibliográfica descritivo-exploratória com abordagem qualitativa realizada através de buscas em bases de dados. Foi levantado o conteúdo das publicações que foi analisado por meio da proposta operativa de Minayo. As categorias foram descritas e discutidas à luz das publicações analisadas e do referencial da promoção da saúde. Como resultado obteve-se duas categorias: o papel do enfermeiro na promoção da saúde da criança e as recomendações para o cumprimento do mesmo. Conclui-se que os papéis do enfermeiro identificados nas publicações da enfermagem brasileira relacionam-se diretamente a três campos de ações da Carta de Ottawa para a promoção da saúde: o desenvolvimento de habilidades pessoais, o reforço da ação comunitária e a reorientação dos serviços de saúde. Porém, indiretamente também se relacionam à implementação de políticas públicas saudáveis e a criação de ambientes favoráveis à saúde. A superação das dificuldades para o cumprimento do papel do enfermeiro na promoção da saúde da criança ocorrerá com a intensificação das atividades de educação em saúde. As recomendações apresentadas refletem a preocupação dos enfermeiros com a promoção da saúde e guiam estes profissionais no cumprimento do seu papel. Porém ainda existe a necessidade de que estas sejam feitas especificamente à enfermagem, contribuindo para a visibilidade da profissão.*

**Palavras-chave:** Enfermagem; Promoção da Saúde; Educação em Saúde; Criança; Saúde da Criança.

### RESUMEN

*Esta investigación buscó identificar en las publicaciones de la enfermería brasileña el papel del enfermero y las recomendaciones para la promoción de la salud del niño. Se trata de una investigación bibliográfica descriptivo-exploratoria con enfoque cualitativo realizado a través de búsquedas en bases de datos. Fue levantado el contenido de las publicaciones. El contenido fue analizado por medio del protocolo operativo de Minayo. Las categorías fueron descritas y discutidas a la luz de las publicaciones analizadas y del referente de la promoción de la salud. Como resultado se*

obtuvieron dos categorías: el papel del enfermero en la promoción de la salud del niño y las recomendaciones para su cumplimiento. Se concluye que los papeles del enfermero identificados en las publicaciones de la enfermería brasileña se relacionan directamente a tres campos de acción de la Carta de Ottawa para la promoción de la salud: el desarrollo de habilidades personales, el refuerzo de la acción comunitaria y la reorientación de los servicios de salud. Sin embargo, indirectamente también se relacionan a la implementación de políticas públicas saludables y a la creación de ambientes favorables a la salud. La superación de las dificultades para el cumplimiento del papel del enfermero en la promoción de la salud del niño ocurrirá con la intensificación de las actividades de educación en salud. Las recomendaciones presentadas reflejan la preocupación de los enfermeros con la promoción de la salud y guían estos profesionales en el cumplimiento de su papel. Sin embargo, estas deberían ser específicas para los enfermeros, lo cual podría contribuir a la visibilidad de la profesión.

**Palabras clave:** Enfermería; Promoción de la Salud; Educación en Salud; Niño; Salud de Niño.

## INTRODUCTION

It has been two decades since the Ottawa Charter, which is the hallmark of the health promotion movement in the world. It is discussed as a way to improve the quality of life of individuals and communities, having its concepts and practices implemented in health systems, such as the Unified Health System in Brazil.<sup>1</sup>

Health promotion is defined by the Ottawa Charter<sup>2</sup> as “the process that enables people to act to improve their quality of life and health, including greater participation in the control of this process.” For this, five fields of action are proposed: the implementation of healthy public policies, creating supportive environments for health, strengthening community action, developing personal skills and the reorientation of health services.

This charter has influenced Brazilian public policies and development of projects, programs and documents in favor of pediatric health. In 2006, the Ministry of Health took an important step in relation to health promotion, launching the Pact for Health. From there, the National Health Promotion Policy was designed and implemented.

Looking briefly at the governmental publications in favor of pediatric health, there is what is already advocated by Brazil<sup>3</sup>, such as the attribution of nurses, as they provide comprehensive care in health promotion, protection from diseases, diagnosis, treatment and rehabilitation of the individuals and families in all stages of their development. One of governmental publications is the *Agenda of Commitments for Comprehensive Child Health and Infant Mortality Reduction*<sup>4</sup>, that delivers collective actions with an emphasis on health promotion as a priority. This is an example of a document that can be successfully used by nurses in the promotion of children’s health, indicating the paths to the principle actions that should be undertaken by all health professionals, at all levels, for the comprehensiveness of care for the child, which includes actions to promote health.

Brazilian public policies and projects, programs and documents in favor of pediatric health can guide practice for health professionals, including nurses and the nursing staff. This practice is increasingly being revealed in the production of Brazilian nursing knowledge. Thus, these questions arise: what is the

role of the nurse in the promotion of the health of the child, as expressed in nursing publications? What are the recommendations that these publications bring to assist nurses in health promotion? Therefore, the objective of this study was to identify the role of the nurse and the recommendations for the promotion of pediatric health in Brazilian nursing publications.

## METHODOLOGY

This was a bibliographic, descriptive exploratory research study, with a qualitative method, performed based on searches of the electronic databases of LILACS, BDNF and SCIELO that, in turn, were accessed through the *Biblioteca Virtual em Saúde* (Virtual Health Library).

To obtain the material, the following inclusion criteria were utilized: a) type of publication: scientific articles of research and experience reports authored by at least one nurse, in Brazilian journals considered by WebQualis to be in the nursing area, b) period of publication: articles published since the Federal Constitution of 1988 and the implementation of the Unified Health System through the year 2010. The starting year for the search of the publications was justified because both the Federal Constitution and the Unified Health System were influenced by the theoretical framework that guides this study, namely, the Ottawa Charter; c) strategy: the descriptors of DECS / MESH and their respective Boolean descriptors (community health nursing OR nursing care OR pediatric Nursing OR public health nursing OR neonatal nursing OR family nursing) AND (health promotion OR health education) AND (child OR preschool OR infant OR newborn) were utilized. The exclusion criteria were applied to the publications of the type: editorials, letters, opinion articles, commentaries, essays, preliminary notes, duplicate publications, manuals and studies that did not consider the inclusion criteria.

After the 210 articles were obtained (23 SCIELO, 106 LILACS and 81 BDNF), there were two selection steps. The first consisted of an exploratory reading of the titles and abstracts that verified the extent to which the research work was relevant. After this, 104 articles (17 SCIELO, 44 and 43 BDNF LI-

LACS) remained, that were submitted to the second stage of the selection by means of a complete reading of the work. After selecting the final articles, bibliographical material, which consisted of 53 items (16 SCIELO, 36 LILACS and 1 BDEF), was organized in electronic folders. Thereafter, the process of data collection itself was begun, through analytical and interpretive reading, sorting and summarizing of the information contained in the sources, using an instrument created with the aid of the Microsoft Excel 2010®. Table 1 characterizes the publications that had their data collected.

Table 1 - Characterization of Brazilian nursing publications in the promotion of pediatric health, 1988-2010

Variables	Frequency	Percentage*
<b>Type of source</b>		
Research Article	44	83,0
Experience Report	09	16,9
<b>Study Method</b>		
Qualitative	30	56,6
Quantitative	09	16,9
Quanti-qualitative	03	5,6
Not explained	11	20,7
<b>Journals</b>		
Nursing Journals	47	88,6
Public Health Journals	04	7,5
Specialized Journals	02	3,7
<b>Year of Publication</b>		
1988 to 1990	03	5,6
1991 to 2000	07	13,2
2001 to 2010	43	81,1
<b>Region of Study</b>		
South	15	28,3
Southeast	28	52,8
Midwest	01	1,8
North	–	–
Northwest	09	16,9

Source: Medeiros, 2011.

\* Approximated percentage – rounding was not performed.

For the data analysis we drew from the operative proposal of Minayo<sup>5</sup>, which unfolds in three steps: pre-analysis, material exploration, and treatment of the results obtained with interpretation. The categories that emerged were described and subsequently discussed in the light of the publications analyzed and the theoretical framework adopted. In the end, final considerations were made responding to the research objectives

The research project was provided to the Committee on Ethics in Research with Human Beings of the *Universidade Fede-*

*ral de Santa Catarina* (Federal University of Santa Catarina), where it affirmed under protocol number 27/CEPSH/PRPE/11 that the research did not harm ethical principles in relation to humans.

## RESULTS

The results of this study referred to the content analysis of the Brazilian nursing publications in the promotion of pediatric health that gave rise to two categories: the role of the nurse and the recommendations for the promotion of pediatric health.

### ROLE OF THE NURSE IN THE PROMOTION OF PEDIATRIC HEALTH

This category was divided into four subcategories: the role of the nurse as educator, caregiver and supervisor, and the difficulties in the fulfillment of the nursing role in the promotion of pediatric health.

The first subcategory, *the role of the nurse as educator*, is one of the principle functions of the nurse, permeating the actions in the interaction with the children and their families. Health education should be developed in various moments and in whatever opportunity, such as during nursing consults and home visits, that make it possible to have continuous contact with the families, favoring the establishment of bonds and a relationship of support; in the contact of the nurse with the child and his family, welcoming and guiding; in the nursing actions in the academic system, contributing to the solution of problems of health in the school, among others.

The second subcategory reveals another important role of the nurse in pediatric health promotion, *the role of caregiver*. Studies showed that nursing care integrated the different dimensions of life and living of the families, preventing diseases and disorders, educating on health and promoting health. Thus, the nurse was important for achieving expanded care and in introducing changes in the lives of those for whom he cared.

The third subcategory, *the role of the nurse as supervisor* of the health team, is important for guidance, including the development of continuing education activities.

Finally, the fourth subcategory revealed the *difficulties for fulfilling the role of the nurse in pediatric health promotion*, the first of these being the vision that still existed that the work of nurses related to technical procedure. Thus, the nurse acted only to alleviate medical demands and service in general, which prevented the establishment of links, trustworthiness, care systematization, among other issues necessary for the education and promotion of health.<sup>6</sup> Another difficulty encountered was the deficient informational support given by the nurses to families, but the study did not deepen that subject, limiting itself to the provision of recommendations towards health promotion.

## RECOMMENDATIONS FOR THE PROMOTION OF PEDIATRIC HEALTH

This category was divided into two subcategories: recommendations for nursing and health professionals in general. Initially, recommendations for health promotion were encountered and, more specifically, for health education, organization of the work process and treatment of disease / combating the problems. The recommendations for nursing in the sense of health promotion were designed to promote the health of families and children, among others. In order to promote family health, assessment was necessary by the nurse, so that it was possible to recognize necessities, to identify partnerships and encourage the use of and increase in support networks. For the pediatric health promotion, the nurse should avail himself of nursing consults for visualizing the health status and, therefore, to plan actions that promoted health. Additionally, these professionals must work in a multidisciplinary team to fully attend to the comprehensive care of the child. To promote health, the nurse needed to have health promotion inserted into his curricula, to develop a relationship of exchange and commitment, reflecting on his manner of providing care and to seek a humanizing practice and engage himself in improving the quality of services.

The studies found identified recommendations for ways that the nurse can contribute to health education of caregivers of children and for the children themselves, and they gave general recommendations.

For the health education of the caregiver, recommendations were presented that expressed how and why this should be taught. For health education, the nurse should be concerned with the improvement and expansion of educational activities, using simple language, being sensitive to listening and identifying the real difficulty of the caregiver and to be open when the family asks questions that are repeated / confirmed in some of the orientations. It was also recommended that nursing use health education to create a bond between caregivers and children, so that they acquired skills, autonomy and critical consciousness that allowed them to be emancipated / empowered to care for the health of their children.

Regarding health education for children, nursing needed to become familiar with the phases of development, immersing themselves in and appreciating the world in which they lived, knowing their habits, culture and preferences, to create an identification with them and to effectively educate. The general recommendations were for nurses to conquer space and, therefore, with motivation, creativity to develop technologies, effective communication and attention to the influence of the family in the transmission of the teachings, they could work with a differentiated pedagogy, considering each social actor with his potential and difficulties that was geared towards the construction of meaning, opening pathways for transformation.<sup>7</sup>

For the organization of the process of work of the nurse and the staff, it was recommended to develop a bridge between the family and members of the health team, and to master the procedures that integrated nursing consults, fulfilling, therefore, a systematized care, orderly, authentic and caring.<sup>8</sup>

Finally, recommendations were found for nursing for the treatment of the disease and combating the problems of the family, child and mother-baby dyad. As for the family, it was recommended that the nurse seek to create bonds to assist the family in daily living, in understanding and in coping with the disease, establishing the means to facilitate the treatment process. In one study, recommendations for a more specific problem were given, that of domestic violence. In this study of Algeri and Souza,<sup>9</sup> the importance of nurses involved in research groups to study and confront the challenge of caring for families in situations of violence, and to act decisively against the daily reality of this, was emphasized. As for the child, very specific recommendations for nursing were given, in terms of dealing with problems. The study by Feitosa *et al.*,<sup>10</sup> suggested that nursing develop roadmaps, taking into consideration the routines of children, to facilitate medication administration. And, Oliveira *et al.*<sup>11</sup> recommended that there be tactile stimulus by the nurses for premature newborns, mitigating the effects of an inadequate ambience and uncomfortable interventions, and allowing the newborn to experience more quality in the nursing care offered. This same study suggested that nurses work with the mother-baby dyad for the occurrence of effective treatment adherence.

The *recommendations for health professionals* in general are very similar to those made to the nurses. In terms of health promotion, it was recommended that different interventions be combined.

For health education, it was advocated that professionals develop programs of care and support for caregivers, offering the hand of understanding, sensitivity and empathy, emphasizing the need for professional training and making referrals when necessary. Health professionals needed to be alert to opportunities for health education and this, in turn, should allow for effective preparation, emancipatory and responsible, of the lay caregivers and professionals.

For the organization of the work process, it was recommended to the professional to conduct team meetings, to encourage and incorporate initiatives to construct an instrument for facilitating the learning process that sought to promote health through the empowerment of staff.

Finally, for the treatment of diseases of children, it was suggested that they identify and understand the factors that influenced the quality of life and the social context in which the child was inserted, always preserving the strengths and minimizing the weaknesses.

## DISCUSSION

The data that emerged from the studies analyzed showed that the nurse's role in pediatric health promotion included the five fields of action presented in the Ottawa Charter.<sup>2</sup> For the development of personal skills and strengthening of community action, it was essential to disseminate information in order to have health education; therefore the nurse, as educator, directly contributed to these two fields of action. Moreover, the Ottawa Charter<sup>2</sup> stated that the task of health education could be conducted in schools, homes, workplaces and other spaces in the community through educational, professional, commercial and voluntary organizations, and also by governmental institutions, which was in agreement with studies that have claimed that health education should be developed at various times and at any opportunity.

The nurse's role as caregiver was much broader, if we consider that caring is a human trait influenced by one's experiences, a moral issue that commits the nurse to maintain the dignity and integrity of individuals, an act of affection, a relationship and also a therapeutic intervention.<sup>12</sup> Analyzing the study by Eriksson and Lindström<sup>13</sup>, it can be inferred that, for the promotion of health, one should think of curative, protective and preventive care in nursing, in addition to educational care, since it has as its focus the positive conception of health. This care may have the function of improving the quality of life of people, departing from the risks to their health, until they acquire, through health education, the ability to assess their strengths to promote good health.

The nurse's role as supervisor was to meet the development of personal skills of members of the health team and also to directly contribute to the reorientation of services, so that they were employed by adopting a coherent stance and respect for cultural diversity existing in society.<sup>2</sup>

The difficulties encountered in the studies to fulfill the role of the nurse in pediatric health promotion, that is, the view that the work of the nurse was still technical procedures, and poor informational support given by nurses to families, could be resolved through health education. Health education was necessary, of a most visible form, with users of the services and the community in which they were inserted, so that the importance of the role and work of nurses and nursing staff were perceived. Continuing education for nursing staff was also important, in order to provide them with the same education so that each staff member was capable of providing information and guidance to families in an efficient manner.

The recommendations presented in the studies, both to the nurses as well as to the health professionals in general, reflected the concern of the nursing authors with health promotion. These recommendations expressed what needed to be done or intensified in relation to pediatric health promotion, thereby

guiding professionals in fulfilling their role. Some authors have made their orientation towards health promotion more broadly, others have made more specific recommendations, for example, for the treatment of diseases / combating of problems. One might think that the recommendations for the treatment and/or combating the problems has no relationship to health, but only with the disease. But, as has been said, since it has focused on the positive conception of health, one can think of curative, protective and preventive nursing care, as well as the educational.<sup>13</sup>

Another important issue found in the recommendations to nurses and other health professionals was that there was consideration of the importance of family and caregivers in promoting child health. The studies considered that their welfare directly affected the quality of care they provided to the children.<sup>14,15</sup> Therefore, the nurse, to care for the child together with the family, needed to work in health education with these actors so that they became partners in the fight for the promotion of child health.

Importantly, the recommendations concerning nursing care were highlighted in only 24 of the 53 studies analyzed. This contributes to the professional invisibility of nursing, as marked by the biomedical model of health care in which the physician was the protagonist. In other words, the visibility of nursing was already compromised by this model, in which the performance of nursing was only offered as a support to medical practices, constituting a complementary work, subordinate to the medical professionals, aimed toward charity with little or no autonomy. In order for this framework to reverse, nursing needed to occupy its position and have recognition as one of the essential health professions. For this, it was necessary to invest in studies and research for the formation of a body of its own theory that was visible and was seen as a science.<sup>16</sup> However, it is not enough to invest in research, but investing in research that leads the "name" of nursing. Therefore in this context of health promotion and nursing, recommendations could be made to all health professionals, but also to nurses and nursing staff, as was the case for only six of the 24 studies cited above, which referred to nursing.

It is also important to note that the recommendations made in the study, both to the nurses as well as to other health professionals, contributed to the fulfillment of three fields of action of the Ottawa Charter: developing personal skills, strengthening community action and reorienting health services, assisting these professionals in fulfilling their role. The other two fields of action, implementation of healthy public policies and creating supportive environments for health were not so palpable to these professionals, reflecting the need encountered in some of the studies analyzed to make recommendations which were responsible for implementing these policies and to create these spaces with the purpose of the promotion of child health.



## FINAL CONSIDERATIONS

The roles of the nurse identified in Brazilian nursing publications related directly to three fields of action of the Ottawa Charter for health promotion, namely: developing personal skills, strengthening community action and reorienting health services. The studies did not relate the role of nurses in the implementation of healthy public policies and the creation of supportive environments for health. This may be due to the fact that these two fields of action are still little explored in the field of health. However, working with the development of personal skills and strengthening community action, the nurse could indirectly contribute to these two fields, both to empower individuals and communities so that they require other instances of creation of policies and spaces that were promoters of health.

Overcoming difficulties for the fulfillment of the role of the nurse in promoting child health will occur with the intensification of health education activities, among others.

The recommendations presented reflected the concern of nurses with health promotion and guided these professionals in fulfilling their role. However, the need still exists for this research to be conducted specifically related to nursing, contributing to the visibility of profession.

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