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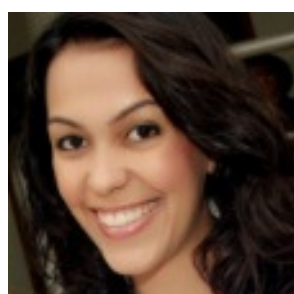
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Original Articles



**Child, family and multidisciplinary team:
intersections care - an exploratory study**

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ABSTRACT

Object: characterize the needs of educators and health professionals from the Child Education Center with regard to knowledge about child health; to discover their perception of the work process and enumerate multidisciplinary developed strategies that would provide the optimize the work. Method: exploratory qualitative study, accomplished with nine professionals in the education and three professionals of health. The range of material available for analysis was collected in months of April and May 2011 through a structured screenplay and reports analyzed as referential content analysis. Results: Three categories: the importance of knowledge regarding the infant care in daycare - the vision of childhood educators; the need for routine communication and integrated care; realizing the need for understanding and renewal. Discussion: the results indicate that all professional understand the importance of interdisciplinary work and effective communication as well as the need to have a greater knowledge of child health, arising out of updates and continuing education.

Keywords: Nursing; Health education; Child health.

INTRODUCTION

The Centers for Children's Education (CIS) represent a bridge between the educational training process that begins in the family, and is extended within the school system.

It must be emphasized, however, some important differences between the home environment and school environment, being the second a place characterized by a society of collective character, which predisposes its users to a much closer and frequent contact⁽¹⁾.

In this context, the professional early childhood education is itself an agent of the utmost importance as a key element for the promotion of children's health. This fundamental role is easily seen when observing long periods of stay of children in the CIS, sometimes greater than those spent in their homes and to their families.

Health education is presented as a strategy to reduce health risks and prevent childhood accidents and other hazards of childhood, through the awareness of professionals and family⁽²⁾.

Thus, the insertion of the nurse in these contexts favors himself/herself to work in educational practices in health, through the prevention of accidents and diseases prevalent in childhood as well as systematizing the planning, implementation and evaluation of service, thereby offering a better health conditions and education to children⁽¹⁾.

Alongside this initiative, it is up to this professional trigger a process of collective work with educators, through the instrumentalization of them in basic concepts of child health, building a partnership aimed at qualifying the attention to this community.

The supply of instrumentalization for early childhood professionals enables them to develop the ability to recognize early signs and symptoms indicative of situations that require specific care of professionals in Health⁽³⁾, with positive impacts on the effectiveness of preventive actions.

Given these considerations, the aims of this study are: To identify the learning needs of professionals working in the CIS at State University of Maringá (UEM), in relation to the

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aspects of child health; unveil the perception of nursing professional educators and health professionals about the process of multidisciplinary work currently underway in the CIS; lists key strategies or actions, as perceived by the interviewees, that may lead to the optimization of interdisciplinary work focused on the promotion of child health.

METHODOLOGY

It is a study with exploratory qualitative approach. The choice of this method is given by considering that the exploratory qualitative research allows us, not only observe and describe the phenomena, but also investigate the complex nature and other factors with which they are related. Therefore, the research is developed in accordance with reality, considering the viewpoint of those under study⁽⁴⁾.

The research site was located in the CIS located at UEM. This institution, founded in 1985, has a current service capacity of about 100 children, providing care Monday through Friday, from 6:30 am to 7:30 p.m.

The research subjects were child education professionals and health professionals working in the service. The members of the research were selected intentionally, considering the following inclusion criteria: that they have been working for at least one year in the institution and are approved in a public contest. This selection process resulted in a sample of the nine children's teachers, a nurse, a nurse and a pediatrician, with different work hours of dedication in the CIS. Both the doctor and the nurse are blended at the University Hospital, and maintain commitment of two and four hours daily to the CIS, respectively, in overtime scheme. The daily hours of early childhood educators and nursing assistant stationed in the CIS is six to eight hours per day, respectively.

The health team participated in the study in its entirety, with three individuals. Of 23 early childhood educators who met the inclusion criteria, we have constituted a final sample of nine subjects, due to a refusal, and two medical licenses and by the saturation

of the results. Data were collected between the months of April and May 2011, through individual interviews in a semi-structured script specifically made for this study.

The instrument consisted of closed questions addressing the characterization of participating professionals, and open questions aimed at developing relevant reports to the central issue of the research: the importance of having knowledge about child health; completion of courses or update events in child health; routine of systematic health care and interaction among the health team, team of early childhood educators and family.

Interviews were conducted in the workplace of the interviewees, by prior appointment and in line with the recommendations of local coordination. For the most reliable record of the reports we have used the note of cursive objective data (characterization / identification of subjects) and as an additional resource, digital recording of the reports for later transcription and analysis.

In the evaluating the data was used thematic content analysis, which consists of discovering the core of meaning that compose a communication, whose presence or frequency mean something to the analytical objective proposed and extends into three stages: pre-analysis, material exploration and processing of the results obtained together with their interpretation⁽⁵⁾.

The study was commissioned by the CIS and approved by the Permanent Committee of Ethics in Research involving Humans (COPEP) of UEM under no. 108/2011.

RESULTS

The characterization of study participants (educators and health team members) was held jointly, so to safeguard their identification, since the health professionals amounted to only three individuals.

The studied group presented aged between 32 and 65 years, with an average of 47.16 years. As for education level, eleven had complete college level and only one, the high school. Five of the nine teachers were post graduated, one of them in special and infant

education and four in special education. Regarding the number of children, only one respondent had no children.

Evaluating the period of work in the area it was found that this time ranged from 13 to 36 years with an average of 20.33 years, and longevity in the CIS ranged from 1 to 25 years with an average of 13.08 years.

Of the process of addressing the central theme of the study, and in order to contemplate the proposed analytical objective emanated three categories or themes, which are discussed below:

The importance of knowledge in relation to child care in day care - vision for early childhood educators

All respondents mentioned the importance of having a basic knowledge in relation to child care, which makes possible the early detection of changes related to the health condition / disease and appropriate referral to specialized care.

"I think that this knowledge is important, because we're directly connected to the child, so any problem that arises we have at least to know the basics to deal with because they are very fragile, do not know how to express what they feel right so what is happening then, is important. " (E08)

Even with the presence of a health team in the CIS, educators showed feel the need to receive in-depth information and effective communication between the teams. This need seems to arise from a broader perception of educators regarding their role as co-responsible for the health care of the child and not limited only to delegate this function to those care professionals. This perception constitutes a first important step towards the consolidation of a bridge between educational and care-giving activities in the context of early childhood education.

"It is important, because suddenly she might have some different symptoms or have some health problem and you do not know. It's good to be informed in order to transmit it to the personnel in the health area, in case they need to take any action." (E04)

Other reports confirm this perception of teachers, referring to the act of caring for and educating as assignments / duties of his profession, as part of his performance in the context of early childhood education.

"[...] we work here with the responsibility of educating, of caring, then you have to know a whole lot of things". (E02)

"[...] from an early age we have to guide, making the work with parents, that's why we have the corner of hygiene [...]" (E07)

The need for a routine of communication and integrated care

The process of interaction arises as a primary need perceived by the early childhood educators to the viability of integrated care desired and for the full exercise of their role. Some testimonies of both educators and health professionals refer to satisfactory interaction. Contribute to this evaluation, a work momentum based in the direct communication between the teams, streamlining the process of meeting the demands of health care and care of children:

"I rate as satisfactory, because any question I have, I am free to talk to the health professional and if he cannot answer me he clears my doubts". (E01)

"[...] we interact well. They (children's teachers) are very observant, are always very helpful, always help in everything [...] there is a great interaction [...]" (E12)

However, others point to the need for courses or events that allow greater integration of knowledge, thus creating a process of continuous exchange of relevant information to both teams in order to optimize the process of communication and interdisciplinary work including teams and parents:

"We have a good relationship ... Only then, these things, these courses that should be made together so we can speak the same language". (E06)

"[...] sometimes we have some small problems with respect to speaking the same language [...] here it is not only the health team, there is us too and the parents [...]" (E09)

Therefore, some educators were uncomfortable with the lack of appreciation of their knowledge, especially those arising from their practice and professional experience.

"It's good, but could be better [...] sometimes we have the experience of day by day. But sometimes you speak and your opinion is not very well accepted, then it ends up in conflict, and there are contradictions. In short, it could be better if we spoke the same language [...]" (E02)

Seeking any changes or actions that could contribute to improving the process of integrated work and relationship/communication between professionals and staff, the reports pointed to the need for more course offerings, and implementation of integrating strategies through the exchange of information:

"I think we should provide as much information as possible, of what may happen with the children during the time they are under our responsibility. And always recycling the situations that may occur. (E04)

"There should be a little more health guidance in with certain frequency [...] the more knowledge, the better care." (E10)

"[...] This is an ongoing educational work in the everyday life, we are improving this relationship through the protocol that is being created, that we have been writing together from the start [...] I go and talk with educators, give them some answer and reinforce some guidelines " (E11)

Realizing the need for knowledge and renewal

Confirming previous reports, regarding the identification of possible strategies or actions for the optimization of interdisciplinary work focused on the promotion of child health, along with the improvement of interpersonal communication the majority of participants (11) has expressed the need for updates, so as to obtain more information and knowledge, since they evolve constantly, requiring a process of continuing education focusing on child care.

"I think we must always do this, because we tend to forget some things and to be with a young child is not easy. You must be smart, because the older child speaks, but what about the little one? " (E03)

"I think it's good to have indeed, it is always good to have: studies, education [...] it is needed in everyday life, everything evolves." (E05)

The periodicity considered ideal by the participants to carry out these interventions was of six months to a year, preferably during or weeks following the vacations (in the return of the activities of the CIS). The main topics of interest referred to were related to first aid, followed by content relating to oral health, allergies and infectious diseases such as stomatitis, conjunctivitis and chicken pox. A research participant expressed interest in knowing how many days of removal of the child in day care are needed for each type of disease.

DISCUSSION

The study results reveal a line of the perceptions of respondents with the most current and expanded concept of caring such as the action that transcends the exclusive service of the individual's physical needs, but also embraces the act of educating, understanding well the needs of the child in its completeness, recognizing her as a person in a development process. Thus, the caregiver needs of technical and scientific knowledge in the use of each action, in order to provide to the child a range of activities, including visual, olfactory, gustatory and tactile stimulation and create opportunities for socialization⁽⁶⁾.

The discourses of educators reveal in a way, a paid up perception of the act of caring and educating, and on the other hand, a sense of responsibility towards the full exercise of this activity. In this sense, these professionals refer to the need of comprehensive knowledge, that subsidizes a overall child care, so that the responsibility for the care indicates a need for such knowledge. Within this perspective, the care becomes an act of

respect and understanding the being, affectively, therefore ceasing to be only a procedure or intervention⁽⁷⁾.

Such reports illustrate the need for qualification for the activity, with prior knowledge about all aspects and needs that children have within each age group, in order to subsidize an effective and of adequate quality service.

Concerning the construction of routine of communication and care for children of CIS, the adoption of a systematic action cited by both health professionals and by educators, denotes a line of attitudes and represents a good indication of the multi-professional interaction present in the institution. Such systematic reflects, in addition, the existence of institutional concern regarding the maintenance of a permanent channel of exchange and communication with the family.

Although the reports of the participants point to a direction away from the fragmentation of knowledge (expertise), while reinforcing the need to establish a system of collective work, integrating knowledge and actions, addressing the child and his family in a holistic way this goal is only likely to be achieved through the adoption of an institutional philosophy that strengthens the joint actions, based on a good interaction and communication among professionals. Studies conducted in other similar situations have shown that the multiprofessional approach has enabled the integration of the health team and children educators, contributing to closer ties with the community and simplifying the work with parents⁽⁸⁾.

Some reports demonstrate the lack of appreciation of empirical knowledge, resulting from the professional practice of educators. It is known that the interaction with social networks and their incorporation into health practices are a challenge to health professionals, because there is still the difficulty of overcoming the illusion that scientific knowledge is unique⁽⁹⁾. The transformation of this paradigm depends on the modification of attitudes of social actors involved, either by adopting a posture always open and respectful to the community, or the effectiveness of constant spaces for dialogue and exchange of knowledge and experiences.

Regarding the need of courses and updates on topics related to child health reported by

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respondents, this study corroborates the findings of research carried out in São Paulo, which revealed the need for educators to take part in ongoing updates on the health of children through meetings with health professionals to discuss the relevant issues⁽³⁾.

Furthermore, this study confirms the importance of early childhood educators as important elements for the actions of promotion of child health, as its proper exploitation promotes the dissemination of scientific knowledge, fighting various myths about health issues. Such line of thinking / doing between the teams and professionals is essential to the process of collective and collaborative work, assisting in the formation of a single consciousness for the well-being of children and their families⁽⁸⁾.

To this end, it is imperative to recognize the need of training and updates, involving a multidisciplinary team and collective and continued work, in line and direct communication with the family⁽¹⁰⁾.

FINAL CONSIDERATIONS

The need and importance of knowledge about the health of the child was found in all reports, showing that education is not restricted to the realization of educational activities, but involves a more comprehensive approach, encompassing care, built from the household and extended on a partnership with the educational institution and the professionals who are part of it.

The routine of care and child care in the context studied follows a pre-established system, and expresses equitably by respondents, who consider it effective, depending on the interaction established between the team of early childhood educators, the health care team and the family. Regarding the body of knowledge and the communication process, some educators point to the need for fusion of scientific and popular / empirical knowledge in child care, so that it becomes truly holistic and that the multi-professional work is consolidated.

It is clear the enterprise and the interests of early childhood educators team in the pursuit of learning, since they see themselves as the main responsible for the children in this environment. This accountability process comes as a result of the fact that these represent the institutional figures more present in the daily life and child care at the CIS, with an extremely significant role both for health and for the formation and affection of children, together with their families.

We may consider research limitations the fact that the number of subjects does not allow generalization of results to all the institutional realities of CIS, nor establishes that the work process between children's educators and the health care team configures it in other healthcare educational contexts. However, this study represents a point of reflection on the importance of these institutions and their professionals in our society today, as the basis and allies of the family, in their mission to train and take care of human beings in their first years of life.

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