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FACTORS THAT INFLUENCE THE PRACTICE OF NURSES IN CHILDCARE CONSULTATION IN PRIMARY CARE

FATORES QUE INFLUENCIAM A PRÁTICA DO ENFERMEIRO NA CONSULTA DE PUERICULTURA NA ATENÇÃO PRIMÁRIA

FACTORES QUE INFLUYEN EN LA PRÁCTICA DEL ENFERMERO EN LA CONSULTA DE PUERICULTURA EN LA ATENCIÓN PRIMARIA

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Objective: to analyze the factors that influence the practice of nurses in childcare consultation in Primary Care. Method: cross-sectional study with 31 Family Health nurses from a municipality in the Northeast of Brazil, using a checklist with care dimensions implemented in childcare. For data analysis, descriptive statistics and Mann-Whitney test were used. Results: the consultations performed by nurses with graduation completion time and working time of up to ten years presented a care focused on the dimensions of embracement, anamnesis and evaluation of the vaccination status and supplementation. While those with more than ten years prioritized the evaluation of growth and records in the medical record and in the Child's Handbook. There was a significant association between female gender and specialization with the performance of professionals. Conclusion: the factors that influence the practice of nurses in childcare cause important differences in care, and may compromise the completeness of child care.

Descriptors: Primary Health Care. Professional Performance Evaluation. Growth and Development. Child Care. Nurses.

Objetivo: analisar os fatores que influenciam a prática do enfermeiro na consulta de puericultura na Atenção Primária. Método: estudo transversal com 31 enfermeiros da Saúde da Família de município do Nordeste do Brasil,

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utilizando-se checklist com dimensões do cuidado implementadas na puericultura. Para análise dos dados, utilizou-se estatística descritiva e teste de Mann-Whitney. Resultados: as consultas realizadas por enfermeiros com tempo de conclusão da graduação e tempo de atuação de até dez anos apresentaram um cuidado voltado para as dimensões acolhimento, anamnese e avaliação da situação vacinal e suplementações. Enquanto aqueles com tempo superior a dez anos priorizaram a avaliação do crescimento e os registros no prontuário e na Caderneta da Criança. Houve associação significativa entre o sexo feminino e ter especialização com o desempenho dos profissionais. Conclusão: os fatores que influenciam a prática dos enfermeiros na puericultura acarretam importantes diferenças assistenciais, podendo comprometer a integralidade do cuidado à criança.

Descritores: Atenção Primária à Saúde. Avaliação de Desempenho Profissional. Crescimento e Desenvolvimento. Cuidado da Criança. Enfermeiros.

Objetivo: analizar los factores que influyen en la práctica del enfermero en la consulta de puericultura en la Atención Primaria. Método: estudio transversal con 31 enfermeros de la Salud de la Familia de municipio del Nordeste de Brasil, utilizándose checklist con dimensiones del cuidado implementadas en el puericultura. Para el análisis de los datos, se utilizó estadística descriptiva y prueba de Mann-Whitney. Resultados: las consultas realizadas por enfermeros con tiempo de conclusión de la graduación y tiempo de actuación de hasta diez años presentaron un cuidado volcado para las dimensiones acogida, anamnesis y evaluación de la situación vacunal y suplementaciones. Mientras que aquellos con tiempo superior a diez años priorizaron la evaluación del crecimiento y los registros en el prontuario y en la Libreta del Niño. Hubo asociación significativa entre el sexo femenino y tener especialización con el desempeño de los profesionales. Conclusión: los factores que influyen en la práctica de los enfermeros en el puericultura acarrean importantes diferencias asistenciales, pudiendo comprometer la integralidad del cuidado al niño.

Descriptores: Atención Primaria de Salud. Evaluación de Desempeño Profesional. Crecimiento y Desarrollo. Cuidado del Niño. Enfermeros.

Introduction

Actions to promote growth and integral development in early childhood are challenges that Brazil still faces. Therefore, the National Policy of Comprehensive Health Care for Children was created, within the Unified Health System (UHS), with the aim of articulating all services and actions for the promotion and protection of children, especially the most vulnerable. To this end, seven strategic axes were listed, among them, the monitoring of growth and integral development, carried out primarily in Primary Health Care (PHC)[1].

At this point in the Health Care Network, the monitoring of the child should occur through the childcare consultation, performed predominantly by the nurse in the Family Health Strategy (FHS), model of care adopted in the Brazilian PHC, which favors the expansion of primary care with a focus on comprehensiveness, reduction of infant mortality and hospital admissions[2].

The childcare consultation, as an assignment also of the nurse, is supported by Law n. 7498/86 that regulates the exercise of the profession[3], and should enable the nurse to meet the needs of the child, with capacity to promote comprehensive care, and identify possible changes in child growth and development[4].

According to the Ministry of Health, the monitoring of child growth and development, which occurs in the childcare consultation, goes through actions of anthropometric evaluation, such as the verification of weight, height, cephalic perimeter and Body Mass Index (BMI); and qualitative and subjective evaluation, represented by developmental milestones in age groups, interpretation of the records in the Child's Handbook (CC - Caderneta da Criança) and the classification of the child's situation. In addition, actions for health promotion and protection, such as reception and qualified listening, evaluation of the vaccination calendar, physical examination, educational practices and promotion of family ties, for the empowerment of these in child care[1].

Thus, in childcare, systematic care actions should be carried out for children and their families, aiming to promote comprehensive, longitudinal and quality care[5], with attention to the socio-environmental factors of each mother-to-child binomial in order to identify early vulnerabilities that may interfere with the frequency of children in health services that accompany their growth and development[6].

Despite the importance of childcare for health promotion and reduction of child morbidity and mortality, some studies point to weaknesses in the childcare consultation performed by nurses, in which there is a limitation of actions to anthropometric indicators[4] and scarce health education actions, predominantly soft-hard and hard technologies[7].

Other evidence points to failures in monitoring the growth and development of nurses, compromising health promotion and prevention of diseases and problems to child health[8]. In addition, it is identified that the care practice of PHC nurses in their work activities, from the point of view of nurses, still presents difficulties that compromise the surveillance of child development, reflecting a service with poor quality and effectiveness[9].

Given the above, it was questioned: What are the factors that influence the practice of nurses in the childcare consultation? This study aims to analyze the factors that influence the practice of nurses in childcare consultation in Primary Care.

Method

This is a cross-sectional, analytical, non-participant observational study with a quantitative approach guided by the guidelines of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE).

Research developed in a municipality in the Northeast region of Brazil, from March to July 2016. The scenario of the study was one of the Health Districts (HD), composed of 49 nurses from the Family Health Teams (FHT), randomly selected after a draw among the five HD in the municipality. It is noteworthy that this HD had the highest number of registered people.

The selection of the sample was carried out by convenience and consisted of 31 nurses who worked in the HD of the FHT drawn for a minimum period of six months and who performed childcare consultations for children under two years of age. The other nurses were not included or considered loss in the research, because they had a temporary service bond and had no demand for children to be attended in the childcare consultation at the time of data collection, totaling 37%. The 31 participating health units were presented in integrated units, which include three to four teams in the same physical and organizational space, and isolated with only one team acting on site.

Data collection took place in three stages:

Stage 1: Telephone contact was made with the family health units belonging to the HD in order to know if the nurse who worked there performed childcare consultation and if the child's access to the consultation occurred by spontaneous demand or flexible scheduling during the week.

Stage 2: The main researcher attended the health units to agree with the nurse and the manager of the service the most opportune time to start the observations of the childcare consultations, performed by the professional. This meeting presented the objective of the research and requested authorization for data collection.

Stage 3: Beginning of data collection performed by a single collector, nurse and postgraduate student, responsible for the research, after authorization of the professional and the child's caregiver. There were at least three visits to each health unit. To include nurses in the research, the arrival of children was expected until the end of the unit's office hours and, in cases where this moment arrived and no child attended the childcare consultations during three shifts, that nurse was excluded from the survey for lack of demand.

Regarding the completion of the form during observation, this was performed as the nurse implemented the care actions present in the instrument. As it is a checklist, it was marked "Yes", when nurses implemented the action,

"No" when they did not implement and "Not applicable" when it was not possible to evaluate. Other complementary information was also recorded when necessary.

The questionnaire was divided into two sections: a) identification of the FHU and the nurse, containing information on sex, specialization and type of specialization, the time of completed graduation, and working time in the FHS; and b) dimensions of care, namely: embracement; anamnesis and nursing history; evaluation of growth; physical examination and neuropsychomotor development; analysis of the vaccination status and supplementation of iron and vitamin A; health education and records in the child's booklet and medical record. The actions related to each dimension of care were evaluated according to direct observation of the consultation performed by the nurse.

The instrument was developed based on the national literature relevant to child health and government guidelines for child health care, given that no instrument was found to assess the practice of nurses in childcare consultations. After completion, the instrument was submitted to evaluation by four experts in the area of pediatrics and active in PHC, in order to assess possible weaknesses. Then, after the suggested modifications, the Cronbach's alpha test was performed to demonstrate its reliability and internal validity, resulting in a value of 0.815, with a 95% confidence interval. Thus, the use of the checklist was allowed to measure or quantify the practice of each nurse in childcare consultations.

At the end of data collection, 93 childcare consultations were observed, with three consultations of each nurse (n=31). It is noteworthy that the impartiality was maintained throughout the period of data collection, since the researchers had no link with the study participants and did not interfere in the consultation. In addition, a field diary was used, in which were recorded some aspects that called attention in the observations.

A scoring system was developed for data analysis, in which the value "1" was assigned when the procedure was correct; "0", when incorrect; and in cases inapplicable to the procedure, the value "3", which did not enter the score for each of the dimensions. For each observed consultation, a representative measure of the implemented actions was obtained, and a scoring system was developed that was converted into a percentage, so that it could be compared on the same scale for each of the dimensions evaluation of growth, physical examination and neuropsychomotor development, for contemplating the phenotypic evaluation and milestones of the child during the consultation, vaccination status and supplementation, health education, and registration in the child's booklet and family chart.

Thus, for the three observed consultations of each nurse, three representative measures of the actions implemented in each dimension of care were obtained, which were represented by the average of the evaluations in the three visits, resulting in the General Index (GI) of each dimension. The GI is an average of the indexes of the dimensions evaluated in the consultation, which was dichotomized by the median in two groups of performance in professional practice: GI < 50% (group below the median) and GI ≥ 50% (group above the median). To classify the nurses' performance in practice, according to the GI presented by the dimensions implemented in the childcare consultation, the method of cluster analysis was used, through the hierarchical grouping, distance and the mean bond measurement.

The collected data were entered in a spreadsheet in the Excel program, version 2007 and analyzed from the Statistical Package for the Social Sciences Software (SPSS), version 20.0 for student. To verify the normality of the data was used the Shapiro Wilk test and to verify the association between the variables was applied the Mann-Whitney test, when the normality of the variable does not occur, with 95% confidence intervals and significance level of 5% ($p<0.05$). It is noteworthy that mean and standard deviation (SD) were chosen for use in the tables because they are the most used measures of central tendency and dispersion. Moreover, the median

did not present values far from the mean to deserve prominence.

This study investigated the independent variables (length of graduation, time working in the FHS, sex, specialization, number and type of specialization and the seven dimensions of care mentioned in the instrument) and "outcome variable" performance in the professional practice of nurses in childcare, which is dichotomized by the median value of GI.

The research met the regulatory standards of Resolution 466/12 and obtained approval from the Research Ethics Committee under the opinion 2.189.497.

Results

Of the 31 nurses observed in childcare consultations, only two were male, 22 (70.9%) had more than ten years of completed Nursing graduation and 18 (58.1%) worked in the FHS between 11 and 20 years. As for postgraduate studies, only one nurse did not have a specialization, and among those who did, 12 (38.7%) completed two or more specializations, the most performed being Family Health Strategy and Public Health or Collective Health (Table 1).

Table 1 - Professional profile of nurses working in the FHS in a Health District. João Pessoa, PB, Brazil – 2016. (N = 31)

Variables	n	%
Sex		
Feminine	29	93.5%
Masculine	2	6.5%
Time since graduation		
1-10 years	9	29.1%
> 10 years	22	70.9%
Time working in the FHS		
1-10 years	13	41.9%
> 10 years	18	58.1%
Specialization		
Yes	30	96.8%
No	1	3.2%
Number of specializations		
None	1	3.2%
One	18	58.1%
Two or more	12	38.7%
Types of specialization*		
Public health/Collective health	14	35%
Family Health Strategy	21	52.5%
Obstetrics	5	12.5%

Source: Created by the authors. *The sample varied due to 12 nurses having two or more specializations.

It was found that nurses with time less than or equal to 10 years of completed graduation and who worked in the FHS performed more actions aimed at embracement, anamnesis, evaluation of the vaccination status and supplementation of iron and vitamin A, when compared to nurses with more than 10 years, who developed more actions involving the dimensions of growth evaluation, health education and record in the medical record and in the CC, however, were not statistically significant (Table 2).

Table 2 – Distribution of the dimensions of care in the childcare consultation by years of work in the FHS and completed graduation of nurses working in a Health District. João Pessoa, PB, Brazil – 2016. (N = 31)

Dimensions of care	Time since graduation		Time working in the FHS	
	≤ 10 years	>10 years	≤ 10 years	>10 years
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
Embracement	44.44 ± 19.24	33.33 ± 21.56	44.43±19.26	33.32±21.56
Anamnesis	44.22 ± 8.23	40.74 ± 11.80	44.22±8.84	40.73±11.79
Growth evaluation	58.10 ±26.21	62.96 ± 21.48	58.10±26.20	62.96±21.48
Physical examination and development	28.63 ± 20.55	28.60 ± 27.00	28.63±20.55	28.70±27.00
Vaccination status and iron and vitamin A supplementation	71.96 ± 16.11	63.24 ± 32.32	71.95±16.11	63.24±32.32
Health education	21.93 ± 9.82	25.4 ± 13.27	21.93±9.83	25.4±13.27
Record in the medical record and in the handbook	42.61 ± 14.84	51.64 ± 23.77	42.61±14.84	51.63±23.76

Source: Created by the authors.

* Standard deviation

According to table 3, the performance in the practice of nurses in the childcare consultation showed a statistically significant association between female professionals (p<0.001) and those who had specialization (p<0.001). While the time of completed graduation and the time of work of nurses in the FHS were not associated with the performance in consultations.

Table 3 – Statistical comparison of the variables: sex, time since graduation, time working in the FHS and specialization based on performance in the practice of nurses in childcare consultations. João Pessoa, Paraíba, Brazil – 2016. (N =31)

Variables	Performance in practice				p-value
	Low GI* (n = 21)		High GI* (n = 10)		
	Mean	SD**	Mean	SD**	
Sex					
Feminine	36.98	10.53	59.17	8.58	<0.001 MW*
Masculine	-	-	58.12	2.79	-
Time since graduation	20.38	10.0	16.0	8.37	0.374 MW
Time working in the FHS	12.48	6.01	10.70	4.99	0.718 MW
Specialization					
Yes	36.67	10.71	58.96	7.63	< 0.001 MW
No	-	-	-	-	-

Source: Created by the authors.

* General Index; ** Standard deviation

Discussion

The work of nurses in a multiprofessional context is a promoter of early childhood development, given their various skills for the care of children and families[10]. In the context of child care in PHC, nursing stands out when articulating knowledge and practices that provide monitoring of child development during childcare consultations[11].

When tracing the profile of the nurses participating in the study, it is noticed that most had more than 10 years of completed graduation and worked in the FHS for the same period, but only one had no specialization, and the area of Public Health/Collective Health and Family Health Strategy were the most performed. This demonstrates the interest of professionals in specializing in primary care, due to the gap in which graduate health education still has in relation to its performance in PHC[8].

Furthermore, it is unquestionable the relevance of professional training to work in primary care, since its absence is responsible for limitations in the assistance offered, as well as reverberates in the articulation training of new professionals and in the process of permanence of health education[12].

The initial pedagogical proposal of the nursing course was directed to the biological training, consequence of the traditional biomedical health model, influencing the practices focused on complaints. However, with the modification of the organization of health services and the creation of the UHS, the prioritization of prevention, promotion and recovery actions came into focus, valuing each individual as a whole, as well as their particularities[13].

Considering the time that the nurse completed the graduate course and performance in the FHS, and the dimensions of care implemented in the childcare consultation, there is a difference in the care offered to the child, which leads to reflections on the practice of these professionals concerning health promotion actions and interaction of nurses with children's caregivers, and should focus on comprehensive care and shared actions[14].

In relation to the dimensions of care in professional practice, the embracement, anamnesis and evaluation of the vaccination status and supplementation were the most contemplated by nurses up to 10 years of completed graduation and performance in the FHS, which suggests a coherent look to that proposed by the curricular guidelines of nursing, for the dialogical relationship and listening, as well as health promotion and prevention of complications.

The embracement in the context of childcare can be considered as a social practice in which nurses understand the individual as singular, receive and listen to their complaints and needs[15]. Anamnesis, in turn, allows nurses to ask questions about the child, updating themselves about health conditions and favoring communication with the mother and family members[16].

Regarding the evaluation of the vaccination calendar and supplementation, this action is low cost and high effectiveness in childcare, with a strong impact on the promotion of growth and adequate development, and reduction of infant morbidity and mortality[17], these dimensions seem to be a consolidated practice within PHC.

On the other hand, the practice of those nurses with time of completed graduation and work in the FHS over ten years, despite contemplating health education, seems to be more focused on the evaluation of child growth and records in the medical record and CC, which can reflect on more objective consultations, focused on growth and its records.

The focus on growth assessment also persists in other contexts of child health care, sometimes being the evaluation of development not prioritized, restricting the surveillance of growth and development in childcare consultation to anthropometric indicators[4].

In this direction, the records of growth stand out as another important dimension in the childcare consultation, emerging the Child's Handbook as a facilitating tool for monitoring the growth and development of the child, with potential to reduce child morbidity and mortality and provide greater interaction between caregivers and professionals, based on its adequate record[4].

The new Child's Handbook contemplates intersectoriality and integral care, with the intersection of education and social assistance policies, which favors the integral look at the child's health[1].

The dimensions related to health education, physical examination and evaluation of neuropsychomotor development are little performed by nurses, regardless of the time they completed graduation and performance in the FHS, despite the importance of these actions for the surveillance of child growth and development as indicators of the child's quality of life and health[4].

These results are corroborated in the literature that points out fragility of these actions in the childcare consultation performed by the nurse, highlighting the need for these professionals to rethink their knowledge and in order to achieve comprehensive child care through health promotion, prevention and rehabilitation[4]. Thus, contrary to the ministerial guidelines for an integral and humanized approach in childcare consultation[1], there is a commitment to comprehensive actions for the surveillance of child development in the FHS, performed by the nurses participating in the study.

In the present investigation, only two nurses were male, thus the comparison of the performance in the practice of nurses was performed with the feminine sex, being possible to observe a significant difference in the performance in childcare of female nurses. This finding can possibly be explained by the fact that women are the largest number of the workforce in PHC, as reiterated in another study[18], including in the childcare consultations of this study.

The predominance of women in the nursing area was also evidenced in a national survey in which 85.1% of nurses were female, and even with a gradual increase in male participation since the 1990s, the nursing workforce is hegemonically feminine[19].

Similarly, considering that only one nurse did not have specialization, the performance in professional practice was compared among the participants who had specialization. When we observe a significant difference in this comparison, this leads us to reflect that having specialization in the area of Family Health Strategy or Public Health is not a decisive factor for better performance in childcare practice, perhaps because it is not focused on child's health. However, this finding differs from the study conducted in Mato Grosso do Sul, which showed improvement in maternal and child health care and indicators when health professionals had specialization in Family Health[12].

The time working in the FHS has no significant association with performance in professional practice, although familiarity with the service can contribute to the formation of bonding and promotion of qualified care, and, therefore, influence the dialogical relationship between professionals and family members during the consultation[20].

Another aspect to be emphasized is that, although nurses' time of completed graduation did not show a significant association with the performance in the practice of nurses in the childcare, it is understood that the generalist training and the skills acquired by nurses are at the interface with the new experiences lived over time in practice. This may provide the acquisition of skills, safety and better performance in care, resulting in the consolidation of knowledge brought to practice[21].

With regard to childcare consultation in PHC, it is understood that this is the main strategy for monitoring child health in the UHS. However, for this consultation to be effective and quality, it is necessary that the FHS nurse has a look at health promotion and prevention of child complications, since training, as recommended by government guidelines, and carries out their practices based on the dimensions of care, as indispensable elements for comprehensive care[1].

However, critical work organization conditions negatively influence job satisfaction and may negatively affect the care of nurses who work in the FHS[18], which reinforces the importance of service organization and care as a foundation for optimizing care actions that guide health promotion and disease prevention[14].

About this, an investigation conducted with FHS nurses found that the obstacles in the work

process of these professionals, such as the lack of structure, materials and management support, and work overload compromise the quality of care offered to users and, therefore, professional performance, leading them not to perform their work activities as recommended by the UHS[9].

Thus, considering nursing as the backbone of Primary Health Care worldwide[22], and having the nurse as a professional who performs actions according to the health needs of the child and their family members, acting, above all, from the perspective of comprehensiveness and humanization of care[5], it is important to value and enable better working conditions in order to qualify their actions in the care of the population assisted by them.

In line with the relevance of the category, the World Health Organization designated 2020 as the international year of nursing and obstetrics professionals, given their central role in health care[23]. Thus, since nursing is a profession capable of facing and solving the challenges envisaged[22], it is understood that the transformation of nursing care is a sine qua non condition for the progress of the profession and improvement of the quality of health services[24].

The present study presents limitations regarding the time and size of the sample, as well as presents the nurses' practice in the childcare consultation in the context of the FHS of a local reality, not allowing generalizations of the findings to other contexts. In addition, the gap of studies in the literature that analyze the performance in the practice of nurses in the context of PHC, despite the complexity of the work of the profession in the process of caring in the different cycles of life, limited the comparisons with the findings of the present study.

Nevertheless, the results presented may subsidize important reflections on the factors that influence the performance in the practice of nurses and future interventions in this and other realities that seek to enable comprehensive care to child health. New studies on the subject are recommended, seeking to highlight the relevance of the profession and contribute to the nurse to perform comprehensive practices at the primary level of health care.

Conclusion

The study presents innovative results by showing aspects of the profile of nurses that can influence the performance in their professional practice in childcare consultation, different from the focus on the work process discussed in the literature, showing that sex and specialization were factors associated with the nurses' performance in practice.

It was found a difference in the care offered to the child according to the time he completed graduation and considering that the childcare consultations performed by nurses aged ten years or less presented a practice focused on the dimensions of health promotion and disease prevention. While nurses with time that completed graduation and acting in the FHS over ten years implemented actions more focused on the evaluation of growth and registration in the medical record and in the Child's Handbook. Therefore, it is believed that the different practices of nurses in childcare consultations may compromise the completeness of childcare.

Collaborations:

1 – conception and planning of the project: Daniele de Souza Vieira and Altamira Pereira da Silva Reichert;

2 – analysis and interpretation of data: Daniele de Souza Vieira, João Agnaldo do Nascimento and Altamira Pereira da Silva Reichert;

3 – writing and/or critical review: Daniele de Souza Vieira, Anniely Rodrigues Soares, Daniele Beltrão de Araújo Lucena, Nathanielly Cristina Carvalho de Brito Santos and Altamira Pereira da Silva Reichert;

4 – approval of the final version: Daniele de Souza Vieira, Anniely Rodrigues Soares, Daniele Beltrão de Araújo Lucena, Nathanielly Cristina Carvalho de Brito Santos, João Agnaldo do Nascimento and Altamira Pereira da Silva Reichert.

Conflicts of interest

There are no conflicts of interest.

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References

1. Brasil. Ministério da Saúde. Política Nacional de Atenção Integral à Saúde da Criança: orientações para implementação [Internet]. Brasília (DF); 2018 [cited 2022 aug 25]. Available from: https://central3.to.gov.br/arquivo/494643/
2. Arantes LJ, Shimizu HE, Merchán-Hamann E. The benefits and challenges of the Family Health Strategy in Brazilian Primary Health care: a literature review. Ciênc Saúde Colet. 2016;21(5):1499-509. DOI: https://doi.org/10.1590/1413-81232015215.19602015
3. Brasil. Ministério da Saúde. Lei n. 7498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da enfermagem e outras providências [Internet]. Brasília (DF); 1986 [cited 2022 sep 1]. Available from: https://www.jusbrasil.com.br/diarios/DOU/1986/06/26/Secao-1
4. Gaíva MAM, Monteschio CAC, Moreira MDS, Salge AKM. Avaliação do crescimento e desenvolvimento infantil e na consulta de enfermagem. Av Enferm. 2018;36(1):9-21. DOI: https://doi.org/10.15446/av.enferm.v36n1.62150
5. Ferreira FÂ, Freitas RSC, Santos MCS, Silva SRM, Silva AM, Santos MKS. Puericulture consultation: problems found in those under 2 years old. Rev Enferm. UFPE on line. 2019;13:e2400724. DOI: https://doi.org/10.5205/1981-8963.2019.240072
6. Monteiro MGA, Azevedo EB, Lima MKS, Barbosa HCV, Barbosa JCG, Cerqueira ACDR. Consulta de enfermagem em puericultura na perspectiva de mães atendidas pela Estratégia Saúde da Família. Rev baiana enferm. 2020;34:e37945. DOI: https://doi.org/10.18471/rbe.v34.37945
7. Vieira DS, Santos NCCB, Nascimento JA, Collet N, Toso BRGO, Reichert APS. A prática do enfermeiro na consulta de puericultura na Estratégia Saúde da Família. Texto contexto - enferm. 2018;27(4):e4890017. DOI: https://doi.org/10.1590/0104-07072018004890017
8. Gaíva MA, Alves MD, Monteschio CA. Nursing appointments in puericulture in family health strategy. Rev Soc Bras Enferm Ped. 2019;19(2):65-73. DOI: https://doi.org/10.31508/1676-3793201900009
9. Vieira DS, Dias TKC, Pedrosa RKB, Vaz EMC, Collet N, Reichert APS. Processo de trabalho de enfermeiros na vigilância do desenvolvimento infantil. REME – Rev Min Enferm. 2019;23:e-1242. DOI: https://doi.org/10.5935/1415-2762.20190090
10. Reticena KO, Yabuchi VNT, Gomes MFP, Siqueira LD, Abreu FCP, Fracolli LA. Role of nursing professionals for parenting development in early childhood: a systematic review of scope. Rev Lat Am Enfermagem. 2019;27:e3213. DOI: https://doi.org/10.1590/1518-8345.3031.3213
11. Sobral MGV, Pessoa VLMP, Florêncio RS, Solon AAB, Bento JNC, Cestari VRF, et al. Essential elements of the child and adolescent nursing consultation. Rev Enferm. UFPE on line. 2018;12(12):3464-75. DOI: https://doi.org/10.5205/1981-8963-v12i12a235064p3464-3475-2018
12. Nascimento DDG, Moraes SHM, Santos CAST, Souza AS, Bomfim RA, Carli AD, et al. Impact of continuing education on maternal and child health indicators. PLoS ONE. 2020;15(6):e0235258. DOI: https://doi.org/10.1371/journal. pone.0235258
13. Palheta AMS, Cecagno D, Marques VA, Biana CB, Braga LR, Cecagno S, et al. Formação do enfermeiro por meio de metodologias ativas de ensino e aprendizado: influências no exercício profissional. Interface (Botucatu,

Online). 2020;24:e190368. DOI: https://doi.org/10.1590/Interface.190368

14. Araújo JP, Viera CS, Oliveira BRG, Gaíva MA, Rodrigues RM. Assessment of the essential attributes of Primary Health Care for children. Rev Bras Enferm. 2018;71(Suppl 3):1366-72. DOI: http://dx.doi.org/10.1590/0034-7167-2017-0569

15. Gomide MFS, Pinto IC, Bulgarelli AF, Santos ALP, Gallardo MPS. User satisfaction with primary health care: an analysis of access and care. Interface (Botucatu, Online). 2018;22(65):387-98. DOI: https://doi.org/10.1590/1807-57622016.0633

16. Faller TT, Toso BRGO, Vieira CS, Baggio MA. A consulta de enfermagem em puericultura na estratégia saúde da família. Rev. Varia Scientia. 2018;4(2):137-47. DOI: 10.48075/vscs.v4i2.19656

17. Sousa WEA, Brito LCS, Lima GLB, Rodrigues TO, Coelho SF, Costa APV, et al. Estratégia de acompanhamento de crianças menores de dois anos na atenção primária à saúde. Braz J of Develop. 2020;6(9):69443-53. DOI: https://doi.org/10.34117/bjdv6n9-406

18. Oliveira MM, Pedraza DF. Contexto de trabalho e satisfação profissional de enfermeiros que atuam na Estratégia Saúde da Família. Saúde debate. 2019;43(122):765-79. DOI: https://doi.org/10.1590/0103-1104201912209

19. Machado MH, Filho WA, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: o perfil sócio demográfico. Enferm Foco. 2016;7(esp):09-14. DOI: https://doi.org/10.21675/2357-707X.2016.v7.nESP.686

20. Machado GAB, Dias BM, Silva JJ, Bernardes A, Gabriel CS. Avaliação de atributos da Atenção Primária à Saúde: a perspectiva dos profissionais. Acta paul enferm. 2021;34:eAPE00973. DOI: https://doi.org/10.37689/acta-ape/2021AO00973

21. Magnago C, Pierantoni CR. A formação de enfermeiros e sua aproximação com os pressupostos das Diretrizes Curriculares Nacionais e da Atenção Básica. Ciên Saúde Colet. 2019;25(1):15-24. DOI: https://doi.org/10.1590/1413-81232020251.28372019

22. The Lancet. 2020: unleashing the full potential of nursing. Lancet. 2019;394(10212):1879. DOI: https://doi.org/10.1016/S0140-6736(19)32794-1

23. Organização Pan-Americana da Saúde (OPAS). OMS define 2020 como ano internacional dos profissionais de enfermagem e obstetrícia [Internet]. OPAS; 2020 [cited 2022 sep 01]. Available from: https://www.paho.org/pt/noticias/3-1-2020-oms-define-2020-como-ano-internacional-dos-profissionais-enfermagem-e-obstetricia

24. Nascimento WG, Uchôa SAC, Coêlho AA, Clementino FS, Cosme MVB, Rosa RB, et al. Medication and test prescription by nurses: contributions to advanced practice and transformation of care. Rev Lat Am Enfermagem. 2018;26:e3062. DOI: http://dx.doi.org/10.1590/1518-8345.2423-3062

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