

## HEALTH PRACTICES OF NURSES AND COMMUNITY HEALTH AGENTS OF THE FAMILY HEALTH STRATEGY

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### ABSTRACT

This is a descriptive qualitative study with the objective to describe the practices of care developed by nurses and community health agents in the daily routine of the Family Health Strategy. The data collection used semi-structured interviews with 08 nurses and 07 community health agents in the period of January and March 2010, whose results were submitted to content analysis. It was found that nurses and community health agents develop the most varied practices of care in the Family Health Strategy, which may include educational, administrative and assistance activities. They were identified as facing care because they provide spaces for attention, dialogue, intervention and bonding. Although they have distinct powers and responsibilities, nurses and community health agents perform some care practices together, such as educational groups, team meetings, reception and home visit, approaching the dimension of care to the other. It is suggested to develop studies around this issue, showing other data perspectives and perceptions, since the study showed developer, and even being little discussed in scientific circles.

**Keywords:** Family Health. Nursing. Community Health Agents. Delivery of Health Care. Primary Health Care.

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### INTRODUCTION

The care gives the condition of humanity to people, because taking care and be cared is an essential part of human beings<sup>(1)</sup>. It is considered the “interaction between two or more subjects to the relief of suffering or to reach well-being, always mediated by knowing specifically for this purpose”<sup>(2:42)</sup>. Thus, the care transcends the technical procedures, because it constitutes a comprehensive dimension, which includes personal, professional and integral relationships, in which the technical interventions are only considered when there are caring behaviors, such as respect, kindness, attention, affection and solidarity<sup>(3)</sup>.

In nursing, care is considered to do and the knowledge of the profession<sup>(4)</sup>. Care practices require in addition to scientific and technical knowledge, that nurses appreciate the touch, look and listen. “Care is expressive from the moment that stop being a task to be an action providing growth for who cares and who is cared”<sup>(5: 194)</sup>.

The community health agents (CHA) also uses care practices in their daily work. To promote

health and prevent diseases, this professional must approach the family, in order to understand their life context, identifying needs and suggesting coherent behaviors. Care permeates all these steps, because it represents the attention and responsibility dedicated to this family.

Among the different health areas, the Family Health Strategy (FHS) gives a privileged space for the differentiated application of care practices. Through it, it is possible to approximately identify the context of the population to their main demands and seek to develop an effective assistance.

FHS proposed by the Ministry of Health in 1994, has as its main purpose the reorganization of primary health care in the country. It is considered a strategy of expansion and qualification of basic care to strengthen of bringing health close to the families and be the way to services. It works with multidisciplinary teams, composed at least by a general doctor or family member, a nurse, a nursing technician and four to six CHA<sup>(6)</sup>.

It is assumed that the presence of a multidisciplinary team enables the development of more complex care practices, due to the interaction between professionals and their

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knowledge/experiences. The term complex care practices are those practices comprising biological, psychological and social needs of individuals/family/community, contemplating the integrality, humanization and equity. Thus, care practices are comprised of several activities, such as social assistance, health education and administrative activities.

It is believed that in the equation health, the nurse and the CHA are professionals who work directly with the user, both through activities in Basic Unit of Family Health (BUFH) as in extramural activities such as home visits, the joint efforts and educational actions, developing intrinsically to their daily lives the most varied care practices.

In this perspective, the guiding questions of the study were: Do nurses and CHA of the FHS develop care practices? What are these practices? From these questions the objective of this study was to describe the practices of care developed by nurses and CHA in the everyday life of the FHS.

## METHODOLOGY

This article is a result of the master's thesis entitled "The health practices of nurses and community health agents on home visits of the Family Health Strategy", belonging to the Graduate Program in Nursing at the University of the State of Rio de Janeiro (UERJ)<sup>(7)</sup>.

It is a descriptive study of qualitative approach using as data collection technique semi-structured interviews. The interviews, conducted by a single researcher, were recorded and subsequently transcribed and typed in Word for Windows version 2008. The script of the interview was made up of two parts. The first containing the respondent's characterization data (gender, age, occupation, team, occupation length, time of performance in FHS, time of action in the area of planning, practice time on the current team and number of families under their responsibility). In the second part there were the semi-structured questions, with the guiding question "what are the activities that you perform on FHS?". The data were collected in the period from January to March 2010.

The study scenario was constituted by two BUFH of the city of Rio de Janeiro/RJ. The Basic

Care to Health in the city of Rio de Janeiro is distributed in areas of planning (AP), and for the selection of BUFH, it was first identified what AP had larger quantitative teams. With that, the AP had included 49 teams distributed in 14 BUFH and the two selected units for having the largest number of teams within this AP had 5 and 7 teams each one. In the period of the research, the city of Rio de Janeiro had 63 BUFH and 220 family health teams.

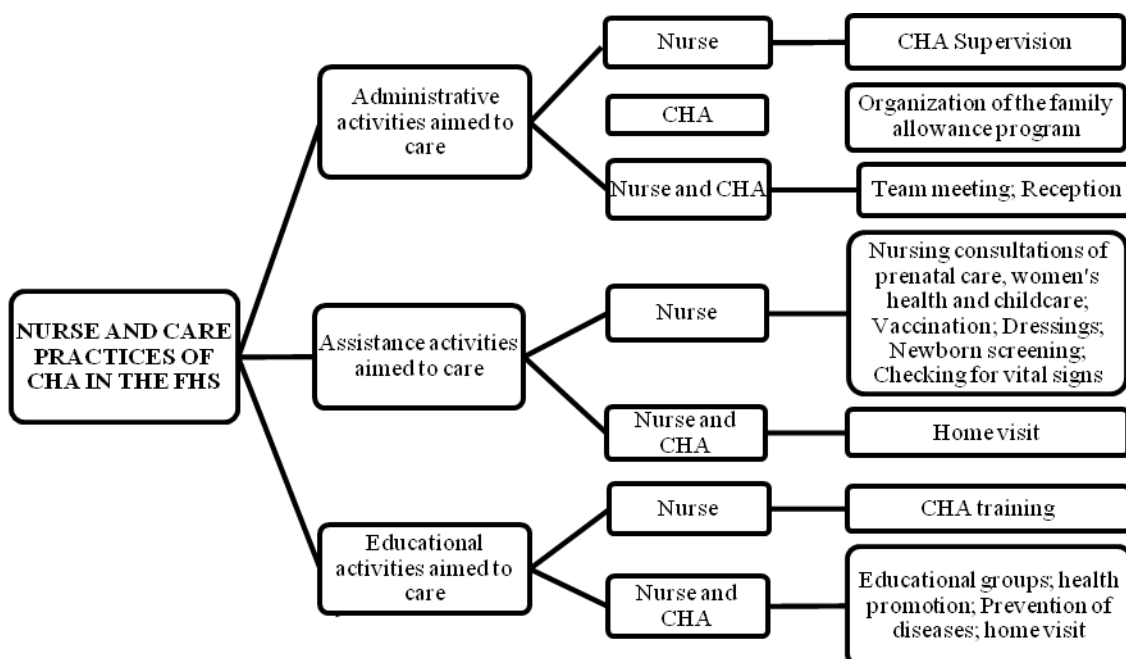
The subjects of this study were eight nurses and seven CHA. Inclusion criteria were: acting for more than six months in the AP and be a nurse or a CHA of a selected BUFH. The subjects that do not belong to these criteria were excluded from the research.

The data analysis technique used in this research was of content, with an emphasis on analysis-categorical thematic content<sup>(8)</sup>, derived in the following categories: administrative activities aimed to care, assistance activities aimed to care and educational activities aimed to care.

The professional participants of this study expressed their agreement by signing the informed consent term<sup>(9)</sup>. To preserve the anonymity, the participants were identified with the letter "N" (Nurse) and "A"(CHA), followed by an identification number. The research was approved through the opinion paragraph 324A/09 of the Committee of Ethics in Research of Municipal Health Secretary and Civil Defense of Rio de Janeiro.

## RESULTS AND DISCUSSION

The results of this investigation with 8 nurses and 7 CHA revealed that these professionals develop the most varied care practices in FHS, which may include administrative assistance and educational activities. In order to systematize the practice of care identified in the daily life of work of these professionals, Figure 1 was elaborated. It should be noted that both the nurse and the CHA have similar dimensions in health care. However, it must be considered that the tasks and responsibilities of these professionals are different, according to the National Policy of the Basic Care<sup>(6)</sup>.



**Figure 1** - Care practices of nurse and CHA in FHS.

Source: the author.

It was identified that there is a coordination between these activities, since they can be developed together. For example, the nurse and CHA when performing the registration of a family can also talk about any problems they identified. This situation refers to the professionals' search for integrality in the practices of care offered to users. One of the aspects of integrality refers to the quality of the intersubjective interactions in the daily practices of care, which aim to provide effective spaces for dialogue between the subject and create a synergy optimizing the development of actions<sup>(10)</sup>.

The following the three thematic categories are discussed – administrative, assistance and educational – aimed to care practices of professional nurses and CHA of FHS participants of this study.

#### **Administrative activities aimed to care**

Nurses perform a variety of administrative activities on BUFH that are not directly aimed to care. The participation in the Board of Management, the participation in meetings of the Programmatic Area Health Coordination, the

preparation of schedules of activities and entering data in the Information System of the Basic Care (ISBC) are some of the activities.

It is important to note that administrative activities are aimed to the practices of care when working in the therapeutic space organization in order to provide an environment that fosters care<sup>(11)</sup>. Thus, as administrative activities aimed to care were identified team meetings, supervision of CHA, the organization of the family allowance program and the reception. In this case, they represent the team work, which includes most of the administrative and management activities of the FHS.

Among the administrative activities aimed at care, the most referred by nurses was the supervision of CHA. This includes the organization of meetings and support for home visits. One of the interviewed reported his routine of activities with the CHA:

I organize all the schedule of the community agent, check home visits that they perform, I do a survey of the difficulties they found, I organize the team meeting we do once a week and I see what families they are feeling more difficulty or

cases that they find something different on the visit [...].(I4)

The supervision is one of the moments in which the nurse can approach the CHA work process, discussing demands, resolutions and knowledge. Exchange spaces, as the meetings provided for supervision, can assist in guiding the practices of care, to build a unique interest in the team, to provide quality health care. In this sense, the supervision aimed to care when achieving their technical goal (how to do) and go to the subjective (what to do), incorporating the experiences of CHA<sup>(2)</sup>.

The CHA also develop administrative activities aimed to care in their daily work. They cite most often the family allowance program organization, identifying and registering families in need to receive the benefit. To register and follow up the families with the Family Allowance Program favored, the CHA identifies simultaneously economic and social risks to which they are subjected. It is known that the behaviors and attitudes of families are the result of policies aimed to social, cultural, political, economical and subjective aspects and interests of social groups<sup>(1)</sup>. Therefore, the actions carried out by the FHS professionals are guided by the local needs, but it is the social context that enables effective implementation or not of these actions.

The reception was the administrative activity aimed to the most cited care by nurses and CHA. In this study, the reception was an activity developed for all health teams surveyed, with the purpose of organizing the flow of spontaneous demand, directing the user to the most appropriate and resolute service.

In BUFH participants of this study 5 and 7 health teams act respectively. Thus, it is possible to organize the reception so that every day a team has this activity. Generally, the day the team is responsible for the reception on BUFH, there are not home visits and pre-scheduled appointments to the professionals of this team.

Once a week we do reception, which is when we were in the reception checking the needs of the population that comes from the demand, trying to give a solution to their case or schedule an appointment, an attendance of urgency that they need or something. It is basically that. (I3)

We get a day in here, in reception!(A5)

The Ministry of Health argues that the reception is a practice based on respect, solidarity and the recognition of rights and that is present in every care relationship, in actual meetings between health agents and users and in acts to receive and listen to the people<sup>(12)</sup>.

From the reports, it is shown a certain distance between the reception exercised by professionals of the BUFH and the proposed by the Ministry of Health, for it is still characterized only as reception and guidance of users. On the other hand, it is noted an attempt to change this practice, identifying the reception as resolute space, once the professionals consider this as a key moment to understand and solve the demand presented by the population.

She {person} has to feel welcome. The staff has to feel a response [...].(I5)

We try to be as resolute as possible. When the user comes directly on the unit, he has to get out of here with a solution, never without resolution. That is why nurses always have to be at the door, even if it's not his team, he has to guide, do you understand? (I8)

Due to the characteristics mentioned by the professionals, it was considered this type of activity, which is called as reception, as an administrative activity aimed to care. However, in addition to organize the working process, the reception allows involving the team with user needs, by listening and qualified integral, decisive and responsible care<sup>(12)</sup>. In this sense, the reception is approaching the health care proposal, since this encompasses actions, behaviors and attitudes<sup>(1)</sup>.

#### **Assistance activities aimed to care**

Nurses develop on BUFH assistance activities aimed to care, such as vaccinations, wound dressings, checking vital signs, newborn screening and care for women's health and the health of the child. In this context, nursing consultations of prenatal care, women's health and child care are included. With regard to the elderly, the nurses reported that they perform care at home, mainly for bedridden or to have difficulty to go to BUFH. There were no reports of care practices specific to men, even before the implementation of the national policy of Integral Care to Men's Health in 2009. However, the

nurses cited care practices aimed at adults, which implies the inclusion of men.

Well, here in the strategy. I have consultations involving women's health, the prevention, pre-natal, childcare (I1).

I assist children, pregnant woman and adult. (I8)

Assistance activities are linked to care when they enable the start of a therapeutic relationship between the health professional and the user, and may result in the development of care practices<sup>(11)</sup>. Thus, the activities create opportunities for the development of the therapeutic relationship. There are the nursing consultation, which allows a more open dialog, where the user feels freer to report their afflictions, doubts and fears.

It is noticed the nursing consultation of FHS as a space conducive to the development of the practices of care, because there, the nurse has the opportunity to listen to demands, evaluate physical health, psycho-emotional and psycho-spiritual conditions and better understanding the user<sup>(13)</sup>, since he can use it to understand the emotional context, social and family relationships. The nursing consultation should not focus only on isolated disease, but also be geared to anticipate the risks, the possibilities of confrontation and conflict resolution within their social reality. Thus, this space provides care comprising more than a technical moment, but an attitude of affective involvement with each other, strengthening the professional-user link<sup>(14)</sup>.

The CHA and the nurses develop assistance activities in common aimed to care, being that the cited activities were the active search of missing users in BUFH activities, active search of infection-contagious diseases contacts and active search of hypertensive and diabetic.

I do active search, active search of tuberculosis, for example. (I8)

These activities are present in the extramural actions, especially home visit, because in this space there is the possibility to investigate through dialogue and note the reasons that are derailed the presence of the user in BUFH or analyze the health situation of the families.

### **Educational activities aimed to care**

In relation to educational activities aimed to care, it was identified that nurses perform the training of CHA. However, the most frequently reported activities were developed both for nurses as by CHA, sometimes held together by these professionals. In this sense, educational groups to the population with chronic diseases (mainly hypertension and diabetes), adolescents, pregnant women, workers who have recently given birth, children, smokers and family planning are highlighted.

To facilitate the access of the population to educational groups, some teams organize this activity within the community, in places assigned by the locals, such as bars, churches or the backyards of houses.

On the team, I am responsible for the group of pregnant women. We like a lot of groups in the area. We call the people, everyone around the place where we are, here we explain and see their needs [...].(A6)

On-site activities demonstrate the concern of professionals to ensure the presence of residents in educational groups. In addition, these activities help in the process of care, because they reveal significant territory components for population health, such as housing, basic sanitation, social interaction and public safety<sup>(15)</sup>.

Among the educational activities aimed at care, the research also revealed that the nurses and the CHA develop health promotion and disease prevention. It can be identified these activities that they are often present in home visit.

I have family that is healthy, but even so I knock on the door because we don't work only with the sick, works so you don't get. (A7)

There are several activities, we make activity of promotion, prevention and rehabilitation.. (I7)

To perform home visits healthy families is an important point for health promotion and disease prevention, because it is possible to guide and intervene before further installation. This result is consistent with what is recommended by the Ministry of Health<sup>(6)</sup>, since one of the tasks of the CHA is to follow up, through home visits, all families under its responsibility and is assigning every team conducting health promotion actions.

The home visit at the FHS is an instrument used by the teams for insertion and knowledge of the context of life of the population, as well as establishment of links between professionals and users. Also, it aims to meet the different needs of health, worrying about the infrastructure (housing, hygiene, sanitation among others) existing in the communities, the sociocultural environment and the health care of families<sup>(16-17)</sup>. According to the reports of the participants, it was possible to define the home visit an educational and assistance activity aimed to care.

In this activity, the health professional has the role of mediator between the person who needs care and the person who will perform the care. The nurse or the CHA through health education, has the main task of optimizing the potential of families, so that they participate and ownership of the care task.

To meet the several care practices performed by nurses and by CHA facilitated the understanding of the working process of these professionals, that is, how these practices are linked to the daily life of work. Considering in the context of FHS, actions for health care must be integral, i.e. they must include health promotion, disease prevention and health surveillance in the various performance spaces<sup>(6)</sup>, it became relevant to disclose the development of these practices. This research has reaffirmed the contributions that the FHS has to offer to human development in the community and in health, since it enables to seek actively and by the population restructuring/transformation proposals of reality.

## CONCLUSION

It can be concluded that the nurses and the CHA develop the most varied care practices in FHS, which may include administrative, assistance and educational activities. Among these activities, there are training and supervision of CHA, nursing consultations and vaccination by the nurses and the family allowance program organization by CHA. They have been identified as intended for the care because they provide spaces for care, dialogue, assistance and link.

Although having distinct activities and responsibilities, the nurses and the CHA perform some practices of care together, such as the educational groups, actions of health promotion and disease prevention, team meetings, the reception and the home visit, which bring them closer in dimension of care to others.

As the limitation of the study, it is pointed out the restriction of the field of study in two BUFH of the city of Rio de Janeiro, which delimits local insight on the subject. In addition, the sample of subjects was not sought, however the limited period for realization of research and the difficulty of contacting professionals in the FHS have hampered the insertion of more subjects.

Finally, it is suggested that further studies are developed around the nurse and care practices of CHA, demonstrating other data, perspectives and perceptions, since this issue proved revealing, in addition to being little discussed in the scientific world. The theoretical and practical study of this discussion will allow a greater commitment of these professionals, qualifying further the proposal by the FHS.

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## PRÁTICAS DE CUIDADO DE ENFERMEIROS E AGENTES COMUNITÁRIOS DE SAÚDE DA ESTRATÉGIA SAÚDE DA FAMÍLIA

### RESUMO

Estudo descritivo, de abordagem qualitativa, que teve como objetivo descrever as práticas de cuidado desenvolvidas por enfermeiros e agentes comunitários de saúde no cotidiano da Estratégia Saúde da Família. Para a coleta de dados, utilizou-se a técnica de entrevista semiestruturada com 08 enfermeiros e 07 agentes comunitários de saúde no período de janeiro a março de 2010, cujos resultados foram submetidos à análise de conteúdo. Constatou-se que os enfermeiros e os agentes comunitários de saúde desenvolvem as mais variadas práticas de cuidado na Estratégia Saúde da Família, que podem incluir atividades administrativas, assistenciais e educativas. Elas foram identificadas como voltadas para o cuidado porque proporcionam espaços de atenção,

diálogo, intervenção e vínculo. Embora possuam competências e responsabilidades distintas, os enfermeiros e os agentes comunitários de saúde realizam algumas práticas de cuidado em conjunto, tais como grupos educativos, reuniões de equipe, acolhimento e visita domiciliar, o que os aproxima na dimensão do cuidado ao outro. Sugere-se que sejam desenvolvidos mais estudos em torno desta temática, demonstrando outros dados, perspectivas e percepções, uma vez que o estudo mostrou-se revelador, além de ser pouco discutido no meio científico.

**Palavras-chave:** Saúde da Família. Enfermagem. Agentes Comunitários de Saúde. Assistência à Saúde. Atenção Primária à Saúde.

## PRÁCTICAS DE CUIDADO DE ENFERMEROS Y AGENTES COMUNITARIOS DE SALUD DELA ESTRATEGIA SALUD DE LA FAMILIA

### RESUMEN

El objetivo de este estudio es describir las prácticas de salud desarrolladas por enfermeros y agentes comunitarios de salud en el cotidiano de la Estrategia Salud de la Familia. Es un estudio cualitativo descriptivo. La recolección de datos utilizó entrevistas semiestructuradas con 08 enfermeros y 07 agentes comunitarios de salud en el período de enero y marzo de 2010, cuyos resultados fueron sometidos a análisis de contenido. Se encontró que las enfermeras y los agentes comunitarios de salud desarrollan las más variadas prácticas de atención en la Estrategia Salud de la Familia, que pueden incluir actividades administrativas, asistenciales y educativas. Ellos fueron identificados como direccionados a la atención, ya que proporcionan espacios para la atención, el diálogo, intervención y la unión. A pesar de que tienen competencias y responsabilidades distintas, enfermeras y agentes comunitarios de salud realizan algunas prácticas de atención en conjunto, tales como grupos educativos, reuniones de equipo, de acogida y visita a domicilio, lo que se aproxima a la dimensión de la atención a los otros. Se sugiere que sean desarrollados más estudios en torno de esta temática, revelando otros datos, perspectivas y percepciones, una vez que el estudio se ha mostrado revelador, además de ser poco discutido en el medio científico.

**Palabras clave:** Salud de la Familia. Enfermería. Agentes Comunitarios de Salud. Prestación de Atención de Salud. Atención Primaria de Salud.

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