

APPLICABILITY OF NURSING THEORY FOR PRAXIS INTERVENTION IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW

APLICABILIDADE DE TEORIA DE ENFERMAGEM PARA INTERVENÇÃO PRÁXICA NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO INTEGRATIVA

APLICABILIDAD DE LA TEORÍA DE ENFERMERÍA PARA INTERVENCIÓN PRÁXICA EN LA ATENCIÓN PRIMARIA DE SALUD: REVISIÓN INTEGRANTE

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Objective: analyzing the scientific evidence about the use of the Theory of Praxis Intervention of Public Health Nursing in primary health care through studies of primary sources. **Method:** this is an integrative review, without delimitation of time and languages, with searches in the databases LILACS, MEDLINE/PubMED, CINAHL, SCOPUS, EMBASE and Web of Science and the electronic library SciELO. **Results:** fifteen articles were included, which were restricted to the phases of capture (in the structural and singular dimensions) and interpretation of the objective reality, which showed a lack of knowledge about the effectiveness of theory in relation to intervention in objective reality. **Final considerations:** the analysis of scientific evidence confirmed, despite the discrete and punctual use of the Theory of Praxis Intervention of Nursing in Collective Health, its potential for the direction of nurses' practices in primary health care.

Descriptors: Primary Health Care. Nursing Theory. Nursing. Primary Care Nursing. Models, Theoretical.

Objetivo: analisar as evidências científicas acerca do uso da Teoria de Intervenção Práxica da Enfermagem em Saúde Coletiva na atenção primária à saúde por meio de estudos de fontes primárias. *Método:* trata-se de uma revisão integrativa, sem delimitação de tempo e idiomas, com pesquisas nas bases de dados LILACS, MEDLINE/PubMED, CINAHL, SCOPUS, EMBASE e Web of Science e na biblioteca eletrônica SciELO. *Resultados:* foram incluídos 15 artigos, que se restringiram às fases de captação (nas dimensões estrutural, particular e singular) e interpretação

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da realidade objetiva, o que evidenciou uma lacuna de conhecimentos quanto à efetividade da teoria em relação à intervenção na realidade objetiva. Considerações finais: a análise das evidências científicas ratificou, apesar da utilização discreta e pontual da Teoria de Intervenção Prática da Enfermagem em Saúde Coletiva, o seu potencial para o direcionamento das práticas dos enfermeiros na atenção primária à saúde.

Descritores: Atenção Primária à Saúde. Teoria de Enfermagem. Enfermagem. Enfermagem de Atenção Primária. Modelos Teóricos.

Objetivo: analizar las evidencias científicas acerca del uso de la Teoría de Intervención Práctica de la Enfermería en Salud Colectiva en la atención primaria de salud por medio de estudios de fuentes primarias. Método: se trata de una revisión integrativa, sin delimitación de tiempo e idiomas, con investigaciones en las bases de datos LILACS, MEDLINE/PubMED, CINAHL, SCOPUS, EMBASE y Web of Science y en la biblioteca electrónica SciELO. Resultados: se incluyeron 15 artículos, que se restringieron a las fases de captación (en las dimensiones estructural, particular y singular) e interpretación de la realidad objetiva, lo que evidenció una laguna de conocimientos en cuanto a la efectividad de la teoría en relación con la intervención en la realidad objetiva. Consideraciones finales: el análisis de las evidencias científicas ratificó, a pesar de la utilización discreta y puntual de la Teoría de Intervención Práctica de la Enfermería en Salud Colectiva, su potencial para el direccionamiento de las prácticas de los enfermeros en la atención primaria a la salud.

Descriptorios: Atención Primaria de Salud. Teoría de Enfermería. Enfermería. Enfermería de Atención Primaria. Modelos Teóricos.

Introduction

During the last decades in Brazil there has been a greater concern about the scientific methods related to the phenomena belonging to the nursing domain⁽¹⁾. Because of this new dynamic, nurses began to systematically prepare and publish specific knowledge subjects related to fields of professional practice, such as teaching, care, and research itself, showing a fertile and dynamic field of knowledge, revealing new forms of expression and attribution of meanings to the world of nursing⁽¹⁾.

Discussions related to the phenomena of interest of nurses and efforts to intensify their involvement in the use of in the generation and testing of theories to guide research and improve practice were essential to achieve the recognition of nursing as a profession and academic discipline⁽²⁾. It is undeniable, therefore, the need to recognize this effort to nursing scholars and its impacts on the science, theory and practice of the profession⁽²⁾.

A theory can aim to describe, explain, diagnose and/or prescribe measures for care practice, offering scientific support through the systemic view of a phenomenon and the set of concepts designed in this phenomenon⁽³⁾. In addition

to strengthening knowledge and professional identity, nursing theories awaken to a historical, political and social debate taking into account the context in which professionals are inserted and their practices will be forged, expressing the dimension of the profession, being possible to perceive the contextual influence exerted by the field of action in relation to nursing, which highlights the relevance of the study⁽³⁾.

Among the multiple possibilities of nursing action, is the Primary Health Care (PHC), which is the first level of care and is characterized by a set of actions at the individual and collective level, which cover the promotion and protection of health, the prevention of health problems, the diagnosis, treatment, rehabilitation and maintenance of health and was configured as an area of protagonism of nurses due to autonomy in their work process⁽⁴⁾.

In this context, Egry proposes the Theory of Praxis Intervention of Nursing in Collective Health (TIPESC)⁽⁵⁾. Using the ability of nursing to consciously interfere through a critical-reflexive view of identifying health needs, proposes a systematization of to capture and interpret phenomena observed in objective reality based

on historical and dialectical materialism⁽⁵⁾. Therefore, the realization of this integrative literature review is justified to anchor reflections on the applicability of TIPESC in PHC.

Thus, this article aims to analyze the scientific evidence about the use of TIPESC in PHC through primary source studies.

Method

This is an integrative review that permeated the steps recommended: identification of the theme and selection of the hypothesis or research question for elaboration of the integrative review; establishment of criteria for inclusion and exclusion of studies/sampling or search in the literature; definition of the information to be extracted from the selected studies/categorization of the studies; evaluation of the studies included in the integrative review; interpretation of the results and presentation of the review/synthesis of knowledge⁽⁶⁾.

In the first stage, the theme was identified, and the research question was selected through the adapted peak strategy, in which P refers to the participants, I means the scope of interest and Co, the context. In this sense, it was established as "P": nurses; "I": the applicability of TIPESC and its impact on practice; "Co": PHC. Finally, the following research question was outlined: What is the applicability of TIPESC in primary health care and what are its impacts on nurses' practice?

In the second stage it was determined as inclusion criteria: articles with abstracts and full text available online, published in any years and languages, aspects related to the application of the TIPESC theory and its benefits for the practice of primary care nurses and the process of health care. Review articles were excluded to ensure only studies from primary sources on the subject, according to the classification of the study author. Articles that did not answer the central question of the study were also excluded. Duplicate articles were selected only once, registering these quantities to ensure the reproducibility of the method in future investigations.

In the third stage, previously selected articles were collected. The search was conducted in November 2020, in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL) SciVerse Scopus (SCOPUS), EMBASE and Web of Science and the electronic library Scientific Electronic Library Online (SciELO). The selection of databases considered those that have a greater number of articles in the health area indexed, with themes directed to nursing.

The controlled descriptors selected in the Descriptors in Health Science (DeCS) of the Virtual Health Library (VHL) were: Primary Health Care, Nursing Theory and Nursing Process; in the MeSH Database and in the titles CINAHL Headings were: Primary Health Care, Process Nursing and Nursing Theory. Regarding the uncontrolled descriptors, the following key word was used: Theory of Praxis Intervention of Nursing in Collective Health. These terms were combined using the Boolean operators OR or AND, resulting in the development of a complete research strategy for PUBMED, which was adapted to the other bases: (((Process Nursing) OR (Nursing Theory)) AND (Primary Health Care)) AND (Nursing Process)) OR (Nursing Theory)) AND (Primary Health Care).

The fourth step of the integrative review was the categorization of the selected articles. Two reviewers performed data extraction, independently, using a semi-structured instrument. This script allowed the extraction of information from the selected studies, which included: article title, authors, year of publication, language, publication journal and methodology.

For the fifth stage of the review, we chose to perform simple descriptive analysis presenting them in categories. In this analysis, the operational model proposed by Egry was considered, schematized in six stages, emphasizing the first two⁽⁷⁾. The first stage is characterized by the capture of objective reality and is considered as a reading of the real situation. It is the

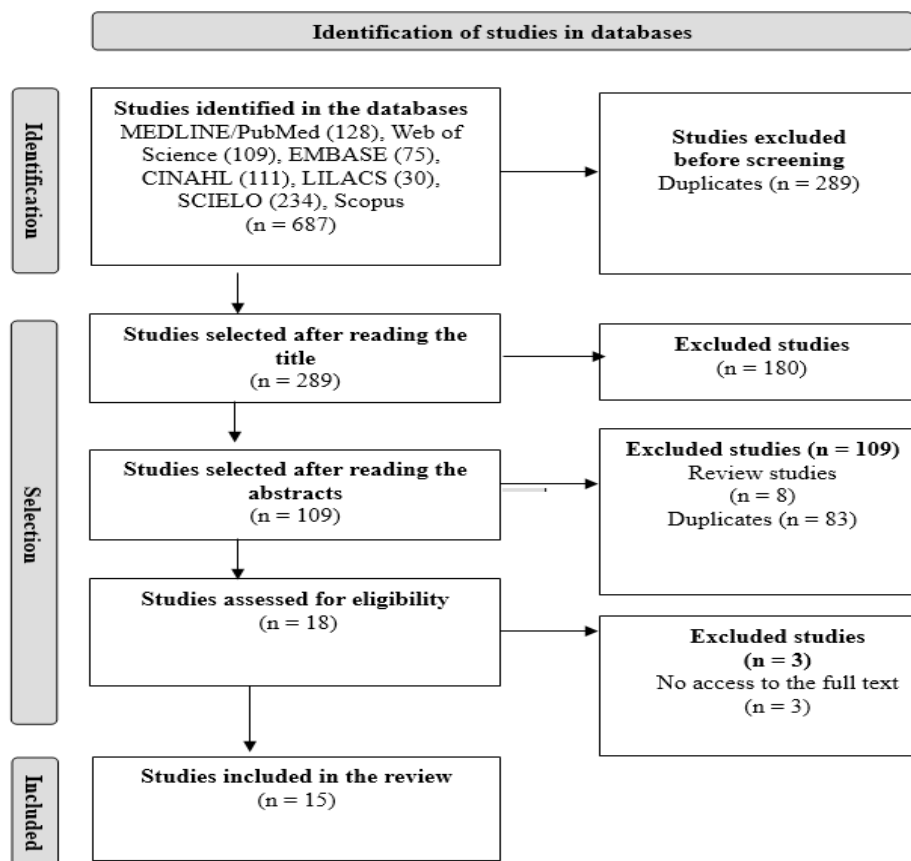
moment that seeks to unravel the appearance of the phenomenon, being divided into three dimensions: structural and singular. The second concerns the interpretation of objective reality. At this stage, the essence of the phenomenon is discovered, identifying its vulnerabilities and the transformative theses that, somehow, articulate dialectically with the variables found in the objective reality. In the third stage is made a planning of the interventions defining the priorities. The fourth phase consists of the execution of the interventions trying to overcome the dialectical contradictions. The fifth stage, in turn, is related to the reinterpretation of reality, when the processes of dialectical contradictions are evaluated, while the sixth and final stage are the conclusions based on the studies analyzed⁽⁷⁾.

Because it is an integrative review, it was not necessary to obtain the approval of the Research Ethics Committee.

Results

The integral process of searching and selecting articles in databases and in the electronic library was represented in the form of a flowchart, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽⁸⁾ model from the beginning, when the numbers of articles recovered with the application of search strategies in each database were determined, until the end, when the numbers of articles that made up the review sample were delimited, as shown in Figure 1.

Figure 1 – Article selection process flowchart. Rio de Janeiro, Rio de Janeiro, Brazil –2020



Source: created by the authors.

In this study, 15 original articles were analyzed, selected according to the established inclusion and exclusion criteria. Dentre os estudos, 13,3% (n=2) foram publicados por ano em 2007 e 2013, enquanto 6,6% (n=1) foram publicados por ano em 2000, 2003, 2006, 2009, 2012, 2014, 2015, 2016, 2017, 2018 e 2020. Regarding the origin

of the studies, 100% were published in the Portuguese language, not finding international literature on the subject. All studies (n=15, 100%) had a qualitative approach. Regarding qualitative research, ten were descriptive, one experience report and four theoretical-reflective studies, according to Chart 1.

Chart 1 – List of studies selected in the Integrative Review. Rio de Janeiro, Rio de Janeiro, Brazil – 2020 (continued)

	Title / Author	Language / Year	Magazine	Methodology
1	Public Health Nursing and the social determinants of health: experience report. Monteiro AJC, Lobato MNA, Borges GO, Silva JMLS, Souza LNS, Quaresma MS ⁽³⁾	Portuguese 2020	Research, Society and Development	Descriptive, qualitative, experience report
2	Social Determinants & Arterial Hypertension: a challenge in public health. Barrientos DMS, Siqueira EFG, Egly EY ⁽⁹⁾	Portuguese 2013	Avances en enfermería	Exploratory, descriptive, transversal and quantitative
3	Understanding and analyzing Pregnant Adolescents Victims of Intrafamily Violence in the West Zone of São Paulo. Barrientos DMS, Siqueira E, Miura PO, Marçal F, Gonzaga F, Silva ICR, et al ⁽¹⁰⁾	Portuguese 2013	Indagatio Didactica	Prospective, qualitative descriptive and exploratory
4	How do Primary Care professionals face violence during pregnancy? Barriento DMS, Miura PO, Macedo VD, Egly EY ⁽¹¹⁾	Portuguese 2014	Latin American Nursing Magazine	Descriptive and qualitative
5	Nursing terminology as an instrument of the nurse's work process in Public Health. Cavalcante MDMA, Larocca LM, Chaves MMN, Piosiadlo LCM, Mazza VA ⁽¹²⁾	Portuguese 2016	USP Nursing Magazine	Exploratory and qualitative
6	Notification of child violence, care flows and work process of Primary Care professionals. Egly EY, Apostolico MR, Morais TCPM ⁽¹³⁾	Portuguese 2017	Science and Public Health	Descriptive, exploratory and qualitative
7	Assessment instruments of health needs applicable to the Family Health Strategy. Egly EY, Oliveira MAC, Ciosak SI, Maeda ST, Barrientos DMS, Fonseca RMSF, et al ⁽¹⁴⁾	Portuguese 2009	Magazine of the USP School of Nursing	Exploratory, descriptive and qualitative
8	Reinterpretation of the potentiality of the Critical-emancipatory Workshops. Fonseca RMGS, Amaral MA ⁽¹⁵⁾	Portuguese 2012	Brazilian Nursing Magazine	Descriptive and qualitative
9	CIPESC®'s contributions to the implementation of Child Health Care Policies in the city of Curitiba, Paraná. Apostolico MR, Cubas MR, Altino DM, Pereira KCM, Egly EY ⁽¹⁶⁾	Portuguese 2007	Text & Context Nursing	Descriptive and exploratory

Chart 1 – List of studies selected in the Integrative Review. Rio de Janeiro, Rio de Janeiro, Brazil – 2020 (conclusion)

	Title / Author	Language / Year	Magazine	Methodology
10	The territory as the basis for health intervention. Mafra MRP, Chaves MMN, Peres AM, Lowen IMV, Cani TL, Camargo J ⁽¹⁷⁾	Portuguese 2015	Open Path: IFSC Extension Magazine	Exploratory and qualitative
11	Public Health Nursing: reinterpretation of objective reality through praxiological action. Egry EY, Fonseca RMGS, Oliveira MAC, Bertillozzi MR ⁽¹⁸⁾	Portuguese 2018	Brazilian Nursing Magazine	Theoretical-reflective article
12	The family, home visits and nursing: revisiting the nursing work process in public health. Egry EY, Fonseca RMGS ⁽¹⁹⁾	Portuguese 2000	USP Nursing School Magazine	Theoretical-reflective article
13	Constitution of skills for intervention in the population's health-disease process: challenge to the nursing educator. Silva CC, Egry EY ⁽²⁰⁾	Portuguese 2003	USP Nursing School Magazine	Theoretical-reflective article
14	Innovative practices in public health: a tool for re-reading the health-disease process. Cubas MR, Egry EY ⁽²¹⁾	Portuguese 2007	USP Nursing School Magazine	Theoretical-reflective article
15	The work of nurses in the Family Health Program in Marília/SP. Ermel RC, Fracolli RA ⁽²²⁾	Portuguese 2006	USP Nursing School Magazine	Exploratory and qualitative

Source: created by the authors.

Discussion

When analyzing the scientific evidence about the use of TIPESC in PHC and discussing its applicability, it is important to highlight collective health as a field of practice for nurses in PHC. It is in this field that primary health care emerges, to transform the traditional Brazilian health model, medicalized, medical-centered, curative, and individual, into a model of collective health, multiprofessional and centered on the family and community, offering new ways of doing health⁽²³⁾.

TIPESC is a nursing theory based on the materialistic, historical, and dialectical worldview, which seeks nursing intervention through a dynamic, dialectized and participatory methodology⁽⁵⁾. It is part of the list of theoretical and methodological instruments that can enable the nursing worker to exercise a critique

concerned with the change in the current mode of organization of society⁽⁵⁾.

The theory operates in five stages: capture of objective reality; interpretation of objective reality; intervention proposal in objective reality; intervention in objective reality; reinterpretation of objective reality⁽⁵⁾. On the other hand, the 15 studies identified described only stages 1 and 2. The studies using the TIPESC were focused on the phases of capture and description of the reality of the phenomenon, knowledge about the effectiveness of theory in relation to intervention in objective reality.

Therefore, for data analysis, the study was categorized according to the stages of the theory that emerged from the review of the studies: capture of objective reality, subdivided into three dimensions: structural and singular; and interpretation of objective reality⁽⁷⁾.

Capturing objective reality

Structural dimension

In this dimension we found studies that described the history of the territory in which the phenomena presented themselves in front of the social determinants inserted in the modes of production and social reproduction, aiming at changes in human health. Based on the results, it can be said that TIPESC was applied to develop situational diagnoses aiming at the development of interdisciplinary intervention plans, evidencing the decisive role of nursing in this context⁽¹³⁾.

Although some research has recorded that the principle of integrality guided services, the reality may be different, a great contradiction between the structural and particular dimension when confronting the integrality of the SUS and the operational capacity of the health units surveyed, which focused their care on the cure of diseases in a fragmented way, recommended in the Organic Health Law^(3,14,24).

In the structural dimension, it is essential that there is recognition of public policies directed to specific populations. A study⁽²⁵⁾ pointed out that, despite the advances in policies, attention to the Indigenous population in Brazil still runs into numerous challenges, as the epidemiological indicators point out.

Other possibilities of understanding the structural dimension occur in studies^(9,16). The first study proves how investment in public policies strengthens the structure of health actions, in this case, preventive actions aimed at children's health and, the second, control and secondary prevention actions in hypertensive users, capacity at various levels of prevention^(9,16).

However, it is important to point out that the studies walk, in general, in the logic of the biomedical paradigm, through individual clinical consultation and with overvaluation of the medical professional.

Particular dimension

The understanding of social relations of production and access to material goods influence life in society but are not sufficient to explain some phenomena arising from the construction of social subjects⁽⁷⁾. An example of this discussion is gender as a category of analysis, which transits between layers of the particular and social dimension, given its social and historical construction by peoples. Thus, the category gender is recognized as an attribute that can originate the discussion of subjects and social groups. This attribute can often be associated with inequalities in the social space that establish the identity of each subject and the place of each subject in society. This analytical approach facilitates the understanding of social phenomena, including the health-disease process⁽⁷⁾.

The gender variable is predominant in the studies found because it is seen as a guiding praxis of health care. Studying gender makes it possible to transform contradictions and transform realities, in addition to broadening discussions within social relations, demonstrating the masculine or feminine forms of being, existing in societies and families⁽²⁶⁾.

In a study that aimed to discover how health professionals faced the phenomenon of violence against pregnant women, they reported not having received continuing education related to domestic violence in their training, which makes it difficult to manage these cases⁽¹¹⁾. In addition, these professionals pointed out that they cannot provide comprehensive care that seeks to understand the health needs of these women. Thus, they assume a moralistic and prejudiced posture when referring that such acts happen simply because they are women. Thus, it is a distorted and ignored view of gender when they report that these women are mothers and responsible for the occurrence of pregnancy and can be interpreted as another form of violence instituted and normalized by society. In these situations, the partner is never involved, creating a conception around the male power and the

appreciation of the woman in the reproductive process⁽¹¹⁾.

In addition to this statement, another study shows that physical, psychological, and social sequelae are notorious in adolescents victims of intrafamily violence, and that it is necessary a qualified and multidisciplinary care, in order to contemplate all aspects of their lives⁽¹⁰⁾.

In a study analyzing the flows of protection against violence against children, it was evidenced that, in relation to the health model, the conceptions that support care determine the way professionals will face vulnerabilities⁽¹³⁾. For professionals, violence involves a gender discussion, and is conceived, in the private sphere, as something familiar, and the act of notifying would further propitiate this family disruption. The man is seen as a being devoid of feelings, but with an evident sexual need. The woman is seen as neglectful of care for having become pregnant and, as a maternal figure, responsible for allowing the suffering of her children⁽¹³⁾.

This explains the gender differences that emerge within capitalist society in relation to motherhood and fatherhood, highlighting the various conflicts that exist in this relationship. To overcome these relationships, there is a need to promote policies capable of articulating social sectors, aiming at a transformative praxis.

Singular dimension

Studies used variables such as education, physical activity and eating habits as important determinants that influenced the occurrence of health problems and the individual's well-being^(1,7). The use of TIPESC enabled the practice of care through these phenomena effectively, since, through it, one can understand the dynamic historical context in which the user is inserted and plan a more appropriate intervention.

The knowledge of the variables that influence the individual's health-disease process by health professionals is extremely important, considering that they go beyond the scope of care provided in the health sector, for relating to various areas. The findings found in this dimension

are fundamental for evaluating and planning strategies to advance health programs and services by health professionals and managers.

Interpretation of objective reality

The application studies of TIPESC highlight numerous phenomena that demonstrate contradictions in the three dimensions of objective reality⁽⁵⁾. In these studies, the objective reality was important for the construction of information collection instruments close to reality.

A research on pregnant adolescents points to the need for welcoming and strengthening bonds, so that they can speak about the situation of domestic violence experienced by them without naturalizing these problems just because they are women⁽¹¹⁾.

The realization of care workshops is an important tool for nursing to enable the confrontation of gender violence against women⁽¹⁵⁾. Corroborating this study, another study also mentions the difficulty of health professionals in identifying and intervening in cases of violence against women⁽¹⁰⁾.

In one study, it was possible to identify, in the interpretation of objective reality, the limited knowledge by nurses about the Classification of Nursing Practices in Collective Health (CIPESC) allowing contradictions to express their importance in the use and non-inclusion in a systematized way due to lack of time or overload of functions⁽¹²⁾. Among these functions that cause an overload on the part of nurses, it is reported the need to use the instrument of home visit aiming at a critical and renovating that highlights the family as an object of nursing intervention and that also allows this population to know the work of nursing⁽¹⁹⁾.

This study has as limitation the incipience of the works found that related the application of TIPESC to PHC and, among these, only the results of the application of the first two stages of the TIPESC methodology were recorded.

Regarding the contributions, the study corroborates the relevance of TIPESC to guide

nursing practices in PHC, in different groups and territories.

Final Considerations:

By exploring and describing the main results of the scientific productions, there was a small and punctual use of the theory, insufficient to capture elements that portray the complexity of social relations experienced by everyone and the implicit and explicit life habits of each one that composes the different territories of the phenomena studied, to subsidize intervention proposals. Little was found about intervention possibilities in the structural and particular dimensions, demonstrating, still in the present times, the limited use of TIPESC application.

Still, the integrative review ratified the potential of this theory for the direction of nurses' practices in Primary Health Care in different publics and territories. This is a Brazilian theoretical-methodological framework, based on a path of production of health sustained in practice by a theoretical-practical philosophical basis.

It is important to highlight that the nursing theories to be applied in PHC need to be compatible with the multidisciplinary context of this level of care, as is the case of TIPESC. Thus, although the current state of knowledge moves in the direction of limited use of TIPESC, specifically in the first and second stages of the theory, it is a potentially applicable theory in PHC. This is due to the possibility of transforming the reality of the singular and dimensions and, at the same time, deepening the reflection on the necessary structural transformations.

Collaborations:

1 – conception and planning of the project: Davi Gomes Depret and Fernanda Maria do Vale Martins Lopes;

2 – analysis and interpretation of data: Davi Gomes Depret and Fernanda Maria do Vale Martins Lopes;

3 – writing and/or critical review: Davi Gomes Depret, Fernanda Maria do Vale Martins Lopes, Célia Pereira Caldas, Ricardo de Mattos Russo Rafael and Esther Mourão Nicoli;

4 – approval of the final version: Davi Gomes Depret, Fernanda Maria do Vale Martins Lopes, Célia Pereira Caldas, Ricardo de Mattos Russo Rafael and Esther Mourão Nicoli.

Conflicts of interest

There are no conflicts of interest.

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