



EVALUATION OF THE IMPACT OF A COURSE ABOUT NURSING CHILDCARE CONSULTATION

AValiação DE IMPACTO DE UM CURSO SOBRE CONSULTA DE ENFERMAGEM EM PUERICULTURA

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ABSTRACT: Aim: To evaluate the impact of a hybrid course about Nursing Childcare Consultation. **Methodology:** It was conducted in five steps: exploratory phase, technology construction, validation with experts, application of technology, evaluation. This study will explore the evaluation step with 26 nurses who attended the course through an online questionnaire. **Results:** The results were discussed in three categories: Nurses' work demands as a barrier to execute childcare consultation; Non-computerized Standard Language System as an obstacle to use the International Classification for Nursing Practice; Nurses' fragilities to perform the steps of nursing childcare consultation. **Conclusions:** The evaluation of the impact revealed positive movements, both by nurses in implementing some consultation steps, and by service management, when seeking solutions for the inclusion of the International Classification for Nursing Practice in the computerized system.

KEYWORDS: Child Care. Office Nursing. Evaluation Study. Nursing Process.

RESUMO: Objetivo: Avaliar o impacto de um curso híbrido sobre a Consulta de Enfermagem em puericultura. **Metodologia:** Foi realizada em cinco etapas: fase exploratória, construção da tecnologia, validação com experts, implantação da tecnologia, avaliação. No presente estudo, será explorada a etapa de avaliação realizada com 26 enfermeiros que realizaram o curso por meio de um questionário on-line. **Resultados:** Os dados foram discutidos em três categorias: Demandas de trabalho do enfermeiro como barreira para a realização da consulta em puericultura; Sistema de Linguagens Padronizadas não informatizado como entrave para a utilização da Classificação Internacional para a Prática de Enfermagem; Fragilidades dos enfermeiros na realização das etapas da consulta em puericultura. **Conclusões:** a avaliação do impacto revelou movimentos positivos, tanto dos enfermeiros em implementar algumas etapas da consulta, quanto da gestão do serviço, ao buscar soluções para a inserção da Classificação Internacional para a Prática de Enfermagem no sistema informatizado.

PALAVRAS-CHAVE: Cuidado da Criança. Enfermagem Ambulatorial. Estudo de Avaliação. Processo de Enfermagem.

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INTRODUCTION

Nursing Consultation is a private activity of the nurse, and should be held in all environments where there is nursing assistance. For its consolidation, it must be organized and recorded according to the stages of the Nursing Process (NP): Nursing Evaluation – comprises the collection of subjective (interview) and objective (physical examination) data; Nursing Diagnosis - consists of the identification of existing problems, conditions of vulnerabilities or provisions to improve health behaviors; Nursing Planning, which consists in the development of a care plan focused on the population; Implementation of Nursing – comprises the execution of interventions, actions and activities planned in the planning; Evolution of Nursing - comprises the evaluation of the results achieved.^{1,2}

Considering that the consultation must be organized and recorded according to the stages of the NP, it also needs to be based on theoretical support, such as Theories and Systems of Standardized Languages (SSL)¹. An example of SSL is the International Classification for Nursing Practice (ICNP®), created by the International Council of Nurses (ICN).³

However, although the consultation is supported by Resolution n. 736/2024 of the Federal Council of Nursing (Cofen), by the Law on Professional Practice n. 7.498/1986 and by the National Policy on Primary Care (NPPC) (Ordinance n. 2.436/2017) in the scope of Primary Health Care (PHC), some obstacles still hinder its consolidation by professionals who perform it.⁴

Among the weaknesses found, studies highlight the accumulation of nursing functions, lack of time for their execution and difficulties in conducting the consultation in a systematic and comprehensive manner. These issues result in their fragmentation, and consequently in the assistance provided to the user.⁵⁻⁷ A study conducted in Ethiopia aiming to evaluate the barriers to implement the NP identified as main obstacles the lack of time, training and knowledge of nurses for this activity. It also showed the lack of motivation, work overload and low remuneration, reinforcing the findings of a Brazilian study.⁸

Despite the difficulties faced in implementing the Nursing Consultation, organized and registered according to the steps of the NP and the existing barriers, involving physical and human resources, evidences show that it generates positive impacts for the health of the population, given the potential of the assistance provided by the nurse, promoting the strengthening of PHC.⁴ An Italian study reinforces these considerations by concluding that the nursing consultation contributes significantly to the promotion of the health of children and their families, because it goes beyond clinical care and involves actions in health education and disease prevention, which are recognized by other team members.⁹

The promotion and the protection of child health, based on childcare consultations, constitute the basis for the integral development of children, which will also affect human and social development of society as a whole, reflecting on the health and quality of life indicators of the population.⁵

Considering the importance of consultation, and in order to minimize the difficulties and weaknesses experienced in its execution, some actions may lead the nurse to the path for their resolution. Although many aspects related to human and material resources depend on other spheres of management, what is related to the nurse can be remedied with the support of Permanent Health Education (PHE).

PHE actions seek to bring nurses closer to everyday situations faced in their work routine, promote critical and reflective thinking, support for problem solving and decision making. Based on these prerogatives, this construction must be permanent and occur in the different workplaces and health production, in order to promote the exchange of knowledge and the consolidation of professional practices in the short, medium and long term.¹⁰

Therefore, the impact assessment is configured as a way of measuring the effects caused by PHE actions and the exchanges that occur between professionals from actions carried out and how these actions reflect in the daily life of health services.¹¹

Based on these affirmations, this study aims to evaluate the impact of a hybrid course on the Nursing Childcare Consultation.

METHODOLOGY

A qualitative methodological research was carried out in five adapted stages: exploratory phase, construction of the technology, validation with experts, implementation of the technology, evaluation.^{12,13} The research was carried out between August 2020 and August 2022. In this manuscript, all the study stages will be presented for the purpose of understanding the process developed, however, in detail, only the evaluation stage will be exposed.

Stage 1 – exploratory phase: an Integrative Literature Review (LR) was conducted, based on the research question: what pedagogical and technological resources favor the training of nurses?

Stage 2 – Technology construction: considering the result of LR¹⁴, a hybrid course was organized in the Modular Object-Oriented Dynamic Learning Environment (Moodle®), with 44 hours distributed in four modules, three asynchronous and one synchronous, with the following themes: Nursing Process Concepts and Nursing Consultation; Nursing Childcare Consultation; Introduction to the International Classification for Nursing Practice (ICNP®); Closure and fixation exercises.

Stage 3 – Content validation: after structuring the course within Moodle®, the content validation process took place with nine nurses with expertise in the proposed theme.

Stage 4 – Implementation of the technology: after validation of content, the course was adjusted to include the recommendations and suggestions of experts, followed by its offer to 52 nurses working in PHC of a municipality in Western Santa Catarina, in the months of November and December 2021.

Stage 5 – Evaluation: six months after the end of the course, in June 2022, a questionnaire organized on Google Forms® was sent by e-mail to nurses who completed it, along with the Informed Consent Form (ICF), in order to evaluate the impact of the course on professional performance in the short term.

The questionnaire contained eight closed questions related to the implementation of the childcare consultation after the course, the difficulties found, which stages of the consultation were being carried out, as well as questions about the recognition of doubts and possible weaknesses highlighted by nurses. Of the 52 nurses who conducted the course, 26 answered the questionnaire for impact assessment.

To ensure anonymity, participants were identified by the letter "N" of "Nurse", followed by an Arabic number in the order of return of the questionnaire.

The data were treated according to the technique of Content Analysis¹⁴ in three stages: 1) pre-analysis: this stage consists of the organization of initial ideas, aiming to create a scheme for the development of the following steps; 2) the exploration of the material: search for similarity of answers, using the chromatic technique, that is, data with common characteristics were highlighted using the same color, thus allowing their subsequent grouping and elaboration of three categories: Nurses' work demands as a barrier to execute childcare consultation; Non-computerized Standard Language System as an obstacle to use the International Classification for Nursing Practice; Nurses' fragilities to perform the steps of nursing childcare consultation. 3) Treatment of results, inference and interpretation: in this

step, the data were processed, when the findings were discussed with literature relevant to the topic, published nationally and internationally.

The research was approved by the Research Ethics Committee of the university where it was conducted, under opinion 4.689.980 and CAAE: 42861120.8.0000.0118 and followed the guidelines of the Circular Office n. 2/2021, of the National Research Ethics Commission (NCER), which discusses research that contains any step in virtual environment.

This study is part of the dissertation entitled "Professional training course for nursing childcare consultation in Primary Health Care", linked to the macro research "Development of technologies for the implementation of Systematization of Nursing Care", of the Professional Master in Nursing in Primary Health Care at the University of the State of Santa Catarina, contemplated by the Capes/Cofen Rescript n. 28/2019.

RESULTS

The 26 nurses who participated in the impact assessment stage were female (100%), and 42.31% were between 26 and 34 years old (n=11). Considering the professional training, 3 (11.54%) had only graduate degree, 20 (76.92%) specialization and 3 (11.54%) master's degree; and only one nurse had specific training in child health.

Regarding the time of vocational training, most (57.69%) had between five and 15 years of training. Moreover, related to the time of service in PHC: 4 (15.38%) worked for less than one year; 5 (19.23%) worked between one and five years; 12 (46.15%) between five and ten years; 1 (3.85%) between ten and 15 years; 3 (11.54%) between 15 and 20 years; and 1 (3.85%) more than 20 years. The 26 nurses stated performing the consultation during their work practice.

Table 1 shows the consultation steps performed by nurses after participation in the course.

Table 01: Consultation steps carried out by nurses. Chapecó, 2022 (n=26).

Consultation step	N. of nurses that executed each step
Nursing Assessment (anamnesis only)	13
Nursing Assessment (anamnesis and physical examination)	25
Nursing Diagnoses using ICNP®	6
Nursing Implementation using ICNP®	5
Nursing Implementation without using ICNP®	10
Nursing Evolution	5

Source: authors, 2022.

Of the 26 nurses in the study, 13 (50%) reported executing only the nursing evaluation step, even after completing the course.

When asked about the difficulties in implementing childcare consultation after participating in the course, the results culminated in three categories, presented below:

NURSES' WORK DEMANDS AS A BARRIER TO EXECUTE CHILDCARE CONSULTATION

The high demand for work and lack of time were the greatest difficulties manifested by nurses. For example, the accumulation of management and care functions emerged as one of the barriers to execute childcare consultations.

Many demands in the unit. I am a nurse and a coordinator. (N3)

Still in the perspective of obstacles to execute the consultation, the lack of time reported by professionals was expressive, emphasizing other routines, which go beyond executing childcare consultation. In this bias, nurses often execute it in a secondary way and reduce the time dedicated to it due to other demands of the function.

Yes! Day-to-day restlessness. Work excess with epidemics and delayed routines for hypertensive and diabetic people. (N4)

Difficulty regarding the time of the consultation, which now demands a little more. (N8)

[...] spontaneous demand often reduces the time for childcare consultation. (N25)

The lack of professionals was also cited as a barrier to the consultation, in the sense that these professionals, in addition to their own functions, accumulate duplicate assignments to cover the lack of nurses.

We were lacking a nurse, which is why we were busy and unable to execute childcare consultations. (N23)

NON-COMPUTERIZED STANDARDIZED LANGUAGE SYSTEM AS AN OBSTACLE TO USE THE INTERNATIONAL CLASSIFICATION FOR NURSING PRACTICE

In this category, the use of ICNP® as a SSL was shown to be a difficulty. In addition, the reports emphasized the need for ICNP® to be inserted into the computerized system used by the municipality where the study was conducted, to facilitate its use and consequently standardize the language used by nurses.

While there is no tool available by the IDS [computer system], executing the consultation in printed material or even in document saved on the computer makes it very difficult to use it, because it is necessary to make the records during patient care. (N19)

Implementation of the nursing consultation in the IDS [computerized system]. (N26)

NURSES' FRAGILITIES TO PERFORM THE STEPS OF NURSING CHILDCARE CONSULTATION

When asked about the steps the nurses still have difficulties to implement the consultation, they indicated:

The diagnosis. (N11)

Physical examination (N13)

[...] I have difficulties implementing part of the ICNP (N14)

I have been doing this service for a short time. The practice will give the necessary security. (N21)

When asked about the importance of performing other modules of the course, but in a face-to-face manner, 23 (88.46%) nurses showed interest in this rescue of the course. Furthermore, they highlighted which steps should be more focused in PHE actions, with nursing evaluation 9 (34.61%), nursing diagnoses based on ICNP® 19 (73.07%), nursing implementation based on ICNP® 21 (80.76%), nursing evolution 15 (57.69%).

DISCUSSION

The consultation is a tool to affirm the autonomy of nurses in their professional practice. When the childcare consultation is executed continuously according to the steps of the NP, it favors the follow-up of the growth and development of children from zero to 24 months and guarantees a higher quality in the assistance provided to them.¹⁶ It requires that nurses know and determine the consultation as their main instrument of work.

Results of a study conducted in São Paulo, which analyzed the records made by nurses according to the steps of NP in PHC, reveal that the stage of Nursing History, by resolution n. 736/2024 of Cofen¹, now named Nursing Evaluation, is already part of the routine of these professionals, being the most executed⁶, a result that corroborates the present study. The nursing evaluation step, composed of subjective (interview) and objective (physical examination) data collection, is the step that supports all subsequent ones; therefore, without data collection, it is not possible to continue the rest of the NP.^{1,17}

Nevertheless, the fact that many nurses use only anamnesis as a means of data collection can be explained by the difficulties and limitations faced in executing the physical examination, as demonstrated in the results of other studies also conducted in PHC scenarios.^{18,19}

Concerning the Nursing Diagnoses, 23.06% of nurses reported that, after the course, they started using ICNP®, considered a still low number of nurses. However, studies indicate that the use of Nursing Diagnoses by nurses is not an absolute frequency in PHC^{4,6}, and this fact may be related to the non-use of a SSL in this scenario.⁷

It is possible to observe, again, weaknesses in the use of SSL when related to the Implementation of Nursing, in which the use of ICNP® at this step is lower when compared to the prescribed implementations without the use of this SSL, a result that reinforces the study that argues that the difficulties in using SSL are more evident in the PHC.²⁰ In this sense, it is highlighted that the use of a standardized language favors the nursing records, as well as communication between professionals involved in the care provided.²¹

Regarding the difficulties found in executing childcare consultations, studies conducted in other Brazilian regions have similar results, focusing on the overload of work and accumulation of other functions executed by the nurse, such as managerial functions as a restrictive factor in the execution of an integral child care.^{5,20}

The study reinforces these findings by arguing that, in PHC, nurses have been overburdened with administrative activities. As a consequence, it is possible to observe fragility in the care that should be provided by them, "putting on alert the risk of harm to the user, since management is a middle-activity that provides assistance, while care characterizes the end-activity".^{22:240}

In a review study, some difficulties for the full implementation of nursing practice to people with chronic diseases were also raised, such as excessive workloads and restriction in consultation time due to other work routines, which converges with the results of this study.²³

Other researches also address the high demand for work and other non-specific functions of nurses as a limitation to the implementation of the consultation in a systematic way and following the steps of the NP, which generates significant impacts on the patient's health and quality of professional life.^{7,24,25}

In this sense, the consolidation of the roles of nurses in health services, in order to avoid the aggregation of managerial and assistance functions to a single professional, shows itself as an alternative for overcoming these weaknesses, since the professional may dedicate to their specific assignment, which is the consultation, giving higher quality to the care.⁴

Also concerning the difficulties faced in performing the childcare consultation, nurses cited their own weaknesses when performing certain stages of it, such as the Physical Examination and Nursing Diagnoses. Similar results were found in other studies.^{5,18} A survey conducted in the same region of this study, but focused on women's health, highlighted similar difficulties found by nurses, which suggests that the obstacle is not in the target population, but possibly in the weaknesses of technical-scientific knowledge of professionals.²⁴ A study conducted in Ethiopia with nurses working in hospitals also highlights the lack of knowledge and professional preparation for this practice.⁸

A systematic review identified that nurses face the lack of confidence and knowledge fragility as a barrier to the performance of the Physical Examination of patients, often leading them not to execute some basic propaedeutic methods, such as pulmonary auscultation and, therefore, they end up relying only on data evidenced in the vital signs²⁵, a condition that weakens care, especially when the target audience are children who, most often, cannot verbalize their symptoms.

It is important to emphasize that all the consultation steps require the nurse's judgment and clinical reasoning to help make more assertive decisions for the care provided to the user. Thus, the more critical the nurse's thinking, the better their perceptions and diagnoses related to the problems that users of different age groups demand; therefore, when there is failure in any of the steps of consultation, all care provided may become weakened.²⁶

The limitation related to the unavailability of a SSL in the computerized system of the municipality raises issues that may hinder the use of ICNP[®] by nurses. Although the need for professional qualification is continuous, the use of information technologies can contribute to qualified professional practice, as well as provide consistent data to substantiate and highlight the role of the nurse.^{27,28}

A study conducted in 2021 analyzed the Electronic Citizen's Record, used in several regions of Brazil, and that does not have a SSL for nursing. As a proposal, it was suggested to implement this system by inserting terminology subsets of ICNP[®] for use by nurses, combined with other functions of the system already in use²⁹. It reinforces the importance of the computerization processes of the consultation to optimize and organize the working time of nurses, as well as assist in the diagnostic reasoning by facilitating their registration.³⁰

It is important to emphasize that the management of the municipality where the study was carried out, together with the Higher Education Institution to which this research is linked, is performing movements to deploy terminology subsets of ICNP[®] in the computerized system already used by professionals, to start those of child health, and, along with this, new training cycles are being implemented. Thus, it is believed that some difficulties can be overcome in order to heal one of the weaknesses mentioned by nurses.

As mentioned by the nurses, it is perceived the need for continuous PHE actions to ensure the qualification of assistance. Despite the completion of the professional training course with the child health theme, difficulties faced by nurses during professional practices are still identified, as evidenced in the results of this research, which reinforces that an isolated PHE action is not enough to address the constant needs of education.

Finally, it should be noted that the Nursing Childcare Consultation is a potential practice to implement prevention and health promotion actions focused on the needs of children and families, because it allows the identification of health-disease situations and, from them, early intervention, with a view to quality of life. The consultation also favors the bond between the nurse and the family, an essential condition to encourage them to adopt care that may positively affect the children's lives in the long term.

STUDY LIMITATIONS

It is noteworthy that only some professionals who completed the course answered the evaluation questionnaire, which may influence its result. Furthermore, the online questionnaire can contribute to short answers, without the possibility of interaction between the researcher and the target audience.

CONTRIBUTIONS FOR PRACTICE

The study contributed to reinforce the need to make more efforts to carry out the Nursing Consultation. It also proved the importance of PHE activities and the course as a viable strategy to help nurses in overcoming barriers that may hinder the completion of the consultation in an integral manner. This requires the support of service managers and interest of professionals in prioritizing training processes, as well as planning and implementing the changes needed to make NC effective. With this, professionals can qualify the assistance provided to the child and, consequently, assist in the prevention of diseases, health promotion and rehabilitation, within the scope of PHC.

CONCLUSION

The results of the study revealed that nurses, even after a professional training course, do not yet execute Nursing Childcare Consultation in its entirety, because there are individual difficulties in the performance of some steps, especially in the Physical Examination and in the elaboration of Nursing Diagnoses based on ICNP®. Even so, the perceived impact in the short term can be observed, since most of them implemented at least some steps of the consultation. The management of the service observed a major movement when seeking solutions for the implementation of the consultation in all its steps, such as the insertion of SSL into the computerized system of the municipality and the search for new PHE actions.

In this sense, it is important to count on the commitment of both professionals and management so that the strategies adopted during and after PHE actions can be implemented, thus reaching the final goal, which is the qualification of assistance in PHC. Attention is drawn to the need for new PHE actions on the subject in order to address the weaknesses reported in this study and new ones that may eventually arise.

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