

Participated observation of nursing child health consultation

OBSERVAÇÃO PARTICIPADA DA CONSULTA DE ENFERMAGEM DE SAÚDE INFANTIL

OBSERVACIÓN PARTICIPANTE DE LA CONSULTA DE ENFERMERÍA PARA LA SALUD INFANTIL

Fernanda Manuela Loureiro¹, José António Neto Ferreira da Silva², Margarida Maria de Sousa Lourenço Quitério³, Zaida Borges Charepe⁴

ABSTRACT

Situation diagnosis using exploratory and descriptive scientific methodology (participant observation with descriptive statistical treatment) in order to identify nursing practices in the area of health promotion during a nursing child health consultation. The 31 consultations observed (n = 31) showed that the majority of observations occurred in children younger than 2 years being the most discussed topic feed with predominant use of expository methodology. There was also little use of informational support and when used relate to the themes of security and nutrition. Most providers raised questions and there was limited registration of the interaction between provider and child with an expenditure averaging of 23 minutes per consultation. Given the results and reflecting about them stands out as intervention the construction of a health promotion manual with the integration of theory and evidence of good practice in this area.

DESCRIPTORS

Health Promotion
Child
Pediatric nursing
Observation

RESUMO

Diagnóstico de situação utilizando metodologia científica de natureza exploratória e descritiva (observação participada com tratamento estatístico descritivo) com objetivo de identificar as práticas de enfermagem na área da promoção de saúde durante uma consulta de enfermagem de saúde infantil. Das 31 consultas observadas (n=31) a maioria das observações ocorreu em crianças com idade inferior a 2 anos sendo os temas mais abordados a alimentação com utilização predominante de metodologia expositiva. Verificou-se ainda pouca utilização de suporte informacional e quando são utilizados reportam-se aos temas segurança e alimentação. A maioria dos prestadores de cuidados colocou questões e houve um reduzido registo da interação prestador/criança existindo um dispêndio médio de 23 minutos por consulta. Face aos resultados e reflexão sobre os mesmos destaca-se como intervenção a elaboração de um manual de promoção de saúde com integração de aspectos teóricos e evidência científica de boas práticas nesta área.

DESCRITORES

Promoção da Saúde
Criança
Enfermagem pediátrica
Observação

RESUMEN

Diagnóstico de situación con una metodología científica de carácter exploratorio y descriptivo (observación participante con tratamiento estadístico descriptivo) con el fin de identificar las prácticas de enfermería en el ámbito de la promoción de la salud durante la consulta de enfermería para la salud infantil. De las 31 consultas observadas (n = 31) se mostró que la mayoría de las observaciones se produjeron en niños menores de 2 años siendo que el tema más discutido es alimentación con el uso predominante de la metodología expositiva. Se verificó poca utilización de apoyo informativo y cuando se utilizan se refieren a temas de seguridad y nutrición. La mayoría de los proveedores ha hecho preguntas y se verificó reducido registro de la interacción proveedores/niños con un expendio promedio de 23 minutos por consulta. Teniendo en cuenta los resultados y reflectando en ellos se destaca como intervención la elaboración de un manual para la promoción de la salud con la integración de la teoría y la evidencia de las buenas prácticas en este ámbito.

DESCRIPTORES

Promoción de la Salud
Niño
Enfermería pediátrica
Observación

¹RN, graduated at Centro Hospitalar de Setúbal EPE Hospital de São Bernardo, Pediatrics Emergency Unit. Nursing doctoral student at the Health Sciences Institute of the Portuguese Catholic University, Setúbal, Portugal.fernandenf@gmail.com ²RN Specialist in Child Health Nursing and Pediatrics. Licentiate in Nursing. Nurse specialist at Amora Health Center. Lisboa, Portugal. silva.jaf@gmail.com ³Doctoral student in Nursing at the Portuguese Catholic University, Adjunct Professor of the Health Sciences Institute of the Portuguese Catholic University, Lisbon, Portugal. margaridalourenco@ics.lisboa.ucp.pt ⁴Doctor in Nursing at the Portuguese Catholic University, Assistant Professor of the Health Sciences Institute of the Portuguese Catholic University, Lisbon, Portugal. zaidacharepe@ics.lisboa.ucp.pt

INTRODUCTION

Health promotion is an area that has been gradually gaining interest among health professionals, not only for its vast importance and reference in guiding documents at national and international levels, but also because it is a broad subject. At the nursing level there is a greater concern in understanding its relevance and, above all, the role of nurses in this area. Nursing care occurs in multiple areas; however, it is at the level of primary health care that health promotion is most important.

Thus, in a course unit towards a master's degree in nursing in the specialized area of children's health and pediatrics, with the aim of identifying strategies used by nurses in the area of health promotion, participatory observation was performed of nursing consultations in children's health at a Health Center.

Promotion of health in pediatric nursing

The importance of health promotion as an area in need of attention harkens back to international conferences held in Ottawa (1986), Adelaide (1988), Sunsdalle (1991), Bogota (1992) and Jakarta (1997). These conferences stimulated the incentive to use the resources and knowledge of individuals in adopting healthy life styles. There have been ample references to this theme in national documents, such as the Law on Health in Portugal⁽¹⁾, which in subparagraph A of No. 1, Chapter I, base II states that *health promotion and disease prevention are priorities in planning the State's activities*. Further examples include the document Quality Standards for Nursing Care from the Order of Nurses⁽²⁾, which defines the promotion of health, stating that *in the permanent search for excellence in professional practice, the nurse helps clients achieve maximum health potential*. In addition, the Professional Development Model⁽³⁾ describes the specialization area - Child and Youth Health- as *directed towards health projects involving children and youth experiencing health / illness, aiming at the promotion of health, prevention and treatment of disease, functional readaptation and social reinsertion in all contexts of life*.

Health promotion aims at raising the health status of individuals and communities, enabling them (*to empower*) to gain control over those aspects of life that affect their health. These two elements (improving health and gaining control over it) are fundamental to the objectives and processes of health promotion⁽⁴⁾. The World Health Organization⁽⁵⁾ defines health promotion in a broad sense as *a process that allows people to increase control over their life and improve it*. The concepts of health education, health promotion and prevention of disease are often referred to synonymously⁽⁶⁾, but also as separate entities⁽⁷⁾; more generally, health promotion does not always concern itself with education. On the other hand, some aspects related to health behavior require interventions

that are not consistent with an educational philosophy and methodology⁽⁸⁾.

In the context of children's health, family plays a leading role. Family can be understood as a *dynamic system that includes subsystems - individuals (mother, father, child) and dyads (mother-father, mother - child and father-child) within the global family system*⁽⁹⁾, in that the target group of care - the child or youngster- is located in the age group from birth up to 19 years of age, as defined by the World Health Organization. Nursing intervention at the level of primary health care is expressed in nursing consultations and child health surveillance, although it can be seen in other areas, such as vaccination clinics or school health programs.

METHOD

Observation is an investigation technique that can be defined as the systematic use of the senses in search of data needed to solve an investigative problem⁽¹⁰⁾. It should be performed in several stages: identify the situation to be observed, investigate objects of observation, set the registration mode, observe carefully and critically, record the observed data, analyze and interpret the data and draw conclusions. In this case, participatory observation was the best choice, because

in most situations the investigator should explicitly assume his role as a scholar within the observed population, combining it with other social roles whose position allows him a good observation position⁽¹¹⁾.

The observation referred to the work developed by nurses regardless of the structural characteristics, although the latter are also important⁽¹²⁾. Out of the twelve individuals that make up the nursing team of the Health Center where the resulting participatory observation was performed, consultations performed by seven individuals aged between 26 and 52 years were included, divided between professional categories including nurses (3), graduate nurses (3) and specialist nurses (1).

The activity that is presented in this study resulted from the context of an integrated internship within a master's course, previously authorized by the management of the health center. To perform the observations, authorization from the head of the nursing staff was requested, as well as from each of the parties being observed. Universal ethical principles were adhered to, including the principles of autonomy, beneficence, non-maleficance and justice. Since no ethical issues emerged during the course of the study that risked compromising the integrity and dignity of those involved in the study, the study was not submitted to the Ethics Committee. We met in this context either within the specific context of the stage of study already authorized, or within the confines of the usual procedures adhered to in Portugal for courses of this nature. However, all measures were taken in order to respect and ensure the ethical principles mentioned previously. The na-

Nursing intervention
at the level of
primary health care is
expressed in nursing
consultations and child
health surveillance,
although it can be
seen in other areas,
such as vaccination
clinics or school health
programs.

ture, scope and purpose of the observation was clarified with the involved nurses, and confidentiality and anonymity was assured, both during the process of data collection and in the dissemination of results. Formal consent was requested through their signature on a consent form of each of the participants. The observations took place in the period between May 3rd and May 28th of 2010, and a total of 31 consults by nurses (n=31) were observed. No consultations in which there was an interruption for any reason were included. Following data collection, data were recorded immediately on a computer readable format Microsoft Office - Excel® table and subjected to statistical description treatment.

In order to make the observations more systematized and targeted towards descriptive statistical treatment, an observation scale was built based on the existing instruments and literature in the field. Since there were few scientific references found regarding this particular subject, the observations made were of an exploratory and descriptive nature since, in these situations, one intends to *recognize a given reality that has been poorly studied and raise hypotheses in order to understand this reality*⁽¹¹⁾. Then, the methodology of participatory observation was applied, utilizing the definitions of the seven observation items that are described below.

Item 1 - Age group: the age of the child who took part in the child health consultation was recorded. To provide structure, we used the key ages recommended by the General Directors of Health⁽¹³⁾ for performance-type programs in child and teen health: 1st week of life, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5-6 years, 8 years, 11-13 years, 15 years and 18 years.

Item 2 – Theme: to structure this item, we grouped anticipatory care that could be foreseen in the same performance-type program referred to above⁽¹³⁾, as well as documentation of nursing registration in use in the context of the health center. The following themes were established: growth and development, feeding, sleep and rest, elimination, recreation, vaccinations, clothing, social adaptation, affection, vaccinations, childhood diseases, hygiene and safety.

Item 3 - Methodology: for this item we considered the classification of teaching methods⁽¹⁴⁾, utilizing the following titles: expository method, demonstrative method, interrogative method and active method.

Item 4 - Use of informational support: the use of informational support is referenced extensively in the literature as a useful strategy⁽¹⁵⁾. In this regard, we considered whether or not this strategy was used; whenever it was used, we pointed out the type of supported delivered as a result of the existing informational support available (feeding, safety, vaccination and child behavior).

Item 5 - Request from the provider: it was also recorded if the caregiver accompanying the child to the consultation had raised issues or not.

Item 6 - Child/provider interaction: record of existing interaction between the child and caregiver present during the consultation.

Item 7 - Duration time: Finally, we considered the time spent in consultation.

The items were structured in the format of a grid to facilitate data recording, as can be seen in Table 1.

Table 1 - Participatory Observation Grid of Child Health Consultations - Amora Health Center- 2010

Participatory observation grid							
Items		1	2	3	4	5	6
Age Range	NB						
	1m						
	2m						
	4m						
	6m						
	9m						
	12m						
	15m						
	18m						
	24m						
	5 years						
	11-13 years						
	15 years						
18 years							
Themes	Growth and development						
	Feeding						
	Sleep and rest						
	Elimination						
	Recreation						
	Clothing						
	Social Adaptation						
	Affection						
	Vaccination						
	Childhood Diseases						
	Hygiene						
Safety							
Methodology	Demonstrative						
	Expositive						
	Active						
	Interrogative						
Use of informational support	No						
	Yes						
	Feeding						
	Safety						
	Vaccination						
Request from the provider	No						
	Yes						
Interação criança/prestador	No						
	Yes						
Average Times (minutes)							

RESULTS

For item 1 – age range – it was found that 87% (n=27) of the observations involved children aged below 2 years old, as can be seen in Figure 1.

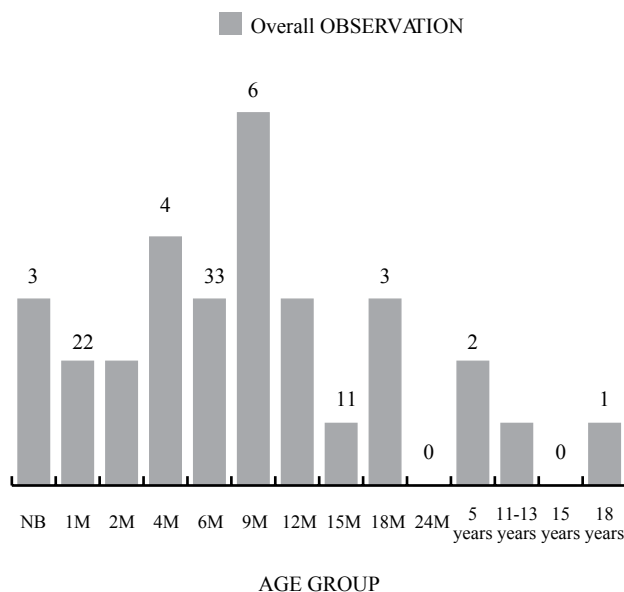


Figure 1 – Distribution of observatory consultations according to age group (n=31) - Amora Health Center - 2010

With regard to item 2, it was noted that the most commonly addressed themes were feeding (97%; n=30), safety (94%; n=29) and growth and development (90%; n=28). As less commonly addressed themes we highlight social adaptation (19%; n=6), childhood diseases (19%; n=6) and affection (23%; n=7), as can be seen in Figure 2.

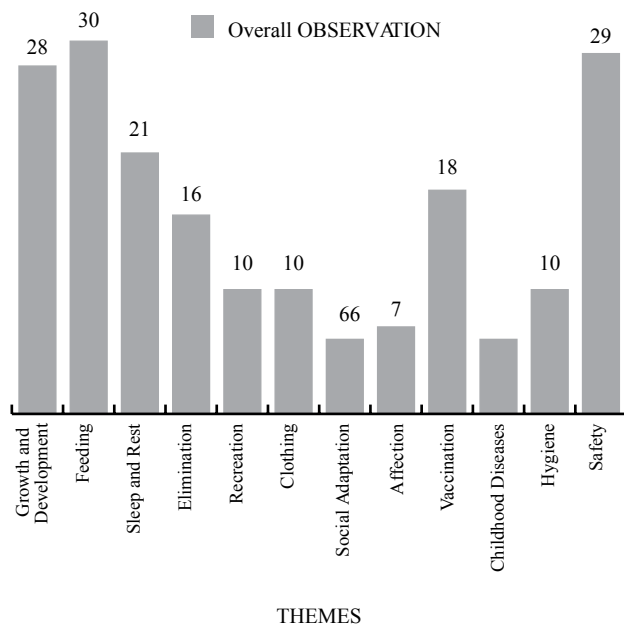


Figure 2 – Distribution of the themes addressed (n=31) - Amora Health Center - 2010

Regarding item 3, it was verified that the expositive methodology was predominantly used (100%, n=31), whereas the other methodologies - demonstrative (19.4%, n=6), active (3.2%, n=1) and interrogative (9.7%; n=3) were seldom used. In item 4 it was found that in 61% (n=19) of the consultations there was no use of informational support, while this type of support was utilized in 38.7% (n=12) of the consultations. Among the observations in which informational support was used, it was found that the ones most commonly utilized related to safety (36%, n=11) and feeding (16%, n=5).

Regarding item 5 it was found that in 77% (n=24) of the observations there were questions asked by the providers, while in 22.6% (n=7) of the observations no questions were asked.

With respect to observations of child / provider interaction (item 6) it was found that in 61% (n=19) of the consultations no information was recorded, while information was noted in 39%.

Regarding time spent in consultation (item 7), there was an average of 23 minutes spent, with a 10 minute minimum and 32 minute maximum, as can be seen in Figure 3.

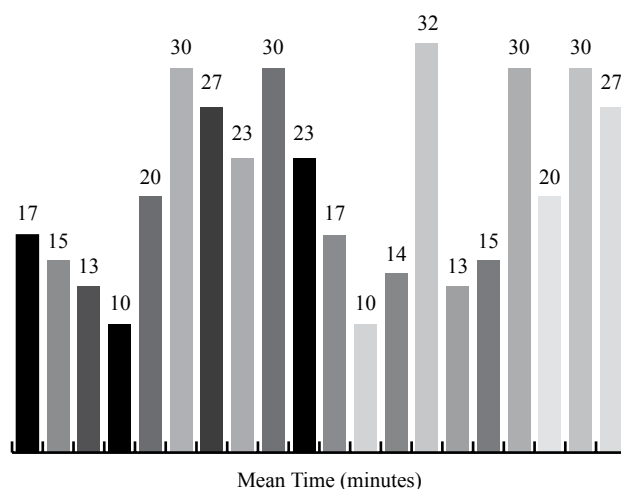


Figure 3 - Distribution of the observations in view of the expenditure of time - Amora Health Center - 2010

In conclusion, 87% (n=27) of the observations involved children younger than 2 years old, with the most commonly addressed themes being feeding (97%, n=30), safety (94%, n=29) and child growth and development (90%; n=28). The less frequently addressed themes were social adaptation (19%; n=6), childhood diseases (19%; n=6) and affection (23%; n=7). There is a prevailing use of expositive methodology (100%; n=31). It is also noted that there is little use of informational support (61%; n=19 does not use) and when used, it refers to safety themes (36%; n=11) and feeding (16%; n=5). Most of the providers ask questions (77%; n=24) and there is a lack of recording in terms of provider/child interaction (58%; n=18 was not recorded). There is an average expenditure of time of 23 minutes per consultation.

DISCUSSION

In most of the consultations observed, the children were less than two years of age, which was expected since it corresponds to the period of childhood in which consultations take place at more frequent intervals⁽¹³⁾. As to the topics addressed, it is noted that the issues that are most often addressed are feeding, safety and child growth and development. In relation to food, this was also an expected result since it is early in life that the introduction of food takes place, and therefore food is a topic more frequently discussed during the consultations. As regards the safety theme, it is noted that accidents are one of the major causes of infant mortality and it is understood to be a subject that is also addressed frequently. According to the National Institute of Statistics⁽¹⁶⁾ external causes of mortality are most common at younger ages (accounting for 44.7% of deaths in the age group spanning one to nineteen years). Thus, the importance of accidents is highlighted, as in 2005 more than 50% of deaths in children were a result of external factors. The issues of child development come up in association with the two previous ones because, in the context of interventions, it is necessary to address the gains made by children in their growth and development. Regarding themes less often addressed (social adaptation, childhood diseases and affection) no similar studies were found in the literature that might explain these results. However, it can be assumed that, in relation to social adaptation and affection, these areas are inherent to caring for a child, and the basic functioning of the family which might lead nurses to address these issues are focused on less often due to time constraints. Regarding childhood diseases, this area is one less commonly addressed in healthy children, thus this result was not unexpected.

REFERENCES

1. Portugal. Lei n. 48/90, de 24 de agosto de 1990. Lei de Bases da Saúde, alterada pela Lei n. 27/2002, de 8 de novembro de 2002 [Internet]. Lisboa; 1990 [citado 2011 nov. 15]. Disponível em: <http://www.min-saude.pt/portal/conteudos/a+saude+em+portugal/politica+da+saude/enquadramento+legal/leibasessaude.htm>
2. Portugal. Ordem dos Enfermeiros. Padrões da Qualidade dos Cuidados de Enfermagem [Internet]. Lisboa; 2001 [citado 2011 nov. 15]. Disponível em: <http://www.ordemenfermeiros.pt/publicacoes/Documents/PadroesqualidadeCuidadosEnfermagem.pdf>
3. Portugal. Ordem dos Enfermeiros. Modelo de Desenvolvimento Profissional: sistema de individualização das especialidades clínicas em enfermagem, individualização e reconhecimento de especialidades clínicas em enfermagem, perfil de competências comuns e específicas de enfermeiro especialista. Lisboa; 2009.
4. Carvalho A. Promoção da Saúde: concepções, valores e práticas de estudantes de Enfermagem e de outros cursos do ensino superior [tese doutorado]. Braga: Instituto de Estudos da Criança, Universidade do Minho; 2007.
5. World Health Organization (WHO). Health promotion glossary [Internet]. Geneva: WHO; 1998 [cited 2008 Nov 12]. Available from: <http://www.who.int>
6. Glantz K. Teoria num relance: um guia para a prática da promoção da saúde. In: Sardinha L, Matos MG, Loureiro I, editores. Promoção da saúde: modelos e práticas de intervenção nos âmbitos da actividade física, nutrição e tabagismo. Cruz Quebrada: FMH Edições; 1999. p. 9-55.
7. Carvalho A, Carvalho G. Educação para a Saúde: conceitos, práticas e necessidades de formação. Loures: Lusociência; 2006.

The predominant methodology is the expository one, a fact that is also found in national studies addressing nursing in the hospital setting⁽¹⁷⁻¹⁸⁾. It is noted that the parents ask questions during the consultation, which reflects concern regarding the child's development, an aspect which is inherent to the role of parent⁽¹⁹⁾. We did not note the existence of notes focusing on the interaction between the provider and child, which is consistent with the little importance attributed to the issues of affection and social interaction. The mean duration time of the consultation (23 minutes) is consistent with the time recommended in the General Health Direction⁽¹³⁾.

CONCLUSION

Considering our results, since they are contextualized within a training path, the results were presented to the nursing staff and joint reflection allowed us to propose several interventions, namely:

- Awareness of nursing staff regarding the importance of the relational aspects of evaluation;
- Construction of a health kit promotion with integration of objects used in child care as a way to encourage the use of other methodologies beyond the expository one;
- Introduction of therapeutic letters as a way to provide positive reinforcement to parents in relation to care rendered to the child;
- Development of a manual of health promotion with the integration of theoretical aspects and scientific evidence of good practice in this area;
- Conduction of a similar study after implementation of interventions to assess their effectiveness.

8. Green LW. Health education models. In: Wiley J. Behavioral health: a handbook of health enhancement and disease intervention. New York: Matazzo JD; 1984. p. 181-98.
9. Meighan M. Consequência do papel maternal. In: Tomey AM, Alligood MR. Teóricas de enfermagem e a sua obra: modelos e teorias de enfermagem. Loures: Lusociência; 2002. p.699-715.
10. Vilelas J. Investigação: o processo de construção do conhecimento. Lisboa: Sílabo; 2009.
11. Carmo H, Ferreira M. Metodologia da investigação: guia para a auto-aprendizagem. Lisboa: Universidade Aberta; 1998.
12. Saporoli ECS, Adami NP. Evaluation of nursing consultation structure for children in primary health care. Rev Esc Enferm USP [Internet]. 2010 [cited 2010 Oct 20];44(1):92-8. Available from: http://www.scielo.br/pdf/reeusp/v44n1/en_a13v44n1.pdf
13. Portugal. Direcção Geral de Saúde. Saúde Infantil e Juvenil. Programa Tipo de Actuação: orientações técnicas [Internet]. Lisboa: Direcção-Geral da Saúde; 2005 [citado 2010 abr. 20]. Disponível em: www.dgs.pt/upload/membro.id/ficheiros/i008188.pdf
14. Ferrão L, Rodrigues M. Formação pedagógica de formadores. Lousã: Lidel; 2000.
15. Ribeiro JL. Escala de satisfação com o suporte social. Anal Psicol [Internet]. 1999 [citado 2010 maio 20];17(3). Disponível em: <http://www.scielo.oces.mctes.pt/pdf/aps/v17n3/v17n3a10.pdf>
16. Portugal. Instituto Nacional de Estatística. Estatísticas demográficas 2007 [Internet]. Lisboa; 2008 [citado 2010 maio 21]. Disponível em: http://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_main
17. Palácio RPS. Contributo do enfermeiro como educador de saúde: a perspectiva do cliente em contexto hospitalar [dissertação]. Lisboa: Universidade Aberta; 2002.
18. Loureiro F. Percepções dos enfermeiros sobre da educação para a saúde realizada em contexto de urgência pediátrica [dissertação]. Lisboa: Faculdade de Motricidade Humana, Universidade Técnica de Lisboa; 2009.
19. Algarvio S, Leal I. Preocupações parentais: validação de um instrumento de medida. Psicol Saúde Doenças [Internet]. 2004 [citado 2010 maio 22];5(1):145-58. Disponível em: <http://redalyc.uaemex.mx/src/inicio/ArtPdfRed.jsp?iCve=36250202>