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The quality of nursing care to the user in the family health strategy: a literature search

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Abstract. The nursing as a profession has been expanding, every day, your space in the area of health, being one of the occupations in this area whose essence and specificity is the care of the human being. This is a literature study of qualitative approach, that aimed to analyse what has scientific production about quality of nursing care to the user in the ESF between the years of 2003 to 2013. The Users and their specific characteristics and needs, are the main reason of nursing care, which should, therefore, be performed efficiently, with commitment, ensuring quality of care and, mainly, the satisfaction of the patient and their family. The Nurse has acted as a facilitator both of the Nursing family centered, such as the one centered on the individual. This conduct has helped in the continuity of the service to the user and in the promotion of efforts directed, with a view to ensuring the high quality attention.

Keywords: Quality; Nursing Care; Family Health.

Introduction

The nursing as a profession has been expanding, every day, your space in the area of health, both in the national context as in the international scenario, thus, the nurse assumes a role more and more decisive and pro-active with regard to the identification of the care needs of the population, as well as in the promotion and protection of the health of individuals in its different dimensions (BACKES et al., 2012).

In this sense, nursing is one of the professions in the area of health whose essence and specificity is the care of the human being, individually, in family or in the community, developing promotion activities, disease prevention, recovery and rehabilitation of health in a dynamic and multidisciplinary (ROCHA; ALMEIDA, 2000).

Barbosa and Melo (2008, p. 367) describe that "the patient and their specific characteristics, are the main reason of nursing care", and, therefore, their achievement must be involved by the commitment of those engaged in the search for assurance in the quality of care provided and, above all, the satisfaction of the user and their family.

In this perspective, and before the time of academic training for which we are entered in the framework of the basic attention to health, arose in us the need to identify the that if has of the scientific

production about quality of nursing care to the user in the Family Health Strategy (ESF).

With regard to the quality of nursing care, Barbosa, and Melo (2008) report that there are few studies that address this theme, therefore, is questioned in this production, which is based on the quality of nursing care provided to the user in the ESF? And so, we aim to identify which of the theoretical aspects that permeate the practice of nursing in respect of the guarantee of the quality of assistance to the user in the ESF, and with it, describe how they have given this practice in the face of research conducted and published in this sense.

Taking into consideration the quality of nursing care, Venturi (2009) states that this is a constant to be reached, where it is expected that the services provided to ensure users safety of care given their needs. Therefore, it becomes indispensable actions aimed at planning of the work that permeate a fine line between the provision of care, provision of material and human resources and finally, nurse practitioners qualified and in sufficient number, with a wide baggage of technical-scientific and properly under the supervision practice.

Before the provisions of, this study aims to assess the national scientific production related to the quality of nursing care provided to the user in the

FHS, of way, to identify those theoretical aspects that ensure that process excellence in the care, and thus allow this professional can be seen on their importance in the process of health care to the individual, family and community.

Methods

This is a literature study with a qualitative approach, which according to Neves (1996) and Creswell (2010), involves different philosophical concepts, research strategy and methods of data collection, analysis and interpretation of data.

Neves (1996), describes that qualitative research is part of a data retrieval described, through direct contact and interactive researcher with the object of study, and seeks to understand phenomena from the perspective of the participants in the situation studied, and from then on its interpretation.

For Minayo (2006) the qualitative research is that which reflects and expresses the sense of the phenomena of the social world.

And in this sense, Nascimento and Teixeira (2012), describes that the literature search will aim to gather in a set of logical and critical texts published separately, summarize, analyze, and evaluate information already published, in addition to uncover, collect, and analyze the main theoretical contributions about a particular fact, subject, or idea.

This study is a reflection based on the critical analysis about the issue in question and to do so, was carried out search of scientific articles in the databases BDNF, and LILACS for being banks that include studies in the national context of the FHS, and the data collection was carried out during the months of November and December 2013.

The inclusion criteria used in carrying out this research were:

- Full articles and free of charge;
- Available in the Portuguese language;
- Published between the periods of 2003 to 2013;
- That presented in the summary the following descriptors: Quality; Nursing

Care; Family Health; and Qualitative Research.

Already the exclusion criteria were:

- Articles that presented only the summary;
- Available in other languages;
- Published with a shorter period to the year 2003;
- Chapters of books, theses and dissertations

The analysis of the data was carried out from the reading of scientific articles indexed in the respective databases of this research, through a survey of character, critical and reflective regarding the quality of nursing care to the user in the ESF, and thus characterizing, as has been given this practice by the nursing team in primary care.

After the search in the respective databases, were found 80 articles published between the years 2003 to 2013, 42 in the database BDNF 38 in the LILACS database. Of that total, according to the inclusion and exclusion criteria of the research, only 06 were related to the object of study.

Results and discussion

According to the objectives set for the study, in the table below are the following: the id number of the selected publications according to the descriptors, the database queried and chronological distribution. They developed a table to show the periodic and the year of their work, method used, and overall goal.

It is possible to identify that the productions published as the object of study of the work, if it was based on the activities of the work process of nurses in the FHS, which are by their strategies of host and bond with the community, attached, having this as an object collective, endowed with autonomy, seen in a longitudinal perspective with popular participation.

Possession of this material was lifted up, the results and discussions that have been grouped in the following thematic areas, The quality in Nursing care, The role of the Professional Nurse in the FHS, which will be discussed below.

Table -1: Articles selected from the describers: quality; assistance of nursing; health of the family. In the period of publication: 2003 the 2013.

Database: Virtual library in health/BDNF	Year: 2013
Authors: T. Baratieri; C. T. Sangaleti	
Title of the article: The nurse of the health of the family and the promotion of the autonomy of the user: reflexive analysis.	
Methodology: Reflective study made possible by the critical analysis and of content of 15 articles published on the subject in last the 10 years.	
Main objective: To argue on the actions of the nurse of the Strategy Health of the Family front to the promotion of the autonomy of the users.	
Database: BDNF	Year: 2011
Authors: M. D. S. Alves; M. G. I. Gurge; R. S. F. Moura; R. M. V. Rêgo; P. N. C. Pine; M. L. L. Passos.	
Title of the article: Promotion of the health in the context of the strategy health of the family: practical conceptions and of the nurse.	
Methodology: Research description-exploratory, with qualitative boarding, having as sample entailed nurses to the ESF of Fortaleza, collects of data occurred by means of the focal group.	
Main objective: To know the conceptions on promotion of the health and the interface of the performance of the nurse	

in the Health of the Family

Database: BDENF

Year: 2012

Authors: D. M. Azevedo; L. A. Lucena; C. S. M. Holanda.

Title of the article: The social control while instrument for the quality of the assistance in the strategy of health of Family.

Methodology: Exploratorium study of qualitative nature, carried through interviews they had happened in the proper UBSF.

Main objective: To identify the understanding of the professionals of the ESF on social control, and to apprehend the contributions of this in the local instance.

Database: LILACS

Year: 2012

Authors: R. D. Fiúza; L. P. S. Souza; M. F. L. Ruas; P. A. Brito; E. A. Silva; J. L. S. Silva.

Title of the article: The shelter in the context of the Strategy Health of the Family.

Methodology: Qualitative research with phenomenological boarding, where if it used of interview opened for collection of the data.

Main objective: To understand the meaning of the shelter for users and professionals from the Basic Unit of Health (UBS).

Database: LILACS

Year: 2012

Authors: C. F. Sant' Anna; M. R. Cezar-Vaz; L. S. Cardoso; C. A. Bonow; M. R. S. Silva;

Title of the article: Community: collective object of the work of the nurses of strategy Health of the Family.

Methodology: Study exploratory-description using, where it was opted to the accomplishment of interview semi structuralized with qualitative analysis of the thematic one, with the sample of 65 operating nurses in the Strategy Health of the Family.

Main objective: On the basis of to understand with respect to constitution of the interaction of the nurse with the community, considering (s) subject (s) and (s) the purpose (s) the perception of operating nurses in the Health of the Family.

Database: LILACS

Year: 2012

Authors: T. Baratieri; E. N. T. Mandu; S. S. Marcon

Title of the article: Longitudinality in the work of the nurse: stories of the professional experience

Methodology: It objectified to describe the perception of the nurses on the practical assistance in the prospection of the longitudinality

Source: Data collections for the researchers.

The quality in nursing care

The Users and their specific characteristics and needs, are the main reason of nursing care, which should, therefore, be performed efficiently, with commitment of the person who develops, ensuring quality of care and, mainly, the satisfaction of the patient and their family (PESSOA JUNIOR; NOBREGA; MIRANDA, 2012).

According to Barbosa and Melo (2008) the quality is a theme very discussed, therefore, controversial, understood under different perspectives and many meanings have been attributed to the word quality.

For Mezomo (2001) apud Barbosa, and Melo (2008, p. 367), "quality is a set of properties of a service that make it suitable to the mission of an organization, conceived as a response to the needs and legitimate expectations of its customers".

Venturi (2009, p. 21) points out that:

The quality in nursing care is not related to the amount of care provided, but rather to the results presented for each patient individually, using the technical competence, skill, scientific knowledge, and critical thinking and reflective [...] in this way the quality in nursing care is a matter of concern, since this care determines many times the discharge of the patient, the care free of corruption and efficient use of resources. In addition, think of quality implies, generally, to evaluate, to judge and compare (VENTURI, 2009, p. 21).

When considering the concept of quality in health cannot stop to quote Donabedian was one of the forerunners of this theme, for the author, it is necessary to recognize that quality care involves several components called by him as the "7 pillars of quality". 1) efficacy, 2) effectiveness, 3) efficiency, 4) optimization, 5) acceptance, 6) legitimacy and (7) equity (VENTURI, 2009).

The effectiveness with respect to the offering of the best in health, under the most favorable conditions; the effectiveness is the result of improvement achieved; efficiency is the ability to get the maximum improvement, taking into consideration the lowest cost; optimization with respect to its cost-effectiveness; acceptability refers to the adaptation of the patient to care, and is related with the variables: accessibility, doctor-patient relationship, convenience of treatment, patient's preferences in relation to the effectiveness of treatment and cost of care; the legitimacy is relative to the social level, which interferes with the individual's perception about the care; and the equity is the factor that determines the distribution of care according to the needs of the patients (VENTURI, 2009).

The process of quality of nursing care relates to human factors and physical, in this way, it is up to the nurses to set goals/ objectives of a normative nature and routine, because as brings Silva and Pinheiro (2001), the quality in service is

achieved when you meet or exceed the expectations of the users.

This quest for quality in nursing care enables the nurse to rethink their daily practices in order to eliminate the cause of the failures, instigating the participation of the nursing staff in decision making, and continuous improvement of the process quality of care (SILVA; PINHEIRO, 2001).

However, we believe that the quality of nursing care is a goal to be aspired to every day, regardless of which activity is the direct or not to the user, being concerned not only with the do, and yes, with the do well (BARBOSA; MELO, 2008).

By means of these characteristics, and irrespective of the scope of care, Rocha and Almeida (2000) reflected that the nursing for you, you can offer quality in your assistance ensuring users host well-being and comfort of a direct, or indirect, negotiated by the management of the work, where, this professional in addition to promoting self-care, they also contribute to the empowerment of the same through health education.

By the end, it is up to the nurse to evaluate their work process and the quality of care in an individual way, reflecting a continuing basis and identifying weaknesses, so as to analyze the results in all its dimensions, thus providing the users of the services of health care and continuous excellence (MIGUELACI et al., 2010).

The Nurse and the ESF

The ESF has been widely discussed currently, and comes from occupying a prominent place in the Single Health System – SUS as a strategy of the Ministry of Health (MOH) to reorganize primary health care in Brazil, and by sharing their principles and guidelines in the search for health care humanized, unraveling and responding to the social needs and health of the population, especially (MARQUES; SILVA, 2004) (COSTA; MIRANDA, 2008).

In this sense, the ESF has been set up as a means of structuring work to achieve significant changes in the context of Public Health in Brazil, mainly by proposing important changes in how to conduct the health work and display potential and to contribute to the construction of a new paradigm for care more directed to the practical humanizing, holistic, and quality (SILVA; MOTTA; AZEITONE, 2010).

Being considered as the main strategy to solve the ills of the public health is in the universe of political parties, of corporations, health care professionals, in the sector of health training and in their own society, the so-PSF (Family Health Program) was initiated in the country in 1994, having as one of its objectives increasing the focus of the Program of Community Health Agents (PACS) started in 1991, building a working partnership in which a program interact with one another, facilitating and complementing its actions (MARQUES; SILVA, 2004).

Silva, Motta, and Azeitone (2010) in his article describes that the Strategy Health of the Family has the nurse as an important member of the core team is multidisciplinary, which has represented a field of growth and social recognition of this professional, be it an active component in the process of consolidation of the Strategy as a policy of integrative and humanizing health care. So according to the authors realize the enlargement of the visibility and of the views on the practice of these professionals, as it shows the growth in the number of studies that discuss this topic.

If you opt for nursing while working as part of a collective work in health, includes the practice without health hinged to the mode of production, social policies, part of a process of historical work, collective, organized socially to meet the needs social. The work is understood as a dynamic process, which is coordinated with the other work of the society, and which becomes in the service of social needs (MARQUES; SILVA, 2004).

The nursing staff, as all jobs human, was also, and has been influenced by technological innovations, which have favored its specialization, fragmenting your know. This has made the nursing distanced from their object of work, the man, both in the scope of individual assistance as in assistance collective, fragmenting your know nursing has lost the notion of the whole, of the human being integral, inserted in a family, in a community (MARQUES; SILVA, 2004).

In this perspective, we find that the professional should be clear that this construction is beyond a body of knowledge, to the extent that the responsibility and the social attitude must occur simultaneously. This means to say that the role of the professional nurse is expressed in the human competence for the caring, in its multiple dimensions theoretical - scientific, social, political and, above all, ethics (COSTA; MIRANDA, 2008).

In this sense, the principles of the SUS and their implementation strategies, directly relating to the protection of human health, valuing care, social participation and commitment to the construction of citizenship, fall as the directives of the educational system at the various levels of the training process for the proper support of the work skilled and competent nurse in the health services (COSTA; MIRANDA, 2008).

It is important to emphasize that the autonomy of both professional, and also social control, it is regarded as a value of great importance for the individual and the family, which means that the professional nurses that went through a time of transition with public health which ensures a greater independence in job performance (ARAÚJO; OLIVEIRA, 2009).

Araújo and Oliveira (2009) note that even in this professional, has acted as a facilitator both of the Nursing family centered, such as the one centered on the individual. This pattern of conduct has helped in the continuity of the service to the user

and in the promotion of collaborative efforts directed, with a view to ensuring the high quality attention.

It is noticeable, also, that this power has been more perceived in the ESF, since this strategy allows the professional to be a balance of your knowing/doing, linking theory and practice in the assistance given to the population, and the boldness of the professional to comply with and enforce the legislation that you supported (ARAÚJO; OLIVEIRA, 2009).

In the wake of technical knowledge scientific that if configures as the quality of the care provided by the nurse as to the texts published and identified in this study is of paramount importance to highlight that surveys of user satisfaction in the ESF indicate that, through the nursing consultation it is possible to provide the expansion of services in the basic healthcare network, through the provision of programmatic actions, and adapted to the social demands for health services, so as to be consistent with the notions of territory and the health problems in the model, user-centered (COTTA et al., 2005).

This care practice, within the process of collective work in health, makes it possible to diagnose health needs, prescribe and provide nursing care ratified and qualified, but for that to be provided with quality, it is essential that the health services have adequate structures in the that refers to the physical area and facilities, availability of materials and equipment, appropriate number of nurses with specific training, who interact with the client and family in the perspective of the creation of the link, and respect to the autonomy of the user (SAPAROLLI; ADAMI, 2007).

The implementation of the ESF has promoted the advancement of the implementation of the nursing consultation in the Basic Health Units, due to the hiring of a greater number of professional nurses who perform this activity in a continuous way, to the users of these institutions, constituting a support strategy of generalist character, centered in the life-cycle and in the assistance to the family, which can be configured by the nursing care quality as a constant to be reached, along to search for a health system that is equitable and universal (SAPAROLLI; ADAMI, 2007).

Final considerations

The ESF is an assistance model in construction, which needs to be analyzed and evaluated to effectively new practices incorporated, consolidating the basic attention in the country. In this sense, the nursing and the ESF, are a partnership of success that needs to be explored and worked on, performing other studies with which to assess this knowledge production and change, making it possible to identify the range of nursing work in the Brazilian family health and public health (MARQUES; SILVA, 2004).

When considering nursing while working, we are recognizing it as a social practice which relates to other jobs in health care, completing, in response

to social demands, in a historical and social context, and in this context, the work developed by nursing staff in the ESF is recent, mainly, the object of which is the identification of aspects that guide the practice of the profession, thus constituting a bulge whose scientific production is still limited.

It is essential to understand that, in relationships, those involved (professional/ user) are important to one another, because in them one does not exist without the other. There is need of listening, of putting aside a space-time internal to the relationship, in which one can welcome the other in their moment of difficulty, which is not only organic, quite to the contrary, each day, other factors become predominant in the determination of human sufferings that the purposes involved with the physical pain, and the way you approach according to the concepts discussed in this and the work process of nurses in the FHS, are fundamental to the continuity, and consequently, the relentless pursuit of quality in nursing care.

In short, it is up to the professional to evaluate daily work process in health, in order to identify the aspects that make his performance qualified in the criteria of technical, scientific, individual and collective. And from this perspective, support and implement strategies for professional practice negotiated by management of the work, where, this professional in addition to promoting self-care, can promote also to the empowerment of the same through health education and social control.

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