

## THE NURSING PRACTICE IN THE APPROACH OF THE USERS' NEEDS IN THE FAMILY HEALTH STRATEGY<sup>1</sup>

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### ABSTRACT

The aim of this study was to analyze how nursing takes part in the configuration of the technological model in the Family Health Strategy, in the approach of the health care needs of users. A qualitative, descriptive study was developed in a Family Health Unit in Cuiabá, Mato Grosso state, in 2009-2010, based on the socio-historical view of the work process, which considers its objectivity-subjectivity. The technique of thematic content analysis was used in the treatment of the empirical material derived from participant observation of the health care practice and semi-structured interviews with the nursing staff. These agents participate actively in the selective triage of care needs, as well as in its flexibility. In this setting, nursing is guided by regulations, institutional conditions, clinical and legal skills and related aspects. Family health workers articulate stricter responses, guided by the biomedical perspective, and more comprehensive responses through the inter-subjective practice. The appreciation of this last point gives strength to the broadened approach of needs in the Family Health Strategy.

**Keywords:** Health Services Needs and Demand. Nursing. Family Health Program. Work.

### INTRODUCTION

In the health area, care needs are daily approached in the work practice. Such productive process is oriented by the existing interface between social purposes<sup>(1)</sup> and the intersubjective – relational, communicative and micropolitical – dimension of the practices<sup>(2)</sup>. Social purposes are expressed in dynamic daily care practices, as both the health professionals and the assisted population bring about interests, experiences, ideas, values, and autonomies that configure intersubjective and political conditions.

The health work stands out as the way health actions are produced, distributed and articulated. It integrates technological models or the dynamic arrangement of policies, powers, services, ways of addressing health practices and care, and operational models oriented by a logic

that overshadows and contradicts other logics within specific contexts and frameworks<sup>(3)</sup>, as well as daily human positions and actions<sup>(2)</sup>.

The professional practice in the health care work, therefore, is guided by a socially privileged care logic<sup>(1)</sup> and also by forces confronting it in the workers' environment and in their interaction with the population<sup>(2)</sup> based on concrete possibilities and limits that include the legal definitions of related professional competences. In order for the human being to survive and enjoy life, developing his/her intrinsic potentials and providing for demands stemming from several different contexts, health needs must be satisfied and their health-disease implications must be socially taken into account<sup>(1)</sup>.

The broad satisfaction of health care needs stands out as one of the precepts of the Brazilian health policy and is quite relevant to the future of the Unified Health System (SUS, as per its

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acronym in Portuguese) and the construction of the comprehensive approach. The accomplishment of this approach, above all in the primary care, may be translated into an effective improvement in the care quality, allowing for a change in the current biomedical model.

The issue of health care needs has increasingly been the focus of several studies, which address it from several different angles. Some studies assess the issue from the perspective and experiences of either patients<sup>(4)</sup> or professionals<sup>(5)</sup>, or focus on the work itself<sup>(6)</sup>; others deal with the operational perspective of health care needs and address the construction of instruments capable of capturing specific needs in the clinical practice<sup>(7)</sup>; whereas others analyze it from the standpoint of specific areas<sup>(8)</sup>.

These studies, produced in different scenarios in the nation, show that, in the daily practice, health needs keep being approached in a limited, generalized way, disarticulated from the social reproduction process. They also point out how indispensable it is to advance such approach toward a comprehensive care. In this sense, other studies show innovations in the primary care related to the embracement, bond and accountability principles<sup>(9,10)</sup>, among others, which draw health workers closer to the wide array of needs of patients and generate professional potentials toward all-embracing approaches.

Hence, this study assesses how the nursing practice takes part in the technological configuration that produces a certain way of dealing with the health care needs of patients in the primary care. The study is part of a dissertation research that, in a broader perspective, questions the ways the professional approach of health needs is achieved in care meetings within the Family Health Strategy (FHS) in the city of Cuiabá, Mato Grosso state<sup>(11)</sup>.

## METHODOLOGY

Dissertation studies have a qualitative and interpretative nature. This research was carried out in a FHS unit selected among those existing in the Northern Regional Administration of the city of Cuiabá, as it met the following criteria:

having a full health care team and over two years of uninterrupted work.

The empirical-analytical portion of the research was carried out in 2009-2010. The data collection process derived from participant observation and semi-structured interviews, while concurrently counting on the analysis of empirical materials and a further triangulation among them. The observation process took 190 hours, including the contact between the patient and the service/professionals, actions at the reception, and offer-demand of internal and external actions concerning the service. The interviews took place after the analysis of the material resulting from the participant observation, which guided the selection of subjects. An instrument, comprised of open and closed questions, was employed aiming at establishing the professional profile of the participants, and another instrument, composed of open questions, aimed to apprehend the participants' perceptions on the needs of patients and their professional approach.

In the processed analyses of nursing practices and conceptions, in the universe of 20 workers who engaged in the research, two nurses and three nursing technicians were part of the group of professionals who worked at the selected health unit during the field work.

Data were processed by means of the thematic content analysis<sup>(12)</sup> based on the following axes: the action of the nursing practice in approaching needs; factors that allowed for or hindered the approach of needs; and resulting care perspectives.

The research was approved by the Research Ethics Committee of the Júlio Müller University Hospital under protocol number 559/7 and complied with the required ethical aspects. The following codes were employed: ON, for observation notes; I, for the selected excerpt of the interview followed by numbers 1 and 2 for nurses, and 3, 4 and 5 for nursing technicians.

## RESULTS AND DISCUSSION

In the studied unit, the approach of needs occurs mostly by means of care actions toward the demand and by programmatic actions via medical and nursing consultation, nursing technical procedures, pinpointed healthcare

education actions, and home visits. Accordingly, the access of patients to health services is centered on the offer of consultations. Such demand is very high, especially the medical consultations, actually a representation of the care organization focused on the individual clinical practice<sup>(13)</sup>.

The access to consultations depends on appointment schedules, except for situations when the patient has to be fit in, which implies the employment of an assessment process by means of nursing techniques aimed to identify eventual occurrences of fever, vomit, diarrhea, precordial pain, and high blood pressure. After the admittance process is set out, the patient is forwarded to pre-consultation, medical and/or nursing consultation, post-consultation/implementation of nursing procedures, new appointment and/or referral of the patient to other services and/or actions, and discharge. There is a direct access of patients to the nursing procedures.

These general characteristics, among others, show a health care unit that express a care model based on a restricted approach of needs<sup>(13)</sup>. As it will be observed ahead, the nursing practice reiterates such an approach by applying a direct care and by managing the access to care services with slight variations that may lead to a more or less effective approach to health care needs.

### **Consolidation of the restricted technological model to approach needs**

By means of the consultation, pre and post-consultation, implementation of procedures, home visits, and educational actions, the approach of the patients' needs by the nursing practice is especially directed to the organic aspects of the process.

The nurse uses the programs to meet the needs of patients. There are the OCC {oncotic colpocytology collection}, the GD {follow-up actions of child growth and development}, prenatal exams. The technician distributes medications, educates patients on how to take them, their dilution and administration schedules. [...] Explains what the vaccines are for, usually when the patients inquiries them, and there is also the resolubility of post-vaccine trauma: pain, fever. The nursing team acts in this direction: to check out blood pressure, make curatives using the appointed technique, orient patients, schedule consultation appointments with the doctors. This is the resolubility provided by the team (I. I3).

This characteristic is enabled by means of the participation of the nursing practice in programmatic and demand-based actions prioritized in the unit's work structure. In this framework, the biomedical-centered medical action is a critical aspect and the nursing team actively participates in such configuration. This same singularity is found in other FHS scenarios throughout the country<sup>(14,15)</sup>.

The biomedical approach has been effectively competent in addressing the organic needs of people and groups; yet, it is not focused on the scope, concreteness and uniqueness of these people's health needs. The limits of such model transcend the organization of the work, the performed care processes, the norms and routines that orient the health services, causing such model to become a reference to the actions of various types of professionals and clearly observed in the way they act and conceive the care process<sup>(16)</sup>. These characteristics are also perceived and assessed by the patients who have their health care needs provided by those professionals at the local level<sup>(4)</sup>.

Whenever a medical or nursing service is provided, not every health need is expressed by the patients, or stands out as an object of the nursing action, especially when the need does not fit in the task division among workers, in the defined routine, or when the professional renders a mechanical service.

In the pre-consultation process, the patient affirms to in pain. The technician listens to him, but goes on to ask about his age and check out his weight. The patient says that she has fibromyalgia. The technician is focused on her assignments and proceeds to measure her blood pressure, saying that it is "normal". Then, the technician talks back to the patient and tells her to wait for the consultation (ON of the pre-consultation process).

In the daily practice, health professionals apprehend/do not apprehend the needs of patients, including/excluding them, and consider probable care alternatives and flows to be followed, and also when, by which actions, and by whom the needs should be met. In the following statement, in view of the absence of the physician, the nurse, in her own terms, interprets the patient's needs, proposes and carries out care services, indicating other

services to the patient, and actively dealing with the approach of certain needs.

In the triage process, the patient is accompanied by her mother and refers to “fever and sore throat”. The mother shows to be worried about the possibility of being the dengue fever {there were many reports on this disease in the city during that period}. The nurse says that the doctor is not present at the unit and that she “can’t make prescriptions for children in that age”. She indicates a certain medication (analgesics/antipyretic) for the fever, the ingestion of plenty of liquid and told them to look for a health center in case the pain got worse. The girl and her mother get the medication at the pharmacy and go away (ON of the reception).

The study shows that the nursing practice, in addition to being anchored in institutional protocols, is also supported by clinical knowledge and experiences that the professionals accumulate, as well as by the understanding of legal-professional competences, certain conditions in the services/sectors, and certain intersubjective aspects.

The nursing technicians at the reception/triage continually replicate institutional protocols regarding the control of access to non-scheduled consultations, especially the medical consultations:

The patient demands a medical consultation to her daughter, reporting fever on the previous day. The technician shows her the criteria to the non-scheduled appointment (fever, vomit and diarrhea cases at the time of the arrival at the service), and denies the appointment. The patient says that whenever she needs the unit, she is never served. The grandmother, who also accompanies the girl, says that there is no fever at that moment, but that during the night the kid had it. Everybody is raising their voices. The patients go away, troubled. The technician says that she must follow the rules and that the child never shows up for the DC service (ON of the reception).

The access is also denied by the application of other criteria: when patients do not belong to the covered area; when patients demand the services for one more family member in their own consultation process; or when patients do not show up for the consultation at the time deemed to be adequate. The denial also takes place when patients ask for certain technologies (specific medications and exams, prescriptions and medical certificates) whose offer directly

depends on the action of the doctor. Such denial is explained to the patient as being a result of having specific protocols that keep those practices in the realm of specific professional competences.

In the end of the educational activity, one of the participants approaches the nursing technician and says that he has a backache. He asks for a medication. She says that the medication is offered only after the medical consultation. The patient does not agree with the answer and says that it will take him over a month to get a consultation. The technician requires him to talk to the receptionist and schedule the consultation, reaffirming the reasons pointed out above (ON of the education activity).

These situations, and many others, clearly show that nursing professionals prioritize the needs they think that can be sorted out by the medical consultation. They do not realize, or do not take into account other needs, do not pay clinical attention and/or appreciation to the limits of their competences, and do not use the care resources they have, or that other professionals have, or even other resources, to meet those needs. This fact occurs despite the fact that the approach of needs demands the integration of actions, workers, services and social support networks.

Customarily, nursing professionals apply the model institutionalized by the service framework and naturalize it, thus abandoning the care perspective.

In a home visit scheduled by a community agent to a woman with hypertension, the doctor and the nursing technician asked her about the reasons she did not show up at the unit. The woman said that her blood pressure {BP} reached 180 per 120, that she feels pain in the articulations, she treated for rheumatism, and that she was not able to go to the unit. The technician checks her blood pressure and says that it’s 120 per 80. The doctor tells the patient to go to the unit so that she can perform a BP curve and prescribes a medication (an anti-inflammatory). After the visit, and away from the woman’s home, the doctor says that he does not agree with this type of visit. The technician supports the idea. She says that the patient is totally able to go to the unit, and that the medical visit should take place only for those who are not able to displace (ON of the home visit).

Nursing technicians attribute the reiteration of these aspects by saying that they “do what they are expected to do”. They understand that by acting this way they ensure the “order” in the performance of services. They also point out that the other professionals should do what they are expected to, that the flow of patients in the unit is adequate, and that the compliance with priorities is maintained.

Work conditions, such as the excess of bureaucratic activities and the lack of infrastructure in the local unit and in the municipal health care network, also constitute reasons to explain the way the nursing practice approaches the patients' needs, as observed in the following statement.

First thing: bring me a manager. From this moment on, the nurse will be bound only to the care service. Then you can work. Then you may be available to the groups, to extramural work. For better or for worse, there are 3, 4, 5 papers like these everyday {referring to the documents of the health department}. [...] There is also the issue of broken equipment, how long it takes for them to be fixed. It's been three years without our autoclave. Things break here and there, everywhere, and you have to try to keep up with it. There is also the lack of water. A simple lack of water causes you not to be able to perform any vaccine, or OCC [...]. It does not depend only on our good will (I. 11).

In dealing with the protocols and routines of the access to health services, nursing workers experience tense and stressing situations, especially when they oppose the interests or needs of patients. Whenever what is the wish of the patient does not agree with what is made available by the service, or the voice of the health professional is not in harmony with the demands of the patient, a reaction takes place and the resulting conflict is attributed to the good or bad behavior of the patient. The conflicts are followed by plain judgment and often by punishments. The needs that generated the demand and also the rights of the patient are not addressed as relevant aspects to be taken into account.

The tensions, agreements and disagreements among team members also interfere in the approach of needs. Whenever an established rule is changed by a nursing worker, it generates a conflict among the members of the team; once

the tense process is triggered, the worker who changed the rule either gives up the change in order to interrupt the discomfort created around the action or he/she otherwise maintains his/her effective position and consolidates the change in the rule toward the approach of needs.

The nursing technician has been working for a short period of time at the unit and argues with her colleague about who should be assisted first. The first worker defends that the process should be carried out by age groups and not by arrival order. The other worker defends the opposite, reaffirming the protocol. Regardless the discomfort created between both, the first professional organizes the care process by age groups (ON of the reception).

Besides relating to the rationality of the current biomedical model, the predominance of such limited way of approaching needs is also associated with the way the workers see themselves and the intersubjectivity present in the work environment, thus mobilizing it. This fact will be more clearly seen in the portion ahead, which shows how a change in the implementation of the approach can generate a broader view of health care needs.

### **Broadening the approach of health care needs**

Although the nursing practice maintains the biomedical model, its performance in view of the needs of patients is much broader in several different situations. It can be especially observed when health workers adjust protocols to provide patients with access to services and resources, when they articulate the team work or other types of services, or when they adopt a more open relational approach to patients.

Despite the priority given to certain organic needs, nursing professionals also recognize the needs of patients, as well as other sorts of needs, and in some measure embrace those needs, motivated by the bond established with patients.

[...] Patients keep coming to the health unit. We usually say, “that one is a V.I.P. Well, there he comes again. Is he coming as a result of pain? Or is he coming just to be here, in spite of being well?” Well, there are people who are able to conquer others. It's part of the human nature. Then, he comes and you welcome him with a smile. You call him by his name. “Hey, let's sit there. Let's check your pressure. The patient feels

comfortable. "Well, I came here because I was not feeling well". "Well, I came here today just to get a condom, so I can go out a bit". "I came here to talk for a while". Well, there you go. My listening, my speaking, and the patient's speaking, and my attention to him. [...] (I. 13).

There are some occasions when the predefinitions regarding the access to unscheduled consultations are altered by nurses and technicians, a fact that is also motivated by both the bond established with the patient and the articulating action of the professional.

Employing a mediating action, the nursing technician escapes the protocol and enables the consultation, although still depending on the agreement of the physician or the nurse.

The scheduled consultations were finalized, when the nursing technician asked whether or not the doctor could see two patients. These patients were required pre-employment health exams. The doctor said that he would see them and asked where they were. The technician responded that they would come soon, as they worked in the neighborhoods, close to the unit. When the patients arrived, the doctor proceeded with the consultation. [...] (ON of the medical consultation).

Technicians and nurses mobilize the actions of the physician and other level of healthcare based on the assessment of the problem or need of the patient, taking a personal responsibility for its resolution.

A patient, accompanied by family members, demands a shot against tetanus. One of them says that days ago the brother got hurt by a wood splinter. Since then, they started looking for the health services, unsuccessfully. The technician realizes that the hurt patient is nervous, complaining about the pain and showing difficulties to move. She ponders whether or not that was already a manifestation of the tetanus. Thus, she negotiates the medical assessment. The doctor sees the patient and refers him to the emergency service. The technician asks the receptionist to call the ambulance. The nurse is also mobilized in order to help the patient access the reference service. (ON of the reception).

As observed, the technicians call upon the nurse in a few situations: when there are conflicts concerning the access; when it is necessary to decide what to do in case any doubt arises; when it is necessary to identify care needs

and alternatives; and when the responses of the care processes need to be broadened. The technicians also call upon the physician, as well as the nurse, favored by the positive interaction with them.

There are some situations in which the work of the nurse is seen as indispensable, for instance, when the physician is not present at the unit or in situations in which the skills of this professional is not up to the urgent demands (taking into account compelling behaviors of patients and/or manifested/interpreted clinical conditions presented). The nurse shares information and conjointly articulates with other professionals, especially the physician, the referrals of patients to other services, prescription of exams and medications, issuing of medical certificates, definition of diagnoses, and medical conduct.

The nurse asks the doctor for one minute of his attention to the case of a patient that needs a medical referral to her son. The child has been treated in a given hospital, but needs the referral of the primary care. The doctor does it immediately. She thanks him. (ON of the nursing consultation).

This relationship generates broader responses to the needs of patients as a result of the complimentary approach of services and due to the limits of the work of the nurse in view of medical diagnostic and therapeutic needs prioritized in the care service.

In a nutshell, nurses and technicians broaden the approach of needs by taking advantage of the care process to apprehend unusual needs of patients, especially the social ones, including the needs of family members.

The mother with a child and the grandfather with another kid access the doctor's office. The kids are twins. In a certain moment of the consultation process, the nurse asks about the discharge of the woman's niece, assisted the day before. The patient says that her sister is not correctly administering the medication, that she went to the Emergency Unit, but did not wait for the consultation. The conversation goes on focusing on this fact and the nurse gives some instructions. [...] Later, the consultation resumes the assessment of the kids. [...] (ON of the nursing consultation).

Although the needs experienced/presented by the patients are supplied by technical interventions based on criteria that are consistent with the predominant healthcare logic, the professionals involved in the care act maintain certain degrees of autonomy<sup>(17)</sup>. In this sense, even under the biomedical logic, the health action can deal more effectively with the complexity of the needs of patients.

The health work follows a rationality that tends to be replicated in accordance with socially imposed purposes. Nevertheless, the work is also ordained by political-ethical predispositions<sup>(2)</sup>, as well as by a practical wisdom worked out in the professional's daily life<sup>(18)</sup>. Such framework can improve the approach of needs. The present study was able to verify such facts, as nursing workers usually enjoy certain levels of autonomy that allows them to apply either a narrower or a broader approach of needs.

In order to expand the approach of needs, the technological and interactive dimensions of the health practice have to essentially work together toward a favorable social life of patients<sup>(19)</sup> and not toward the opposite side, when the protocols of the service overlap the needs of the patients and the care relationships become only a means to their realization.

Aiming to strengthen its work toward the comprehensiveness principle, the nursing practice must encourage a series of changes, among others, the embodiment of a care-based perspective, the empowerment of the team work, and the technical and political qualification of its professionals.

In order to produce the expected care, the nursing practice must work in a more accessible and sensitive way toward the needs of patients by means of all-embracing actions, strong bonds and a sense of co-accountability toward the implementation of care alternatives.

The team work is also a fundamental aspect. The articulation of the nursing practice stands out as a strong contributive factor, as displayed by the studied context. The inter-professional practice broadens the commitment of the work teams toward providing patients with what they need to improve their health status, as well as qualifies the professional performance. On its turn, the team practice is favored by the interaction and the search

for a deeper articulation with the countless actions carried out daily<sup>(19)</sup>.

Additionally, the FHS team, and especially the nursing team, must develop competences that allow them to recognize needs in a broader way and start employing alternatives that go beyond the individualized medical action. As shown by the findings of this study, the nursing practice in the primary care is permanently inserted into situations in which it must interpret needs, decide about their relevance, and make decisions on care alternatives and directions to be followed.

Although not fully achieved in the local health services, the comprehensiveness principle demands coherent care organization and health teams that are able to properly apprehend and go beyond the organic needs of patients, integrating such needs to life reproduction processes, intersubjective aspects and human potentials, according to the lifestyle of individuals/groups. The professional background of health workers, therefore, should address a technical, ethical-political and inter-relational development. In this sense, the findings of this study suggest that the nursing practice should recognize and strengthen actions that are in tune with a broader approach of health needs. At the same time, the limiting strategies that are usually adopted should be identified, denaturalized and resignified by health professionals.

The encounter between the patient and the health worker brings about unequal situations; as a result, the rights of patients tend not to be taken into account. Bearing that in mind, the nursing practice needs to understand what is implied in the care process, so that it can learn how to deal with tensions and conflicts therein and critically and ethically manage the self-government it enjoys.

The responsibility of the worker toward the patient crosses the borders of the work conditions existing in the health service and in the health sector. As such, the nursing practice should question itself about how and how much the practice is responsible for the patients' needs, and also about the place it occupies in the relationship with the other, thus leading the practice to a reflexive reconstruction process. This is a crucial step toward the identification of the norms that shape comprehensions and practices, and that limited the care process as a place of encounter<sup>(18)</sup>.

## FINAL CONSIDERATIONS

Whenever nursing workers approach patients' needs, they are clearly and strongly influenced by the technological organization of the predominant care, and they keep reinforcing it. The centrality of the biomedical care guides its practices and interpretations. The nursing practice actively participates in the determination of the needs processed in the local health service. Concurrently, it presents a certain degree of permeability to the broader approach of needs, especially when it makes itself accessible to patients and adapts in order to provide patients with responses, thus exercising its self-government principle.

In addition to the technical rationality, this study highlights the relational dimension that orients the nursing practice, showing the demand contention action carried out through the reinforcement of protocols, the influence of conflicts and tensions in the approach of needs, and the employed strategies that restrict or broaden the approach of health care needs.

Depending on the way the nursing practice positions itself, it will generate higher or lower possibility of expressing, apprehending and responding to the needs of patients; this position will directly impact the quality of the primary care. Therefore, investments should be made in the professionals, as a way of politicizing them, strengthening their autonomy and qualifying both their clinical practice and their participation in the articulation of other health care works and resources.

Although the results of this study do not admit any generalization, they allow for the understanding of the connections of the object addressed and the collective meanings resulting from it. The findings can surely be used to assess similar situations. The main issue, on the other hand, requires new analyses in distinct scenarios, especially regarding the apprehension of the diversity of strategies used to strengthen the approach of needs by the nursing practice within the FHS context.

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## ATUAÇÃO DA ENFERMAGEM NA ABORDAGEM DE NECESSIDADES DE USUÁRIOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

### RESUMO

Analisa-se como a enfermagem participa da configuração do modelo tecnológico na Estratégia Saúde da Família, na abordagem de necessidades de saúde de usuários. Pesquisa qualitativa, descritiva, feita em uma unidade de saúde, de Cuiabá, Mato Grosso, em 2009-2010, ancorada em uma visão sócio-histórica do trabalho, que considera a objetividade-subjetividade nele presente. Usa-se a técnica de análise de conteúdo temática no tratamento do material empírico, este derivado de observação participante da prática assistencial e de entrevista semiestruturada com trabalhadores de enfermagem. Esses agentes participam ativamente do crivo seletivo de necessidades de saúde presente na assistência, bem como de sua flexibilização. A enfermagem orienta-se por normativas, condições institucionais, competências clínicas e legais, além de aspectos relacionais. Seus trabalhadores articulam respostas mais estritas, orientados pela perspectiva biomédica, e respostas mais abrangentes, por meio da dimensão intersubjetiva da prática assistencial. A valorização desta última constitui potência à abordagem ampliada de necessidades na Estratégia Saúde da Família.

**Palavras-chave:** Necessidades e Demandas de Serviços de Saúde. Enfermagem. Programa Saúde da Família. Trabalho.

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## ACTUACIÓN DE LA ENFERMERÍA EN LA ABORDAJE DE NECESIDADES DE LOS USUARIOS EN LA ESTRATEGIA SALUD DE LA FAMILIA

### RESUMEN

Se analiza como la enfermería participa de la configuración del modelo tecnológico en la Estrategia Salud de la Familia, en el abordaje de necesidades de salud de los usuarios. Investigación cualitativa, descriptiva, hecha en una unidad de salud de Cuiabá, Mato Grosso, en 2009-2010, basada en una visión socio-histórica del trabajo, que considera la objetividad-subjetividad en él presente. Se usa la técnica de análisis de contenido temático en el tratamiento del material empírico, derivado de la observación participante de la práctica asistencial y de entrevista semiestruturada con los trabajadores de la enfermería. Éstos participan activamente de la criba selectiva de necesidades de salud presente en la asistencia, así como de su flexibilización. La enfermería se orienta por normativas, condiciones institucionales, competencias clínicas y legales, además de aspectos relacionales. Sus trabajadores articulan respuestas más estrictas, orientados por la perspectiva biomédica, y las respuestas más abarcadoras, por medio de la dimensión intersubjetiva de la práctica asistencial. La valorización de esta última constituye potencia al abordaje ampliado de necesidades en la Estrategia Salud de la Familia.

**Palabras clave:** Necesidades y Demandas de Servicios de Salud. Enfermería. Programa Salud de la Familia. Trabajo.

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