

# INSTRUMENTAL AND IDEOLOGICAL KNOWING IN NURSES' WORK PROCESS AT HOSPITAL EPIDEMIOLOGIC SURVEILLANCE<sup>1</sup>

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## ABSTRACT

Exploratory qualitative study, which objectified identify instrumental and ideological knowing present in nurses' work process at Hospital Epidemiologic Centers. It carried out in five hospital institutions with hospital epidemiologic centers in Curitiba, Paraná State/Brazil from March to May/2012. Data collection carried out by means of a closed-ended instrument and secondary sources, with further discourse analysis. From the interviews, empirical categories built: nurses' work process in hospital epidemiologic centers and knowing to work at hospital epidemiologic surveillance, which compared with two previously defined analytical categories: ideological and instrumental knowing. It evidenced that nurses' discourses on instrumental knowing inherent from the work process on hospital epidemiologic surveillance were central due to its recent implementation. Even though work process is an ideological knowing, according to the theoretical background adopted, it was observed a meaningful influence of instrumental knowing in nurses' daily actions, which is still to be set up in the institutions in order to consolidate hospital epidemiologic surveillance, and require more reflection on ideological knowing, represented by public policies and the work process itself.

**Keywords:** Nursing. Public Health. Epidemiologic Surveillance.

## INTRODUCTION

Epidemiological surveillance is a groundbreaking work, challenging, and broad, with countless possibilities of investigation. Hospital-wide, epidemiological surveillance (VEH) was established by the Ministry of health by means of ministerial order No. 2529/2004 which was subsequently repealed by Ordinance No. 2,254/2010 of the Ministry of health which established the integration of hospital surveillance as part of the Surveillance subsystem of the national system of health surveillance<sup>(1,2)</sup>. With these regulations it promoted the recognition of character articulator fostering of actions for prevention and control of diseases of these institutions by surveillance actions in municipal, State and national spheres.

In Brazil there are 190 Hospital epidemiology Cores-NHE, categorized in increasing levels of complexity: regional hospitals with emergency unit and intensive care unit-ICU; international border hospitals with at least 50 beds; General or pediatric hospitals, universities or schools with

at least 100 beds; hospitals specializing in infectious and parasitic diseases; general hospitals with more than 250 beds, emergency and INTENSIVE CARE unit. In addition to these criteria, the legislation provides for the institution of Hospital epidemiology Cores (NHE) in university hospitals or teaching members of the reference network for severe acute respiratory syndrome, as well as Sentinel hospitals for the national health surveillance Agency<sup>(1)</sup>.

In the State of Paraná, ten hospitals have NHE, distributed in the cities of Londrina, Maringá, Cascavel, Foz do Iguaçu, Campina Grande do Sul and Curitiba. From this perspective, has been the Hospital epidemiology Cores (NHE) represent a major breakthrough for the institutional quality and organization of services to be ongoing information sources for local management<sup>(3)</sup>.

The literature related to epidemiological surveillance is significant when dealing with outbreaks and conducts ante approaches in controlling specific aggravations in the basic attention and in public health, but is scarce in the

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appointment of references about the everyday process of nurses working in Hospital epidemiology Cores<sup>(4)</sup>.

In addition to the epidemiological surveillance of practice nurses, are instrumental knowledge and ideological knowledge from training, experience, conditions of life, of knowledge, of the political structure and the institutional environment to which the nurses linked. It is acknowledged that the epidemiology is an important tool in the process of nurse's work, both as a theoretical and ideological basis for the interpretation of objective reality as instrumental knowledge able to contribute to the improvement of the current political and health models<sup>(5)</sup>.

The findings, from the professional practice of nurses in Hospital epidemiology Cores (NHE), the peculiarity of the different scenarios and heterogeneous character of these hospital professionals working in epidemiological surveillance of this realization motivated the hospital study, aiming to identify the instrumental and ideological knowledge present in the work processes of nurses of the Hospital epidemiology Cores of the city of Curitiba-PR.

## METHODOLOGY

Exploratory study with a qualitative approach, with data collection period in the months of March to May 2012, through open interview and recorded on digital media, along the nine nurses who acted in five hospitals of NHE Curitiba-PR, municipality in the State of Paraná with highest concentration of EHN. Data analysis based on an analysis of discourse<sup>(6, 7)</sup>.

In the interview were asked participants the description of a typical week of work and (or) an account of situations in which they would have if appropriate of epidemiology as a methodological theoretical basis for coping in everyday situations at work.

The speeches were transcribed to text editor Word and transmitters were encoded at random (E1 to E9), regardless of the institution, link to guarantee anonymity. From the speeches transcribed two empirical categories were identified: *working process of nurses in Hospital epidemiology Core*, and *knowledge for work in*

*epidemiological surveillance in hospitals*, which were compared with the two previously defined analytical categories: ideological and instrumental knowledge present in the work processes of nurses in hospital epidemiology cores.

In the first category of thumb - *the Nurse in Hospital-epidemiology Core* were identified six sub-categories: Organization of the work process in the NHE; visibility of the work of the NHE in hospital; activities of the nurse in the NHE; work instruments; techniques and relationship as instruments for the intervention by the teams in the institution; and institutional intervention. In second category- *Knowledge works in epidemiological surveillance in hospitals* -were identified five subcategories: knowledge for the intervention by the user; knowledge to the intervention by his family; knowledge for intervention with services and hospital teams, knowledge for intervention together with population groups and knowledge to the interinstitutional procedure.

With respect to the ethical aspects of research with humans, the project was approved by the Ethics Committee of the health sciences Federal University of Parana under nº 0110.0.091.091-11, being rigorously obeyed the criteria for research involving humans.

## RESULTS AND DISCUSSION

The study of knowledge present in the process of ideological work of nurses who work in NHE is key tool for elucidating the ways in which this activity has unrolled in the hospitals, which reproduce rapidly a clinical model of attention and curative care<sup>(7,8)</sup>. The ideological knowledge are constituted by the theoretical bases and the legislative work of health itself, with its agents and products, respectively in this study nurses and health promotion, prevention of diseases and social inclusion.

The instrumental knowledge's are among the nurse who serves on NHE and epidemiological surveillance actions undertaken at the hospital. Knowing the instrumentals are considered from the technical training and professional experience, the knowledge from technical standards and procedures related to epidemiological surveillance and standards and

institutional routines as well procedures agreed upon with the State and municipal health managers<sup>(9)</sup>.

On the characterization of the scenarios realized a greater expression of nurses as workforce of NHE, whom fit large portion of administrative activities undertaken in those spaces, even considering the interdisciplinary mode of work performed. Similarly, it was found that only two nurses had specific technical preparation from basic courses of epidemiological surveillance or training to carry out data collection and analysis<sup>(3)</sup>.

In the speeches, was the emphasis on instrumental knowledge inherent to the work process organization of nurses in NHE, in which knowledge from the standards, techniques, and routines had recurrence in the speeches of the participants? Still, it was undeniable the concern of nurses in deploying and organizing routines, get institutional visibility and develop actions articulated with references and diagnostic support services.

Among the reasons for this concern, it postulated that epidemiological surveillance of notifiable Diseases at the hospital, a field of professional performance established from the gatehouse 2529/2004<sup>(1)</sup>, presents a consolidated working process:

[...] the nurses do not have this correlation that we, nurses, epidemiology of signs and symptoms of diseases of notification [...] would be good that they had this vision that epidemiology has an extremely important role in this part of notification for diseases with patients [...] (E4).

As the field works the healthcare industry's public policy products and services. The scope of the purposes of the sector is anchored on different objects and instruments, being the first, individuals, families or communities, that if transformed by health agents' actions. Among the indispensable instruments for the occurrence of the health work, highlights the connection between ideological and instrumental knowledge<sup>(9)</sup>.

The significant volume of day-to-day administrative activities described by the participants allowed perceiving the fragmentation of the working process of nurses, composed of numerous and repetitive steps, some of them assumed by the lack of experience

in the field and other by the absence of institutional history of NHE.

The centrality work process directed by ideological knowledge. This knowledge is more than instruments of transformers object, given its influence on the constituent elements of the work process<sup>(9)</sup>. In the context of the worker process in VEH, guiding public policy of epidemiological surveillance recognized as ideological knowledge, considered the underpinning of this worker process.

The ideological knowledge understands human relations with society, with the economy and with public policy<sup>(9)</sup>. Public policy can be understood as a Pact of public interests and powers, which summarize provisions, measures, and procedures covering the political orientation of the State on social issues, economic, environmental, health, and other<sup>(10)</sup>.

The use of epidemiological data collected, recorded, and analyzed in institutional management was found in two speeches, both for the delineation of internal policies in favour of the worker's health, and for health care quality improvement:

[...] Yes, we send monthly report for SMS, for job security, because the occupational hazard [...] (E5).

[...] data collection is primarily to examine the quality of care given at the hospital. [...] see where there are flaws, and try to go to the clinic to be able to improve. [...] We do not have a lot of leg to do this, but when is striking us will [...] (E7).

The possibilities and consequences of the use of knowledge composed from EHN with population groups appeared tied to actions carried out by some nurses in the hospital: cancer registry collects information for periodic transfer to the National Cancer Institute (INCA). From this perspective, another participant acknowledged the importance of the products of the NHE in control of outbreaks and epidemics, in addition to the hospital environment.

[...] I see that this job is pretty important hospital surveillance, even for statistical data, epidemiological control of outbreak [...] now, knowing this hospital I've ever SEE domino before it, today I saw that this surveillance job works (E8).



**Figure 1.** Constituent elements of the work process of nurses of NHE second instrumental and ideological knowledge, Curitiba-PR, 2012.

Source: Égry<sup>(9)</sup> adapted by the authors.

In addition to the focus of NHE by the carriers of diseases, in three speeches were mentioned with relatives, both approaches for realization of guidelines, indication of drug prophylaxis (in cases of meningitis and whooping cough), and for the collection of samples for laboratory testing.

[...] We are back, with the familiar conversation, contact, how many people actually live in the same House, to know whom I am supposed to do block or not (E8).

In five speeches, the nurses stressed their formative role and guidance because of the insertion of the NHE as field of teaching practices

[...] always our formative function and guidance is strong enough, we Orient core and the nurse makes administration, registry and all of vaccine (E1).

The dissemination of the reported data presented itself as a knowledge originated from epidemiological notifications that after the necessary interpretative analyses should constitute a set of essential information to the institution and the community. Even if the disclosure of data is not a constant, there is recognition of the importance of data generated by NHE as possibility of disclosure by the

science and to the community, as in the following speech:

[...] There is no idea to publish this data, quarterly in electronic medium, but we still cannot disclose, yet there is no room on the intranet, [...] on the intranet, we already have the chips with paper notification we can't verbal (E6)

## CONCLUSION

The study has shown the centrality of the discourses of nurses in instrumental knowledge inherent to the work process in NHE, either by his recent deployment as by concern and historical collection of nurses with the Organization of the health working process.

Even though the work process knowledge, as the ideological theoretical referential assumed was expressive instrumental knowledge influence evident in the daily actions of the nurses, who still seek space in institutions for consolidation of shares of epidemiological surveillance in hospital and need greater reflection about the ideological knowledge as a key tool for elucidation of the health-disease process of populations.

Public policies governing epidemiological surveillance and its bigger universe, the Unified

Health System, constituted the ideological knowledge identified in the speeches of the participants of the study, even though such a perception has been possible from fragments of speeches, which perceived collective coping actions, beyond the walls of hospitals and articulated with the existing health care system.

It believed that this study could contribute to the consolidation of NHE and actions on them developed, subsidizing the critical reflection on the elements that constitute the health working process and collaborating for the alienation of workers involved.

It is postulated that may be glimpsed new paths for action of nurses of NHE, no longer focused on tasks, but rather on critical-reflexive interpretation of the phenomena investigated and on the proposition of coping strategies able to subsidize public policies consistent with the health needs of the population and capable of integrating different levels of attention.

The wealth of different institutions in the study enabled the reflection on the possibilities for integration between primary health care and hospital assistance, glimpsing a greater dialogue between both, which should be based on knowledge of an epidemiology beyond the numbers.

Thus, reflects that the overcoming of cure activists and health models focused on individuals will be possible with the feedback of information and with the interinstitutionality of the actions, in a scenario in which individuals are not numbers, but subject to a set, with institutional particularities and singularities recognized. It is from the strengthening of inter-institutional actions along the priority groups that can contribute to the reduction of social inequalities and in the improvement of health conditions.

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## **SABERES INSTRUMENTAIS E IDEOLÓGICOS NO PROCESSO DE TRABALHO DE ENFERMEIROS NA VIGILÂNCIA EPIDEMIOLÓGICA HOSPITALAR**

### **RESUMO**

Estudo exploratório, com abordagem qualitativa, cujo objetivo foi identificar os saberes instrumentais e ideológicos presentes nos processos de trabalho de enfermeiros de núcleos hospitalares de epidemiologia. Desenvolvido junto a nove enfermeiros que atuam em Núcleo Hospitalar de Epidemiologia de cinco instituições hospitalares da cidade de Curitiba/PR. Para coleta dos dados, realizada entre março e maio de 2012, utilizou-se roteiro de entrevista aberta, analisados pela análise do discurso. Constatou-se centralidade dos discursos dos enfermeiros nos saberes instrumentais inerentes ao processo de trabalho em vigilância epidemiológica hospitalar e foi evidenciada influência significativa dos saberes instrumentais no cotidiano das ações dos enfermeiros, que buscam espaço de atuação e autonomia nas instituições para consolidação da vigilância epidemiológica hospitalar, mas necessitam de maior reflexão acerca das políticas públicas e de seu processo de trabalho. Acredita-se que este estudo possibilitará a construção de novos caminhos para a atuação dos enfermeiros dos núcleos hospitalares, menos centrados em tarefas, mas na interpretação crítica e na proposição de políticas públicas condizentes com as necessidades de saúde da população e capazes de integrar os diferentes níveis de atenção à saúde.

**Palavras-chave:** Enfermagem. Saúde Pública. Vigilância Epidemiológica.

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## **CONOCIMIENTOS INSTRUMENTALES E IDEOLÓGICOS EN EL PROCESO DE TRABAJO DE ENFERMEROS EN LA VIGILANCIA EPIDEMIOLÓGICA HOSPITALARIA**

### **Resumen:**

Estudio exploratorio, con enfoque cualitativo, cuyo objetivo fue identificar los conocimientos instrumentales e ideológicos presentes en los procesos de trabajo de enfermeros de núcleos hospitalarios de epidemiología. Desarrollado con nueve enfermeros que trabajan en Núcleo Hospitalario de Epidemiología de cinco instituciones hospitalarias de la Ciudad de Curitiba, PR. Para la recolección de datos realizada de marzo a mayo de 2012, se utilizó guión de entrevista abierta y fueron examinados por el análisis del discurso. Se constató centralidad de los discursos de los enfermeros en los conocimientos instrumentales inherentes al proceso de trabajo en vigilancia epidemiológica hospitalaria y fue evidenciada influencia significativa de los conocimientos instrumentales en el cotidiano de las acciones de los enfermeros, que buscan espacio de actuación y autonomía en las instituciones para consolidación de la vigilancia epidemiológica hospitalaria, pero necesitan de mayor reflexión acerca de las políticas públicas y de su proceso de trabajo. Se cree que este estudio posibilitará la construcción de nuevos caminos para la actuación de los enfermeros de los núcleos hospitalarios, menos centrados en tareas, pero en la interpretación crítica y en la proposición de políticas públicas convenientes con las necesidades de salud de la población y capaces de integrar los diferentes niveles de atención a la salud.

**Palabras clave:** Enfermería. Salud Pública. Vigilancia Epidemiológica.

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