

NURSING CONSULTATION IN CHILDCARE TO HAITIAN CHILDREN: DIFFICULTIES AND POSSIBILITIES

CONSULTA DE ENFERMAGEM EM PUERICULTURA À CRIANÇA HAITIANA: DIFICULDADES E POSSIBILIDADES

CONSULTA DE ENFERMERÍA EN PUERICULTURA AL NIÑO HAITIANO: DIFICULTADES Y POSIBILIDADES

Elisangela Argenta Zanatta¹

Cheila Karei Siega²

Ingrid Pujol Hanzen³

Luiza Alcântara de Carvalho⁴

How to cite this article: Zanatta EA, Siega CK, Hanzen IP, Carvalho LA. Nursing consultation in childcare to Haitian children. Rev baiana enferm. 2020;34:e35639.

Objective: To identify the difficulties lived by the nurses during the Nursing Consultation in childcare to Haitian children in the Primary Health Care and the possibilities to overcome these challenges. **Method:** this is an exploratory, descriptive study with a qualitative approach, conducted with ten nurses through an interview held in July 2018. The testimonies were submitted to Content Analysis. **Results:** From the data analysis, two categories emerged: Difficulties in the intercommunication between nurses and families of Haitian children and Cultural difficulties for the care of Haitian children. **Conclusion:** the results reveal difficulties in carrying out the Nursing Consultation for children, especially related to intercommunication, due to the language spoken by Haitians, and due to the cultural issues that permeate and support the care of children by families. To overcome the difficulties, nurses indicate the use of non-verbal communication, home visits to get to know the context and improve trust and bond with the families.

Descriptors: Childcare. Primary Health Care. Nursing Process. Immigrants. Nursing consultation.

Objetivo: identificar as dificuldades vivenciadas pelos enfermeiros na Consulta de Enfermagem em puericultura à criança haitiana na Atenção Primária à Saúde e as possibilidades para superar esses desafios. Método: estudo exploratório, descritivo com abordagem qualitativa, realizado com dez enfermeiros por meio de entrevista realizada em julho de 2018. Submeteram-se os depoimentos à Análise de Conteúdo. Resultados: a análise dos dados deu origem a duas categorias: Dificuldades na intercomunicação entre enfermeiros e famílias de crianças haitianas e Dificuldades culturais relacionadas ao cuidado da criança haitiana. Conclusão: os resultados revelam dificuldades na realização da Consulta de Enfermagem às crianças, especialmente relacionadas à intercomunicação, pela língua falada pelos haitianos, e pelas questões culturais que permeiam e embasam o cuidado à criança pelas famílias. Para superar as dificuldades os enfermeiros indicam o uso da comunicação não verbal, visita domiciliar para conhecer o contexto e melhorar a confiança e o vínculo com as famílias.

¹ Nurse and Obstetrician. PhD in Nursing. Adjunct Professor at the Universidade do Estado de Santa Catarina. Chapecó, Santa Catarina, Brazil. elisangela.zanatta@udesc.br. <https://orcid.org/0000-0002-7426-6472>.

² Nurse. Master in Nursing. Professor of the National Service for Commercial Learning. Caçador, Santa Catarina, Brazil. <https://orcid.org/0000-0001-9272-2526>.

³ Nurse. Master in Nursing. Nurse at the Municipal Health Department of Chapecó. Chapecó, Santa Catarina, Brazil. <https://orcid.org/0000-0001-9808-2005>.

⁴ Nursing student. Universidade do Estado de Santa Catarina. Chapecó, Santa Catarina, Brazil. <https://orcid.org/0000-0002-1730-2553>.

Descritores: Cuidado da Criança. Atenção Primária à Saúde. Processo de Enfermagem. Imigrantes. Consulta de Enfermagem.

Objetivo: identificar las dificultades vividas por los enfermeros en la Consulta de Enfermería en puericultura al niño haitiano en la Atención Primaria a la Salud y las posibilidades para superar esos desafíos. Método: estudio exploratorio, descriptivo con enfoque cualitativo, realizado con diez enfermeros por medio de una entrevista realizada en julio de 2018. Las declaraciones se sometieron al Análisis de Contenido. Resultados: dos categorías surgieron del análisis de los datos: Dificultades en la intercomunicación entre enfermeros y familias de niños haitianos y Dificultades culturales relacionadas al cuidado del niño haitiano. Conclusión: Los resultados muestran dificultades en la realización de la Consulta de Enfermería a los niños, especialmente relacionadas a la intercomunicación, por idioma hablado por los haitianos, y por las cuestiones culturales permeando y basando el cuidado al niño por las familias. Para superar las dificultades, los enfermeros indican el uso de la comunicación no verbal, visita domiciliaria para conocer el contexto y mejorar la confianza y el vínculo con las familias.

Descritores: Cuidado del Niño. Atención Primaria a la Salud. Proceso de Enfermería. Inmigrantes. Consulta de Enfermería.

Introduction

Primary Health Care (PHC) in Brazil, constitutes the main gateway to the Unified Health System (SUS), with childcare as one of its main roles. It offers primary care capable of improving the child's quality of life, with a focus on adequate growth and development under biological, psychological, affective, and social aspects⁽¹⁾.

Child growth is characterized by a biological, dynamic, and continuous process, being an indicator of child health. It aims at increasing body mass and morphological changes that differentiate children from adults, influenced by several factors such as gender, heredity, environment, nutrition, among others⁽²⁾.

The child's development is a wide, complex, dynamic, and continuous transformation that in addition to growth, also includes maturation, learning, psychic and social aspects. Considering these aspects, we highlight the "importance of the family in providing a social and psychological environment favorable to the children's development and the promotion of their health"^(2:30).

In this context, childcare aims to prevent diseases and promote child health, ensuring full development, operationalized through the

Nursing Consultation (NC) performed by nurses in APS⁽³⁾.

The activities of the nurses in the childcare NCs include systematized and routine actions, capable of early detection of changes in health and situations of vulnerabilities that can interfere with the process of growth and development and, based on that, they can plan care that is congruent with the needs⁽⁴⁾.

In this contextualization involving the NC in childcare, we highlight the growing demand for Haitian immigrants in Brazil, especially in the South Region, with Santa Catarina as the main destination, with emphasis on four Santa Catarina municipalities: Chapecó, Itajaí, Joinville and Blumenau⁽⁵⁾, due to the economic activity centered on agribusiness, with a large generation of formal employment, mainly in agro-industries and civil construction⁽⁵⁻⁶⁾. This flow of immigrants started in this decade, triggered after an earthquake that hit Haiti in 2010, followed by humanitarian crises, high unemployment rates, and precarious living conditions, in addition to the possibility of improving life for family members who remain in Haiti and start receiving remittances of money to survive⁽⁷⁾.

Faced with this new scenario, the health sector was faced with the need to modify and adapt to

meet the health needs of this population, among which, children stand out⁽⁸⁾.

Most Haitian families access the Unified Health System searching for care, being a challenging activity for professionals due to the great cultural diversity and because they often have difficulties in intercommunication. Therefore, these challenges need attention, such as understanding families based on their needs, particularities and different ways of taking care of the children's health, paying attention to the fact that most of them "are part of a socially and economically vulnerable group, as they easily submit to unhealthy jobs, low wages and precarious housing"^(6:114), strongly impacting the quality of care given to children. The bond is another challenge experienced by professionals, as families have difficulty maintaining the periodicity of monitoring their child's health, often because they do not know the Brazilian Public Health Policies and also because they understand that the search for care in health care services should only be in illness situations.

Also, with the increasing Haitian population in the municipality under study, data collected in the municipality's computerized system, WinSaúde⁽⁷⁾ show that approximately 3,000 Haitians live in the municipality in which 629 are children. Thus, the nurse who performs the childcare NC should know and understand the needs of the lives of these families to outline a joint action plan, aiming to generate mechanisms for the creation of bonds and, consequently, promote children's health.

By the great increase in the population of Haitians observed since 2010⁽⁷⁾ and the lack of national and international studies that discuss the healthcare of children, especially from the perspective of nurses who are at the forefront and often the main responsible for childcare, this study aimed at identifying the difficulties lived by nurses in the NC in childcare for Haitian children in Primary Health Care and the possibilities to overcome these challenges.

We expect that the results of this study can assist nurses in understanding family cultural dynamics and, therefore, they can think about

strategies to promote the health of children in childcare centers.

Method

This is an exploratory, descriptive study with a qualitative approach⁽⁹⁾ held in a municipality in the west of Santa Catarina with nurses who work in direct assistance to children in Primary Health Care.

We selected the participants by verifying the registration of professionals in the National Health Establishment Register (CNES) with 53 nurses initially identified. After this initial identification, the inclusion criteria applied were acting directly in childcare in the municipality under study, being registered in CNES, having at least six months of experience as a nurse. Those who were on leave or vacation at the time of data collection were excluded.

Twenty-three nurses of the 53 registered at CNES were excluded because they were assuming, at the time of data collection, management roles of the Basic Health Unit (UBS), not performing care actions. The other professionals excluded from the study were 2 nurses without 6 months of experience, 1 who did not accept to participate in the research, and 17 nurses who did not provide care to the child. Thus, we selected 10 nurses who worked directly on child care and were invited to participate through contact via phone and e-mail.

The profile of the nurses participating in the study was all females, most of them (8) were working in APS for more than four years, two for less than two years, nine were trained for more than four years and one less than two years. Five of the nurses have a specialization in Family Health, two have specializations in Public Health, one is an intensive care specialist, one is a nephrology specialist and one is specialized in obstetrics. All of them work as assisting nurses in the Family Health Centers (CSF).

Data collection was in July 2018 through semi-structured individual interviews, using a pre-established script. The data were submitted to Content Analysis⁽⁹⁾.

In the pre-analysis, the transcription of the audios of each interview was carried out, analyzing the initial ideas to incorporate a scheme for the development of the successive actions. Exploration that is the longest and most in-depth phase had a data coding. In this phase, in-depth readings of the material were carried out and the categories were identified. The phase of treatment of results, inference, and interpretation was characterized by the validity of raw data, which started to have meanings⁽⁹⁾.

This study is part of a research macro-project entitled "Strategies for the implementation of the Systematization of Nursing Assistance in the care of women and children", accepted in the Public Notice of the Coordination for the Improvement of Higher Education Personnel/Federal Nursing Council (CAPES/COFEN) n. 27/2016, following the recommendations of Resolution no. 466, of 2012, of the National Health Council, and approved by the local Research Ethics Committee (CEP), under Opinion 2,630,923, of May 2, 2018.

Results

The research data generated two categories: "Difficulties in the intercommunication between nurses and families of Haitian children" and "Cultural difficulties for the care of Haitian children". These categories identified some possibilities to overcome the challenges found by nurses in carrying out NC in childcare for Haitian children in Primary Health Care.

Difficulties in the intercommunication between nurses and families of Haitian children

One of the main difficulties found was the intercommunication between nurses and the families of Haitian children, caused mainly by the foreign language used by Haitians.

[...] we can't understand much, the communication is difficult. I think Haitians have a hard time understanding what we say too [...]. (N07).

We don't really have good communication due to the language. (N08).

[...] I think it is more the language, they [referring to mothers] end up not understanding what they have to do. (N09).

Nurses identify the difficulties found in communication as a challenge. Thus, they feel the need to adopt differentiated communication measures, such as drawing guidelines to facilitate the dialogue with Haitian families and also the need to create strategies that enable to monitor the care proposed by nurses in the NC in childcare, such as the search for these families through home visits.

We take care of trying to make them understand the guidelines during the consultation, because communication is difficult, trying to make a drawing, trying to make them understand, something in that sense. (N02).

I think that Haitians have a hard time understanding what we say, and have a harder time knowing the importance, and if we don't keep looking for them, taking care, taking notes and going after them, making home visits, they end up not following what I asked them. (N07).

Cultural difficulties for the care of Haitian children

In this category, we discuss the difficulties for the care of Haitian children influenced by cultural aspects. Nurses understand that there is a cultural difference between Haitians and Brazilians, interfering in the dynamics of NC, and consequently in childcare.

Culture is totally different from ours. They do not see the importance of childcare, which for us is very important [...] for them is not the same system. Also, in the way of attending our mothers [referring to the Brazilian mother], the approach is quite different. (N07).

Haitians really have a different culture, sometimes we end up wanting to impose something from our culture, we don't stop and think that they do it differently. (N02).

Regarding these cultural aspects, professional nurses also report difficulties in other stages of the NC, such as finding ways to facilitate the understanding of Haitian mothers about the importance of some care they need for the children at home, to assist in the process of growth and development, in the promotion of children's health and the prevention of diseases, and convincing them about the importance of monitoring the child by health professionals, as recommended by the Ministry of Health (MS).

[...] we guide, but we know that many times they will not accept it. (N04).

We need to talk about all the care [...] but we don't even see the basics, the children are left, dirty. (N01).

She simply covers her breasts [referring to breastfeeding], and she doesn't want to, her reaction is like a mother rejecting the baby [...]. She did not allow me to teach her how to breastfeed and she is not breastfeeding the baby. (N07).

[...] the routine of the family ends up interfering in the consultation, in the guidelines of accepting or not, because many people believe in another way. (N03).

[...] I think that the mother often does not understand that childcare is a routine consultation. (N08).

Nurses have the understanding that cultural and economic issues permeate and strongly influence the adherence to NC in childcare. To try to overcome this challenge, they recognize that they need to have greater knowledge about each Haitian family, where they live, their customs and what their economic conditions are since when they know their context of life, they will have more elements to propose care such as food, and they will also know how to act in certain situations. Besides, this approach facilitates family confidence and bonding.

To see the reality [...] give some guidelines, but try to see, direct according to the understanding, the need for it. (N01).

I try to take care of their culture [...] what they accept what they do not accept, in that sense. (N04).

In the area where I work [referring to geographic space] they have a difficulty understanding [...] some things are really about food, the care, we have to see what they have to be able to guide them, then they always end up with differentiated guidelines, as we know the family. (N06).

Look, we usually see some things about living together and everything to facilitate the development of trust and bonding. (N02).

Discussion

Due to the immigration scenario of Haitians in Brazil starting around 2010, the health sector has been undergoing great changes and adaptations, as it is a space where contact with the community is closer, especially in meeting and monitoring basic health needs in the APS. With the arrival of Haitians, new challenges emerged for the quality of care, demanding specific mechanisms for assisting this population⁽⁸⁾.

From this perspective, users and health professionals should be aware of their rights and duties so that the population can enjoy quality, resolute, and comprehensive assistance. Also, the actions developed in APS need to be anchored in the principles of SUS - universality, comprehensiveness, and equity - guaranteeing the promotion and rehabilitation of health and the prevention of diseases throughout the human life cycle^(7,10). From the perspective of immigrants, we need to respect equal access to health services, as well as their cultural and ethnic-racial characteristics, ensuring their human rights⁽⁷⁾.

One of the roles of nurses working in the Family Health Strategy (ESF) in Brazil is to assess the health status of the person who seeks care, using a holistic view aimed at each user to identify and understand problems, promote health care, promote health education, plan and seek tools to solve problems⁽¹⁰⁾. The nurse also needs to understand the importance of establishing bonds with users and looking at the demand met, recognizing the health needs of the assisted population to intervene effectively and resolutely⁽¹¹⁾.

Therefore, with all these perspectives and thinking specifically about the child's health, the nurse performs childcare consultation in APS as a fundamental activity to promote comprehensive and continuous care, contributing to the child's proper growth and development⁽¹²⁾. However, for NC in childcare to be resolvable, it needs to be carried out systematically and guided by the steps of data collection, nursing diagnosis, nursing planning, implementation, and evaluation, as recommended by COFEN Resolution number 358, 2009⁽¹³⁻¹⁴⁾.

However, in this study, nurses who perform NC in childcare at APSs experience some difficulties in its implementation to the Haitian child. Their reports showed difficulties in the intercommunication between the nurse, the children, and their families, and to circumvent the difficulty with the language, they need to seek other forms of communication, such as drawings. In this perspective, a study⁽¹⁵⁾ in an emergency

service assisting Haitians, health professionals also reported problems with communication due to this difficulty, and apply different strategies to establish effective communication, such as gestures and mimics. However, these professionals reported a feeling of frustration in the care provided to immigrants, with their care becoming less humanized, welcoming, and informative⁽¹⁵⁾.

In this study, nurses do not explicitly state that they are frustrated, but claim that even using non-verbal communication strategies such as drawings, they believe that mothers do not follow oriented care, they also have difficulty understanding that childcare is important and that the child's assessment must be periodic, and not only when the child is already presenting a problem, a situation that certainly leads nurses to feel frustrated.

We believe that mothers' low adherence to periodic NCs to the child can be explained because, in their country of origin, the health system is paid. This situation leads the population to seek the service only in cases of extreme need, thus, they develop homemade measures to care for non-serious cases⁽⁸⁾.

A study in Portugal⁽¹⁶⁾ showed nurses reporting that they also face difficulties in assisting immigrants, emphasizing difficulties in planning individualized care, triggered by the barrier imposed by the spoken language, and, also, by cultural issues that hinder the message passed and received.

Also, other studies^(7,15,17) indicated that immigrants still have several difficulties in accessing health services, such as the lack of knowledge of the current health system in Brazil, fear of using the system, especially when they are still illegal, ignorance of the language and cultural difference that especially involves childcare.

As in the study carried out in Portugal⁽¹⁶⁾, nurses in this study also reported problems in cultural issues that permeate childcare. They observed cultural differences in the way of caring for children, especially in hygiene and breastfeeding, hindering to provide guidance and care indicated by nurses in the NC in

childcare and, consequently, causing damage to the child's health.

Similar with these findings, other studies^(15,18-19) also identified difficulties experienced in the discourse of health professionals by cultural differences intensified by these immigrants' inhibited behaviors, and by the lack of habit of seeking health services for prevention health problems and health promotion, or even at the beginning of signs and symptoms.

The findings presented and discussed here corroborate other studies^(15-16,18), reinforcing the difficulties in assisting immigrants due to cultural issues. Thus, the participants of this study consider it important, to know the context and reality of the life of Haitian families, in addition to the welcoming and listening performed at the UBS, meeting the considerations of the study⁽¹²⁾, which argues that an approach focused on the lifestyle, the family environment, the culture, and the family's economic situation favors health promotion and disease prevention.

During the NC in childcare, the nurses also need to value the essential elements of the family, in its general context. The appreciation of cultural beliefs and values guarantees chances of success to the guidelines given because the health professionals gain the respect of the user and increase the rate of resolving the child's health and disease needs⁽²⁰⁾.

Therefore, when adhering to the care and guidelines proposed in the NC in childcare, the nurses participating in this study understood that they need to establish differentiated guidelines, understand the culture and habits, reducing as much as possible the possibility of non-adherence to the guidelines and treatment. In this sense, studies^(16,20) emphasized that the culture of the population should be valued, and it is essential that nurses know the practices of the health and disease process of the Haitian child, adding cultural and scientific traditions at the time of the child's follow-up, so the professional can value the family's knowledge, increasing trust. Thus, while facilitating communication for the provision of guidance and its apprehension, it improves the chances that care and guidance are

followed, and the NC in childcare has the proper understanding and appreciation⁽²⁰⁾.

In the present study, the nurses agreed to the need to understand the socioeconomic and cultural issues of immigrants. They believe that, by appropriating these issues, they will be able to provide guidance and care that is consistent with the reality of each family. As a strategy for this, they mention the home visit, as it allows us to know the reality in loco and try to reduce the distance between what is prescribed and what is possible to be performed by families, according to their economic conditions.

Regular home visits allow nurses to learn about the family's social and cultural context, their habits and customs, identifying their needs. Important information about families can also be collected from Community Health Agents (ACs), who are the link between the community and health professionals, enabling dialogue and the exchange of ideas between professionals, improving the way to intervene in the process health and disease of the target population^(12,21).

The importance of knowing socioeconomic conditions was highlighted in other studies^(7,15) since most immigrants are in situations of socioeconomic vulnerability and fragility. One of the aggravating factors in this situation is that some health workers still reproduce speeches in which immigrants are seen as inferior, which compromises comprehensive and equitable care^(7,15).

Having this scenario discussed in this study, which reinforces other findings, we observe that APS is the primary level of care to provide health care to Haitian children. However, we need efforts to carry out joint actions involving professionals working in health services and managers, improving and qualifying child care, as is the right of immigrants^(8,22).

Thus, to overcome the challenges in caring for children, in addition to the possibilities presented by nurses who participated in this study, authors^(15,22-23) discuss other alternatives to facilitate comprehensive and resolving care. They indicate the possibility of expanding the view of the child through community actions

in APS, aiming to carry out interdisciplinary activities guaranteeing actions of promotion and health education, such as the monitoring of these children in the spaces of early childhood education and daycare centers.

The hiring of immigrants to act as ACS would be another possibility to improve the intercommunication and the link between immigrants and health professionals, as shown in a study⁽²⁴⁾ addressing this practice as a facilitator of immigrants' access to the actions carried out by the ESFs, and a better understanding of the insertion of this population in the territory and its socio-cultural characteristics.

Also, the creation of educational technologies such as a folder with information about the health system and guidance on fundamental care in the language of immigrants is a strategy that aims to facilitate intercommunication⁽²⁴⁾.

Another strategy for the possibility of approaching and understanding the needs of the immigrant population is the permanent training of nurses and other ESFs professionals focused on communication, understanding of ethnic-racial aspects, and the needs of this population, especially in childcare⁽¹⁵⁾.

The strategies presented in this research and other studies can contribute to the performance of nurses assisting them in their difficulties, especially in performing NC in childcare in APSs, ensuring access to health services by immigrants through a humanized care, following the needs of the child and his family, respecting their ethnic-cultural characteristics and promoting comprehensive health care for the Haitian child.

One of the limitations of this research was the scarcity of studies on the subject, especially involving the NC of immigrant children, especially of Haitian children. Most studies focus on assessing the employability conditions of Haitian immigrants and their geographic disposition in Brazil. Therefore, we consider that the discussions held in this study are extremely relevant and indicate the need to implement permanent education actions, so that health professionals can qualify for this service, improving the adherence to the NC

childcare and, consequently, have subsidies for the development of health promotion actions for immigrants.

Conclusion

The study shows the difficulties lived by nurses to perform NC to Haitian children. Among the main difficulties, they highlight the intercommunication, the adherence of the families to the NC in childcare, and the follow-up of the guidelines performed by the nurses. These difficulties are influenced by the language and culture of Haitians who understand the need to seek care from a health professional only in situations of illness.

Also, the Haitian culture is little known by nursing professionals, hindering their actions and decision-making for care that is consistent with the needs of the child and the reality of families. This situation shows the need to institute permanent health education activities, aiming to subsidize health professionals to qualify the assistance to this population, which is growing in Brazil.

To overcome the difficulties experienced, nurses highlight some strategies such as non-verbal communication, using drawings, routine home visits to monitor care and compliance with prescribed guidelines and also to know the context of life - housing, customs, habits -, and with that, get closer to families, gain confidence and establish bonds.

Collaborations:

1 – conception, design, analysis and interpretation of data: Elisângela Argenta Zanatta, Cheila Karei Siega, Ingrid Pujol Hanzen and Luiza Alcântara de Carvalho;

2 – article writing and relevant critical review of intellectual content: Elisângela Argenta Zanatta and Cheila Karei Siega;

3 – final approval of the version to be published: Elisângela Argenta Zanatta, Cheila Karei Siega, Ingrid Pujol Hanzen and Luiza Alcântara de Carvalho.

References

1. Abud SM, Gaíva MAM. Registro dos dados de crescimento e desenvolvimento na caderneta de saúde da criança. *Rev Gaúcha Enferm.* 2015;36(2):97-105. DOI: <http://dx.doi.org/10.1590/1983-1447.2015.02.48427>
2. Brasil. Ministério da Saúde. Secretaria de Atenção Básica à Saúde. Departamento de Atenção Básica. Saúde da Criança: crescimento e desenvolvimento [Internet]. Brasília (DF); 2012. (Cadernos de Atenção Básica, nº 33) [cited 2019 Jun 19]. Available from: http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/caderno_33.pdf
3. Carvalho EB, Sarinho SW. A Consulta de Enfermagem no acompanhamento do crescimento e desenvolvimento de crianças na Estratégia Saúde da Família. *Rev enferm UFPE on line.* 2016;10(Suppl 6):4804-12. DOI: 10.5205/reuol.8200-71830-3-SM.1006sup201612
4. Duarte ED, Silva KL, Tavares TS, Nishimot CLJ, Walty CMRF, Sena RR. Desafios do trabalho da enfermagem no cuidado às crianças com condições crônicas na atenção primária. *Esc Anna Nery.* 2015;19(4):648-55. DOI: 10.5935/1414-8145.20150087
5. Cavalcanti L, Brasil El, Dutra D. A movimentação dos imigrantes no mercado de trabalho formal: admissões e demissões In: Cavalcanti L, Oliveira T, Araujo D, organizadores. Relatório Anual 2016. A inserção dos imigrantes no mercado de trabalho brasileiro [Internet]. Brasília (DF): Observatório das Migrações Internacionais; 2016 [cited 2020 Apr 10]. Available from: https://portaldeimigracao.mj.gov.br/images/dados_anuais/RelatorioCompleto_v8_0512_pagespilhada_comcapa.pdf
6. Cavalcanti L, Tonhati T. Características socio-demográficas e laborais da imigração haitiana no Brasil. *Périplos: Rev estudos migrações* [Internet]. 2018 [cited 2019 Oct 15];1(1):68-71. Available from: http://periodicos.unb.br/index.php/obmigra_periplos/article/view/5882
7. Risson AP, Matsue RY, Lima ACC. Atenção em Saúde aos Imigrantes Haitianos em Chapecó e suas Dimensões Étnico-Raciais. *Soc Quest* [Internet]. 2018 [cited 2019 Oct 22];31(41):111-30. Available from: http://osocialemquestao.ser.puc-rio.br/media/OSQ_41_art_5_Risson_Matsue_Lima.pdf
8. Risson A. Cartografia da atenção à saúde de imigrantes haitianos residentes em Chapecó, SC [dissertação]. Chapecó (SC): Universidade

- Comunitária da Região do Chapecó; 2015 [cited 2019 May 22]. Available from: <https://laemiceppac.files.wordpress.com/2015/07/projeto-mestrado-ana-risson.pdf>
9. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
 10. Furtado MCC, Mello DF, Pina JC, Vicente JB, Lima PR, Rezende VD. Ações e articulações do enfermeiro no cuidado da criança na atenção básica. *Texto contexto - enferm*. 2018;27(1):e0930016. DOI: <http://dx.doi.org/10.1590/0104-07072018000930016>
 11. Santos LNM, Pedrosa JIS, Rodrigues IDC, Freire MSS, Silva GRF, Luz MHBA. Relações interpessoais nas estratégias saúde da família: reflexo na qualidade dos cuidados de enfermagem. *Rev enferm UFPE on line*. 2014;8(1):155-9. DOI: [10.5205/reuol.4843-39594-1-SM.0801201421](https://doi.org/10.5205/reuol.4843-39594-1-SM.0801201421)
 12. Góes FGB, Silva MA, Paula GK, Oliveira LPM, Mello NC, Silveira SSD. Contribuições do enfermeiro para boas práticas na puericultura: revisão integrativa da literatura. *Rev bras enferm*. 2018;71(Suppl 6):2808-17. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0416>
 13. Conselho Federal de Enfermagem. Resolução nº 358/2009, de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes públicos ou privados, em que ocorra o cuidado profissional de Enfermagem [Internet]. Brasília (DF); 2009 [cited 2019 Dec 10]. Available from: http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html
 14. Almeida ER, Moutinho CB, Carvalho SAS, Araújo RN. Relato sobre a construção de um protocolo de enfermagem em puericultura na atenção primária. *Rev enferm UFPE on line*. 2016;10(2):683-91. DOI: [10.5205/reuol.8557-74661-1-SM1002201640](https://doi.org/10.5205/reuol.8557-74661-1-SM1002201640)
 15. Barreto MDS, Nascimento DGD, Magini LYZ, Oliveira ILD, Vieira VCDL, Marcon SS. Discurso de enfermeiros e médicos sobre a utilização do serviço de emergência por imigrantes. *Esc Anna Nery*. 2019;23(3):e20190003. DOI: <http://dx.doi.org/10.1590/2177-9465-ean-2019-0003>
 16. Reis ASC, Costa MAM. Cuidar de Imigrantes: das interações em contexto à construção de competências culturais nos enfermeiros. *Rev Enf Ref*. 2014;serIV(2):61-69. DOI: <http://dx.doi.org/10.12707/RIII13118>
 17. Santos FV. A inclusão dos migrantes internacionais nas políticas do sistema de saúde brasileiro: o caso dos haitianos no Amazonas. *Hist ciênc saúde-Manguinhos*. 2016;23(2):477-94. DOI: <http://dx.doi.org/10.1590/S0104-59702016000200008>
 18. Kanengoni B, Andajani-Sutjahjo S, Holroyd E. Setting the stage: reviewing current knowledge on the health of New Zealand immigrants – an integrative review. *Peer J*. 2018;6:e5184. DOI: <https://doi.org/10.7717/peerj.5184>
 19. Mahmoud I, Eley R, Hou XY. Subjective reasons why immigrant patients attend the emergency department. *BMC Emerg Med*. 2015;15(4):1-6. DOI: <https://doi.org/10.1186/s12873-015-0031-8>
 20. Moreira MDS, Gaíva MAM. Abordagem do contexto de vida da criança na consulta de enfermagem. *Rev Pesqui*. 2017;9(2):432-40. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v9.5433>
 21. Kerbian LVA, Acioli S. A visita domiciliar de enfermeiros e agentes comunitários de saúde da Estratégia Saúde da Família. *Rev eletrônica enferm*. 2014;16(1):161-9. DOI: <http://dx.doi.org/10.5216/ree.v16i1.20260>
 22. O'Donnell CA, Burns N, Mair FS, Dowrick C, Clissmann C, van den Muijsenbergh M, et al. Reducing the health care burden for marginalised migrants: the potential role for primary care in Europe. *Health Policy*. 2016;120(5):495-508. Available from: <https://doi.org/10.1016/j.healthpol.2016.03.012>
 23. Reichert APS, Leônico ABA, Toso BRG, Santos NCCB, Vaz EMC, Collet N. Orientação familiar e comunitária na Atenção Primária à Saúde da criança. *Ciênc saúde colet*. 2016;21(1):119-27. DOI: <http://dx.doi.org/10.1590/1413-81232015211.05682014>
 24. Aguiar ME, Mota A. O Programa Saúde da Família no bairro do Bom Retiro, SP, Brasil: a comunicação entre bolivianos e trabalhadores de saúde. *Interface*. 2014;18(50):493-506. DOI: <http://dx.doi.org/10.1590/1807-57622013.0040>

Received: March 16, 2020

Approved: May 11, 2020

Published: June 15, 2020



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.