

## Surveillance of child development: practices of nurses after training

### Vigilância do desenvolvimento infantil: práticas de enfermeiras após capacitação

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#### ABSTRACT

The aim of this study was to evaluate the perception of nurses regarding their practice in child care after training in child development surveillance, in the context of the Integrated Care for Childhood Prevalent Diseases. An exploratory study, using a qualitative approach, was developed between June and August 2009, by means of interviews with 11 nurses who participated in training workshops developed in João Pessoa, Paraíba, Brazil. The thematic analysis helped identify three categories: weaknesses in child development surveillance before training; post-training qualified perspective: professional motivation and empowerment; and a new behavior in child development surveillance. The training was considered to be a powerful strategy for professional qualification and for changing the attitude of primary care nurses, motivating nurses to adopt a new behavior in child development surveillance.

**Descriptors:** Child Health; Child Development; Education, Continuing; Pediatric Nursing; Integrated Management of Childhood Illness.

#### RESUMO

Este estudo objetivou avaliar a percepção de enfermeiras em relação à sua prática na atenção à saúde da criança, após a capacitação em vigilância do desenvolvimento infantil, no contexto da Atenção Integrada às Doenças Prevalentes na Infância. Pesquisa exploratória, com abordagem qualitativa realizada de junho a agosto de 2009, mediante entrevista com onze enfermeiras participantes de oficinas de capacitação realizadas em João Pessoa - Paraíba, Brasil. Identificaram-se, a partir da análise temática, três categorias: fragilidades na vigilância do desenvolvimento infantil antes da capacitação; olhar qualificado, pós-capacitação: empoderamento e motivação profissional; e novo agir na vigilância do desenvolvimento infantil. A capacitação mostrou-se como potente estratégia para qualificação profissional e mudança de atitudes da enfermeira na atenção primária, motivando as enfermeiras a novo agir frente à vigilância do desenvolvimento infantil.

**Descritores:** Saúde da Criança; Desenvolvimento Infantil; Educação Permanente; Enfermagem Pediátrica; Atenção Integrada às Doenças Prevalentes na Infância.

## INTRODUCTION

The attention to child health is very important due to the vulnerability of the human being in this phase of the life cycle<sup>(1)</sup>. The monitoring of growth and development guides child care, allowing the identification of needs that deserve timely approach<sup>(2)</sup>. This monitoring, which is part of the child development surveillance actions, should start from birth, since the first two years of life are a significant and ideal period for interventions to prevent child development problems<sup>(3)</sup>.

The surveillance of development is an integrating axis of attention to child health, including activities related to the promotion of normal development and detection of irregularities in the process<sup>(4)</sup>. A decreased incidence of diseases is expected through surveillance, increasing the chances of children's growth and development in order to reach their full potential<sup>(1)</sup>. That is also one of the main lines of child care proposed by the Brazilian government, through the Agenda of Commitments for the integral health of children and reduction of child mortality<sup>(5)</sup>.

The concern about child development has strengthened the actions for promoting child health from the creation of the Integrated Management of Childhood Illness (IMCI). This strategy was developed with the aim of training professionals for a comprehensive child healthcare, contributing to the guidance of families for health promotion and disease prevention early in life<sup>(5)</sup>.

The IMCI was proposed by the Pan American Health Organization (PAHO) and some studies<sup>(6-7)</sup> show positive impacts of this strategy on the outcomes of child health. The services of Primary Health Care (PHC) with professionals trained in the IMCI are known to provide significantly better care compared to those without professionals trained in the strategy<sup>(8)</sup>.

In the reorganization of the health model, nurses are relevant in the implementation of strategies such as the IMCI<sup>(9-10)</sup>. Therefore, the literature<sup>(11)</sup> emphasizes that nurses who work in PHC must acquire specific knowledge in order to act according to the guidelines of child healthcare programs.

However, in practice there are limitations in the provision of training for surveillance of child development within the context of IMCI, even though the PAHO guides this process with nurses since training, in order to improve the performance of health professionals in the care of under-five children and their families<sup>(12)</sup>.

In this perspective, this study is the continuation of a study initially carried out with quantitative approach, before and after design, to train PHC nurses in surveillance of development, according to the IMCI. It presents the results of implementing an educational intervention on surveillance of child development, and the perception of professionals concerning their practices after the training. Therefore, it fills an important gap evident in other studies<sup>(6,13)</sup> restricted to present the impact of the strategy on child health without reflecting about the changes in the practice of professionals caring for children.

Based on the results, this study was developed to identify the subjectivity of these nurses, from the following question: What is the perception of PHC nurses regarding their practice in child health after training on surveillance of child development? The objective of this study was to evaluate the perception of nurses in relation to their practice in child healthcare after training on surveillance of child development in the IMCI context.

## METHODOLOGY

This is an exploratory study of qualitative approach, based on the testimony of nurses who participated in training workshops on surveillance of child development within the IMCI context, aimed at identifying the perception of these professionals about their practice after the acquisition of such knowledge.

The study was carried out in the city of João Pessoa, state of PB, from June to August 2009, six months after the workshops took place. The selected territory was a Health District consisting of 53 Family Health Teams (90.5% coverage of households) at that time, responsible for the care of 4,354 children under two years enrolled in

the Family Health Units (USF - Unidades de Saúde da Família).

There were three training workshops in November and December 2008, with a workload of 16 hours each and average of 15 nurses per workshop. At that time, the nurses received a structured summary with data on the sequence of the nursing consultation, and ludic material to help them in the assessment of psychomotor child development. In theoretical activities, were used active methodologies and problematization as a teaching-learning strategy.

The nurses who participated in the workshops and continued working in the area under study were interviewed with the criterion of data saturation until completing the production of material, resulting in 11 subjects in this study. The interviews were scheduled and took place in the health units at convenient times for the nurses participating in the study.

Data collection occurred through a semi-structured interview guided by the questions: Report what difficulties and facilities you have faced to put into practice the knowledge acquired during the training on surveillance of child development. After the training workshop, which aspects motivated you to apply the knowledge in your daily practice?

All interviews lasted between 10-30 minutes and were recorded on digital media after consent of participants. As much as possible, the interviews were carried out in environments of privacy, quiet and free from outside interference. In the presentation of results, participants were identified by the letter 'E', followed by the number corresponding to the chronological order of realization of empirical data collection.

Data were processed and analyzed using thematic analysis, which was conducted by ordination, data classification and final analysis<sup>(14)</sup>. Thus, it was possible to organize and structure the parts, relate them and identify the units of meaning, and group data to extract the thematic categories.

The study was submitted to the Education Management in Health in the city of João Pessoa, and approved by the Research Ethics Committee of the Health Sciences Center, Universidade Federal da Paraíba under protocol number 0216/2008. According to the guidelines and the regulatory standards for research involving human beings, all participants, after knowledge of the study objectives, signed the Informed Consent form.

## RESULTS AND DISCUSSION

All study subjects were female, aged between 28 and 49, and had between seven and 23 years of training. Most had been working in PHC between five and nine years, coinciding with the expansion period of family health teams in the county where the study was conducted.

Three thematic categories were identified from the results: fragilities in the surveillance of child development before training; qualified look after training: empowerment and professional motivation; and new acting in the surveillance of child development.

### Fragilities in the surveillance of child development before training

Before the training workshops, the nurses considered themselves unprepared to provide satisfactory care to children in their development process. Recognizing these deficiencies in the service was the first step for effective changes in practice.

*[...] before the course on surveillance of child development, I had many difficulties and today I have less [...] even to explain for mothers the concept of development [...] it was only the head circumference, this and that, and after this surveillance course I'm doing everything to the letter (E2).*

*I didn't have much knowledge in this area [...] I guess before the difficulty was the lack of knowledge, really (E10).*

[...] *I didn't do [assessment of child development] even because I think I wasn't guided in this direction in my graduation (E5).*

Part of the fragility in surveillance of child development comes from the lack of elements for vocational training with expertise in this area. A study<sup>(15)</sup> carried out in southern Brazil found a lack of nurses' knowledge in relation to comprehensive child care, relating this fragility to failures in academic training and continuous learning at work.

Gaps in continuing education for PHC professionals responsible for child monitoring have also influenced this process. If actions are not implemented to overcome this situation, some health demands will not be met in care, triggering consequences on the quality of care.

Furthermore, nurses' lack of preparation for the surveillance of child development prevents them from getting involved with the families and recognizing deviations early, restricting the consultations to monitoring of anthropometric indicators:

*We used to monitor the growth of children and not their development [...] We ended up doing that same monotonous thing of checking the weight, measuring, providing guidance on diet, care with hygiene and accidents [...] (E7).*

This result is similar to that found in a study to identify the knowledge of primary care nurses about the IMCI strategy, which found lack of knowledge related to child growth and development<sup>(16)</sup>.

Another study carried out in Philadelphia with 2,103 children found that 430 had developmental delay, however, only 170 were referred for intervention, confirming that professionals are unprepared for identifying problems in child development<sup>(17)</sup>.

Programs with a view to update and sensitize health professionals for such monitoring need to be created. Such programs should encourage proactive actions, early

stimulation of children, early identification and intervention in developmental disorders and to make proper records in the instruments for monitoring. However, child care quality will only be feasible if health professionals demonstrate availability to communicate with families and clarify their questions for an effective monitoring and development of growth<sup>(4)</sup>.

According to a study, in order to meet the parents' needs and leave them satisfied, health professionals have to develop new approaches with families, as well as improve coordination of care and referrals of children with developmental delay<sup>(18)</sup>.

Therefore, continuous training of nurses are necessary to overcome the fragilities and provide effective answers to children's demands in primary care, guided by the experienced reality and factors that can contribute positively to the work process in the health unit.

#### **Qualified look after training: empowerment and professional motivation**

For the effective surveillance of child development, the nurse needs to be equipped and imbued with knowledge to qualify their daily practice. According to the studied nurses, training gave them a new look to child health, resulting in quality care.

*[...] nowadays I have this look when I see children. I wonder how many months they are, I'll go and talk, watch if they look at me in my eye, if they can pick up an object in their hands, things like that. [...] automatically, I'm applying [the knowledge acquired in training] (E3).*

*[...] now I check the milestone age group, I look at what I'm supposed to follow. If the child is meeting the items expected at that age, I take notes [on the record form] and make referrals if needed [...] (E6).*

The surveillance of child development has the main purpose of monitoring children in order to detect development problems early and refer them for

treatment as soon as possible to prevent further damage<sup>(11)</sup>. After training, the nurses in the study showed to be capable of evaluating the growth and development of children, making referrals when necessary.

In addition, training drew the attention of nurses to some aspects little considered during previous consultations. Among them, the social interaction of the child, guidance to the family and the child's medical history, including aspects of pregnancy, childbirth and the puerperal period. The importance of acquiring new knowledge and the motivation of these professionals are noteworthy:

*[...] preliminary interviews with the mother are very important, how was delivery, did you do prenatal care, some diseases. Little by little, I ask subtly, because we know that's also part of development, and it helps to detect delays in babies (E2).*

*[...] I am assessing the child better and more carefully, mostly their development and the social part. How they're interacting with the family (E11).*

*[...] today I stop both to listen to the mothers more, as to devote more attention and provide better guidance for them, and they surely leave feeling more satisfied [...] today no child leaves before this general assessment of growth and development, even if I'm highly overloaded, [...] I have a much better knowledge (E8).*

The surveillance of child development requires nurses' expertise for child assessment, decision-making and family guidance. It is also necessary to understand the childhood and its different development contexts, including since the family microsystem until the cultural macrosystem<sup>(19)</sup>. These actions are important so that children receive appropriate and contextualized attention to their environment and living conditions, for encouragement of care and to meet their unique needs for a healthy development<sup>(10)</sup>.

Within this context, the empowerment of nurses resulted in transformation in practice, producing quality

care. This finding is similar to results of a study that shows changes in the attitude of health workers after training for assessment of child development, revealing significantly better care implemented by qualified professionals<sup>(20)</sup>.

Because of changes instituted in the consultation, there was recognition and appreciation of the work performed by nurses, motivating them:

*[...] the community recognizes the great differentiation of consultation nowadays (E3).*

*[...] it gives me more motivation and I see that even the recognition, the professional development, have improved because of that (E8).*

The recognition and professional appreciation are resultant of this new look to the real health demands of users, which provided improved work process in health and quality of care<sup>(21)</sup>. The nurses were motivated to implement changes in the scope of child care, with responsibility to provide qualified and humanized healthcare:

*[...] I had to make some changes regarding the increase for two shifts in child care, which was insufficient and the clientele got more interested in this other format [...] (E3).*

The improvement of the health work process and quality of care is represented by the change in the work of health professionals, both with regard to their attitude in the service, as in actions they implement, which favors the formation and strengthening of bonds with the community<sup>(22)</sup>.

The knowledge acquisition from training strengthens the practice and improves the work process, brings motivation for nurses in the sense of seeking new knowledge apart from that obtained in the workshops, revealing the power of training to awaken and stimulate professionals in this sense:

*[...] I felt more encouraged to go back [for child care] it encouraged me to study more too, go in search of some things that I'd left behind [...]* (E7).

*I feel motivated because by learning I was more willing to do [surveillance of child development]* (E1).

*It opened my mind, was a new horizon, I just grew. I want to improve myself, because we are always in need to learn, everyday there is something new to learn* (E6).

The training on surveillance of child development has enlarged the look to child health, enabling nurses to glimpse the need for continuing education. Thus, in addition to meeting its educational function, training was able to make them reflect on their practices in surveillance of child development.

*[...] As we are working in child care, I recognize that my work has improved [...]* (E3).

*It expanded the work and [...] I think the professional has to grow scientifically* [E5]

Therefore, training empowered and motivated nurses to produce quality care, giving them new determination to seek knowledge and enhance skills. Thus, they felt qualified to act with resolution in the surveillance of child development.

These findings confirm the affirmation that training fill gaps in the health formation process, favoring reflections since the perception of fragilities in the genesis of vocational training, until the needs of transformation in work and in the own organization of service in the work routine<sup>(22)</sup>.

### **New acting in the surveillance of child development**

The nursing consultation is a strategic tool for monitoring the healthy growth and development of children, and to strengthen the bonding of mother-child, child-family, family-community, and child-family-health team<sup>(23)</sup>.

The knowledge gained in training resulted in significant changes in the nursing consultation. There was inclusion of developmental surveillance actions, enabling new acting in child care.

*[...] I also didn't care so much, the child cried once born? So you marked yes or no, but you didn't realize this could be bringing a neurological injury further ahead. Then you marked yes or no according to what the mother said, and that was it, didn't care much about the issue of importance for development. After training, all of that has expanded a lot. It was very important, was great, I loved.*

The early identification of issues previously unnoticed by nurses becomes part of routine in child assessment. Immediate and simple interventions, including family guidance for proper stimulation to the problem, begin to be perceived by nurses as important for preventing developmental delays.

Although the inclusion of such actions has demanded longer time in consultations, mothers were satisfied with the care and trust in professionals, essential aspects for creating a bond.

*[...] we've taken a leap forward, because mothers are delighted. Mothers don't complain of time in consultation, they love it, actually!* (E9).

Mothers felt embraced by this new care perspective. When satisfied, mothers adhere to the professional guidelines due to the trust established in the mother-professional interaction during nursing consultation, which favors the resolution of health problems detected.

The new way of acting in the child nursing consultation enabled a closer bond between PHC nurses and the families of their coverage area.

*[...] There used to be children here whose mothers only came to see the doctor. Now they don't want only the doctor. They get here and look for me, some of them*

*where a little afraid, 'cause they already knew he's a pediatrician, but there's no such thing anymore [...]* (E6).

The interaction established between professional and family is very important to allow mutual trust, so the bond strengthens over time, making families and the community gain more respect for professionals<sup>(1)</sup>.

Despite having a pediatrician working in the unit, the nurses managed to attract the attention and adherence of mothers due to the quality of their consultation, reflecting in increased demand for nursing consultations and professional satisfaction with the results provided by the new knowledge that supported their work.

From the new perspective of the nurses' look to the surveillance of healthy growth and development, increased the nurse-mother-child interaction, transforming the nursing consultation in an important tool for the surveillance of child development in Primary Health Care.

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## FINAL CONSIDERATIONS

In the perception of nurses, the training appeared as a strategy to promote reflection and change of attitude regarding child healthcare. In addition, it favored the recognition of fragilities in the surveillance of child development, contributing to effective changes in practice.

The knowledge gained with the educational intervention resulted in empowerment and motivation in the search for new elements to improve the professional skills of nurses in face of the child and family needs.

The changes implemented in child care, resulting of the nurses' new look to the mother-child binomial, allowed a relationship of trust among those involved in the care. Such aspect was reflected directly in the nurse-child and family relationship, encouraging the proper conduct in the surveillance of child development, with effective participation of the family in this process.

Herein, we emphasize the importance of new studies to evaluate the continuity of actions in surveillance of child development during the child nursing consultation, identifying the aspects that favor or not the continuation of these actions by nurses.

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