

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

INTEGRATIVE REVIEW OF THE LITERATURE

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## CONDUCT OF NURSING TECHNICIAN IN PRIMARY HEALTH CARE: INTEGRATIVE REVIEW

*Conduitas do técnico em enfermagem na atenção primária à saúde: revisão integrativa*  
*Conducta del técnico de enfermería en atención primaria de salud: revisión integrativa*

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### ABSTRACT

**Objective:** to list nursing technician conducts in primary health care based on a literature review. **Method:** this is an integrative review carried out between April and August 2021, in the Virtual Health Library (VHL), Scielo and Pubmed/Medline, with a sample of 102 articles. **Results:** the role of the nursing technician stands out in the categories: health education, interdisciplinary management, community, comprehensiveness and practical actions in health, with their behavior based on support groups, risk perception, participation in a health program at school, active search, humanization, records, wounds, medications, vital signs, among others. **Conclusion:** disclosing, knowing, deepening and improving the nursing technician's behavior is necessary for evidence-based care, providing greater visibility and valuing of this professional category. It is noteworthy that this article is a pioneer in the subject, of great nature for nursing and can be used by managers, professionals and teachers.

**DESCRIPTORS:** Licensed practical nurses; Primary health care; Nursing care.

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## RESUMO

**Objetivo:** elencar condutas do técnico de enfermagem na atenção primária à saúde com base em revisão da literatura. **Método:** trata-se de uma revisão integrativa realizada entre abril e agosto do ano 2021, na Biblioteca Virtual de Saúde (BVS), Scielo e Pubmed/Medline, com uma amostra de 102 artigos. **Resultados:** destaca-se a atuação do técnico de enfermagem nas categorias: educação em saúde, gestão interdisciplinar, comunidade, integralidade e ações práticas em saúde, sendo suas condutas pautadas em grupos de apoio, percepção de risco, participação em programa saúde na escola, busca ativa, humanização, registros, feridas, medicamentos, sinais vitais, dentre outros. **Conclusão:** divulgar, conhecer, aprofundar e aperfeiçoar as condutas do técnico de enfermagem se faz necessário para uma assistência baseada em evidências, proporciona maior visibilidade e valorização desta categoria profissional. Ressalta-se que este artigo é pioneiro no assunto, de grande cunho para a enfermagem e poderá ser utilizado por gestores, profissionais e professores.

**DESCRITORES:** Técnicos de enfermagem; Atenção primária à saúde; Cuidados de enfermagem.

## RESUMEN

**Objetivo:** enumerar las conductas de los técnicos de enfermería en la atención primaria de salud a partir de una revisión de la literatura. **Método:** se trata de una revisión integradora realizada entre abril y agosto de 2021, en la Biblioteca Virtual en Salud (BVS), Scielo y Pubmed / Medline, con una muestra de 102 artículos. **Resultados:** se destaca el rol del técnico de enfermería en las categorías: educación en salud, gestión interdisciplinaria, comunidad, integralidad y acciones prácticas en salud, con su comportamiento basado en grupos de apoyo, percepción de riesgo, participación en un programa de salud en la escuela, búsqueda activa, humanización, registros, heridas, medicamentos, constantes vitales, entre otros. **Conclusión:** divulgar, conocer, profundizar y mejorar el comportamiento del técnico de enfermería es necesario para el cuidado basado en la evidencia, brindando mayor visibilidad y valoración de esta categoría profesional. Es de destacar que este artículo es pionero en el tema, de gran índole para la enfermería y puede ser utilizado por directivos, profesionales y docentes.

**DESCRIPTORES:** Enfermeros no diplomados; Atención primaria de salud; Atención de enfermería.

## INTRODUCTION

In Brazil, the Health Care Network (RAS) with its guidelines established by Decree No. 4,279 of December 30, 2010, has the role of ensuring continuous, comprehensive, and effective care. It consists of a set of health services, in a non-hierarchical manner, with Primary Health Care (PHC) being the preferred gateway.<sup>1</sup>

The National Primary Care Policy, approved in 2017 by the Ordinance of the Ministry of Health No. 2436, highlights the need to incorporate the professional nursing technician qualified to serve in primary care services, being responsible, according to art. 12 of Law 7498/86, to exercise activities of low and medium complexity, except those exclusive to nurses.<sup>1-3</sup>

Primary care nursing technicians are important actors in the integrity of care and in expanding the possibilities of care to the user, following the principle of equity and guidelines aimed at harm reduction, acting through an expanded and humanized intervention practice, being able to perform actions of disease prevention, health promotion, nursing techniques, among others. Thus, the nursing technician participates in actions in all stages of life of PHC users, such as: adult and elderly health, women's and men's health, children's and adolescents' health, in addition to acting in the School Health Program, with educational and care actions that provide opportunities for listening and creating a bond, minimizing singular problems and recognizing health problems in the community.<sup>4-5</sup>

Studies endorse the sharing of nursing professionals' tasks in ensuring universal health coverage, reducing the contingent of people with decompensated chronic diseases and contamination by infectious diseases, and greater adherence to health support programs.<sup>4,6</sup> However, within nursing, there are specific attributions for each professional category.<sup>1,7</sup>

There are several gaps regarding the nursing technician's responsibility in primary care. It is believed that they develop activities such as checking vital signs, preparing and administering medications and basic dressings, home visits and care, performing health education activities, in addition to participating in the management of inputs required for the proper functioning of the team, but little detail is given about these actions.<sup>5,8</sup>

Thus, specifying the functions and performance of the nursing technician in PHC is necessary, aiming to improve the quality of care. The establishment of responsibilities and the insertion of the specific attributions of the nursing technician in the primary care team should be started since its formation, since the school environment prepares the professional for the labor market. The approach of this content during technical education can occur through the development and publication of materials that demonstrate quickly and objectively what are the behaviors of the nursing technician in PHC.

Thus, identifying the lack of scientific studies that portray activities that fall to the nursing technician and that establish the

delineation of their technical and practical functions, the question emerged: What are the behaviors of the nursing technician in primary health care?

The objective of this study was to list nursing technician's conducts primary health care based on a review of the literature.

## METHOD

This is an integrative review conducted from April to August 2021, where eleven steps will be followed for its operationalization, based on recommendations.<sup>9-10</sup> This research followed the PVO recommendations where P refers to the population/scenario/location in this case primary health care, represented by the descriptor "primary health care/primary health care", V variables determined in step four described in the method and O comprises the outcome where the nursing technician's behaviors were listed, according to the integrative review, represented by the descriptor "nursing technicians/licensed practical nurses; nurse's role; nursing assistants; licensed practical nurses".<sup>11</sup> Thus, below are described eleven steps that were followed to conduct this research.

### Step 1: Establishing the research question.

Starting from the scientific gap in which weaknesses and scarcity are observed regarding, in fact, what are the actions/techniques that can be performed by the professional nursing technician in primary health care, we sought to answer the following question: "What are the behaviors of the nursing technician in primary health care?"

### Step 2: Definition of descriptors

The descriptors were defined as established in the Descriptors in Health Sciences (DeCS), being for the search performed in the Virtual Health Library (BVS) and Scielo: "nursing technicians/licensed practical nurses AND primary health care/primary health care". In addition, a second search was carried out in order to highlight the nursing technician's behaviors, closing possible gaps by not considering the various possibilities of descriptors, thus, at this time it was used: "nurse's role AND primary health care/primary health care" both in the VHL and Scielo.

For the search in the Pubmed Portal, the Medical Subject Headings (MeSH) descriptors "licensed practical nurses AND primary health care" were used. It was also searched with the MeSH descriptors "nursing assistants AND primary health care".

### Step 3: Selection of databases, Portal and Library

The following were selected: Scielo database, PubMed Portal and the Virtual Health Library (VHL).

### Step 4: Construction of the data collection instrument

The variables listed in this research and present in the data collection instrument included: year of publication of the manuscript, journal of publication, area of training of the first author, methodological type of article (transversal, cohort, case control, case study, meta-analysis, experimental, action research, experience report, qualitative studies), place of data collection, sample, main results referring to the conduct of the nursing technician in primary health care.

### Step 5: Definition of inclusion and exclusion criteria

Inclusion criteria were defined as: articles published in English, Portuguese, and Spanish; in the period from 2016 to 2021; available in full, with no cost for access. We excluded articles that presented as a method opinion letter, integrative review, which did not address the theme; with cost for access; repeated articles.

### Step 6: Search the databases, Portal and Library using the descriptors and eligibility criteria

To search the databases, the descriptors already mentioned were used in the established databases (VHL Library, Scielo database, Pubmed/Medline Portal), respecting the inclusion and exclusion criteria. From the VHL, the following databases were selected: Medline, BDENF-Nursing, LILACS.

### Step 7 and 8: Reading the titles and abstracts of the articles found in each database and filling a prism flowchart with the reasons for excluding the respective articles that did not meet the eligibility criteria

The titles and abstracts of the articles were read to check if they met the inclusion criteria and the objectives of the study. Articles that met the eligibility criteria were selected for the next step to be read in full. Articles that did not meet the eligibility criteria were excluded and the reason for exclusion was explained.

### Step 9: Full-text reading of the articles selected in the previous step and completion of the data collection instrument

The selected articles were read in their entirety after analyzing the titles and abstracts, and for those selected after full reading, a data collection instrument was filled out containing the aforementioned variables.

### Step 10: Exclusion of articles after full-text reading

When it was verified, after reading in full, the need to exclude articles, we proceeded to justify such exclusion.

**Step 11: Preparation and discussion of the results**

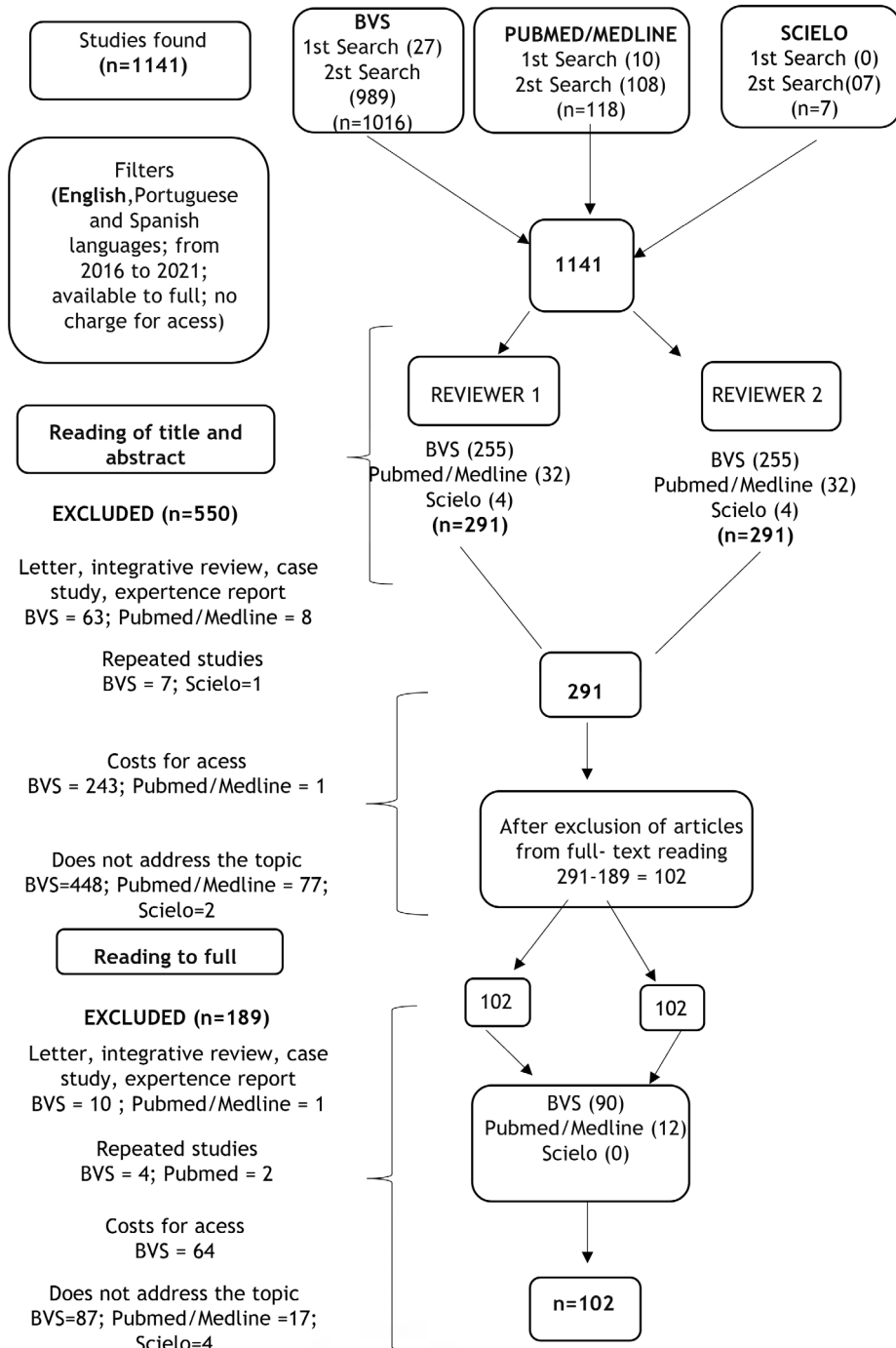
The results of this research are presented in tables, and discussed based on the theoretical reference about the theme. The results of the integrative review are arranged in absolute and relative frequency.

**RESULTS**

Starting with the search in all the databases, considering the eligibility criteria, a population of 1141 articles was reached,

850 articles were excluded in the first phase of title and abstract reading, 189 articles were subsequently excluded after full-text reading, totaling a sample of 102 (Figure 1).

The characteristics of the articles included in the sample highlighted as in their majority, those published in the year 2019 with 51% (52) and with 31.3% (32) those conducted in Brazil. Table 1 reveals information regarding the background of the first author, year of publication, type of study, place and country of completion.



**Figure 1** – Prism flowchart of the steps of this literature review. Uberlândia, MG, Brazil, 2021

**Table 1** – Characteristics of the articles included in this review. Uberlândia, MG, Brazil, 2021

<b>Variables</b>	<b>n</b>	<b>%</b>
<b>First author's background</b>		
Nursing	54	23
Medicine	21	20,5
Did not inform	10	9,8
Unspecified Health	9	8,8
Psychology	3	3
Information Technology	2	1,9
Genetics	1	1
Dentistry	1	1
Social Services	1	1
<b>Year of publication</b>		
2019	52	51
2018	20	19,6
2020	15	14,7
2021	4	4
2016	6	6
2017	5	5
<b>Type of study</b>		
Qualitative	49	48
Descriptive	15	14,7
Systematic Review	10	9,8
Randomized Clinical	9	8,8
Transversal	10	9,8
Meta-analysis	3	3
Cohort	2	1,9
Experimental	1	1
Intervention	1	1
Ethnographic	1	1
Mixed	1	1
<b>Location</b>		
Brasil	32	31,3
USA	15	14,7
Austrália	6	5,8
Sweden	5	5
Netherlands	5	5
Did not inform	5	5
Switzerland	4	4
United Kingdom	3	3
Africa	3	3
Canada	3	3
China	2	1,9
North America	2	1,9
Chile	2	1,9
England	2	1,9
Belgium	1	1
Malaysia	1	1

**Table 1 – Cont.**

Variables	n	%
Finland	1	1
California	1	1
Turkey	1	1
Ireland	1	1
Nigeria	1	1
New Caledonia	1	1
Norway	1	1
Spain	1	1
Hong Kong	1	1
Cuba	1	1
Europe	1	1
<b>Total</b>	90	100

\*N= frequency. %=percentage.

With regard to the nursing technician's behaviors that can be performed in PHC, Table 2 highlights them.

## DISCUSSION

Strategies that prioritize health promotion, disease and illness prevention are necessary, and health education is a tool employed by PHC, expanding the knowledge of practices that relate to healthy behaviors, being able to prevent or minimize health problems. Corroborating the data found in this study, this practice was among the functions assigned to nursing technicians in 32 (31.3%) articles.<sup>12-13</sup> However, it is noteworthy that in another research<sup>14</sup> only 9% of nursing technicians developed health education actions, mostly performed only by nurses, being justified by the professional categorization and being allocated to the routine practice of practices in the community. However, this centralization in the figure of the nurse reveals a possible difficulty in the relationship and participation of the health team in the care process, causing nurses to assume activities that should be shared by all team members.<sup>13-14</sup>

Therefore, the employability of nursing technicians with expanded concepts of the health-disease process, able to perform evidence-based health actions, identify social determinants, work as a team and on behalf of the community are the subject of current discussions, with the need to expand the approach to PHC during their training by stimulating listening, solidarity, autonomy, proactivity, interdisciplinarity, intersectoriality, and promotion of an emancipatory health education.<sup>13-15</sup>

It is believed that the greatest spread of health is closely related to teamwork and expansion of health care networks. In this prerogative, the Ordinance of the Ministry of Health No. 3,566 of December 19, 2019<sup>16</sup>, defined the expansion of the teams of family health strategies (FHS) that must be multidisciplinary and through communication provide the exchange of different knowledge and complementarity.<sup>17</sup> Corroborating the guideline of the Humaniza SUS, teamwork was listed in 24 (23.5%) of the articles reviewed, demonstrating interpersonal relationships at work as a unique instrument to achieve improvements in care and effective therapeutic results.<sup>17-19</sup>

**Table 2 –** Conducts of the Nursing Technician in primary health care found in this literature review. Uberlândia, MG, Brazil, 2021

Pipes	n	%
Promote health education (tobacco, drugs, obesity, suicide, depression, breastfeeding, cancer, syphilis, pregnancy, diabetes, sarcopenia)	32	31,3
Teamwork: communication between members, good interpersonal relationships with all members.	24	23,5
Establishing a bond, welcoming, communication with the patients, using applications, images to aid in the interaction and understanding of the patient, family, and community.	24	23,5
Participate in the development and implementation of evidence-based actions and protocols.	20	19,6
Participate in training, continuing education, permanent education, content/practice/action recycling, acquiring autonomy and leadership.	19	9,8

**Table 2 – Cont.**

<b>Pipes</b>	<b>n</b>	<b>%</b>
Know and apply knowledge of semiology and semiotecnology: sanitize hands, collect blood, handle wounds, check vital signs correctly, anthropometry, administer general medications and penicillin, knowing its action, contraindication, and not administer medication if the prescription is illegible, use protective measures appropriately.	16	15,6
Pay attention to the physical, social, psychological, spiritual, and cultural aspects of the patients.	15	15,6
Participate and create support groups in primary health care for disease promotion and prevention.	12	11,7
Know the network of services to make the correct referral of the patient.	9	8,8
Assisting the Elderly: Diabetics	8	7,8
Conduct a home visit.	7	6,8
Perform the nursing record correctly.	6	5,8
Promote integral attention to the patient.	5	5
Participate in the School Health Program addressing mental health, tobacco, and drugs.	5	5
Perform palliative care.	4	4
To know the characteristics of the target population (quality of life, vulnerabilities, demographics, morbidity)	4	4
Carry out active search.	4	4
Perform activities and provide care with ethics, confidentiality, and respect for patient privacy.	4	4
Observe the patient's non-verbal communication.	3	3
Follow-up and care of hypertensive patients.	3	3
Identify signs and symptoms, including respiratory symptoms.	3	3
Monitoring and follow-up of children with asthma.	2	1,9
Assistance in child health, helping to monitor growth and development.	2	1,9
Implement and know the use of Pre-exposure Prophylaxis (PrEP).	2	1,9
Perform rapid tests.	2	1,9
Chronic patient care.	2	1,9
Participate in prenatal care.	2	1,9
Perform screening.	2	1,9
Standardize the system of patient transfers.	1	1
Improve risk perception.	1	1
Attention to the patient in substance use.	1	1
Be prepared to serve foreigners.	1	1
Perform immunization on patients by applying vaccines.	1	1
Control of the use of anticoagulants.	1	1
Attending patients in rural areas.	1	1
Carry out care according to the principles of humanization.	1	1
Encourage the presence of parents and teach them how to perform newborn care.	1	1
Matrix support.	1	1
Promote teaching-service-community integration.	1	1
Use and encourage the use of information systems.	1	1
Patient Safety	1	1
Correct packaging of materials, sterilization, disinfection.	1	1
Acting in situations of drug use.	1	1
Working in the street practice teams.	1	1
Participate in tuberculosis control	1	1
Use light, hard, and light-hard technologies.	1	1
<b>Total number of times the articles cited care</b>		<b>259</b>

\*An article could cite more than one care. \*N= frequency. %=percentage.

However, teamwork, in terms of interpersonal relationships, can generate conflicts and negatively impact the creation of a bond with the enrolled population, becoming a limiting and reducing the promotion of quality of life of the population.<sup>17-19</sup> Thus, in the face of a territorialized FHS, strengthening the professional-patient bond is a strategy for promoting the completeness and uniqueness of health care. The bond goes through a relationship above the professional-patient binomial, built in the weaving of care networks, the interaction with the community, the welcoming, and greater communication, as a tool for a broader understanding, engagement of the user in his health-disease process, better therapeutic adherence, expansion of autonomy and self-care.<sup>20-22</sup>

The role of primary care nursing technicians in the planning and development of actions is partially evidenced, reaching in this research 20 (19.6%) reviewed articles, as well as the participation in training, recycling and continuing education found in 19 (9.8%) studies. However, in accordance with the Ordinance of the Ministry of Health No. 2436 of 2017<sup>1</sup> it is highlighted that these professionals make up the staff of the ESF, and should have their allocations and participation in team meetings, training/training and their appreciation in the use of evidence-based practices.<sup>21, 23</sup>

Therefore, there is a break of paradigms about the role of the nursing technician as only an applicator of practical conducts of care, their current functions transcend the precepts of semiology and semiotechnology cited in 16 (15.6%) reviewed articles. The personification of the activities of this worker in PHC should not be limited to checking vital signs, performing dressings, applying vaccines and medications, as already discussed, and should have procedural autonomy, greater theoretical detention and representativeness in the planning and execution of care with the health team and community.<sup>22, 24</sup>

As emphasized by Law<sup>2</sup> 7498 of 1986 that establishes the Professional Exercise of Nursing in Brazil, the nursing technician is part of the health team, participates in the planning of care, performs care actions, except those exclusive to nurses.

About 15 (15.6%) studies of the sample emphasize that the care of the nursing technician considers physical, social, psychic, spiritual and cultural aspects, being performed with a general evaluation of the patient, with the aid of materials and the use of sense organs such as hearing, sight, smell and touch that compose the primary evaluation of the first instance of care, allowing the collection of patient data. In addition, it is necessary to have a cultural knowledge of the population/patient for whom the care is being provided, informing about customs, housing, beliefs, art, and culture, assisting the individual away from discrimination, judgment, and providing guidance/care consistent with the reality of each individual.<sup>25</sup>

It is worth mentioning that in this process of patient evaluation, the verbal and nonverbal language of the client must

be considered in order to understand all the indications of the health-illness process and not to provoke mistrust, frustration, and inadequate management.<sup>26</sup>

As for the participation and creation of support groups in PHC for disease prevention, this strategy has a unique character, recommended as a health promotion activity, allowing the sharing of experiences and knowledge among the patients who attend, as well as establishing a greater bond and trust between the nursing technician and the population. In these groups, the nursing technician can act through conversation and practical demonstration of some clinical manifestations, immunization, importance of child care, breastfeeding, wound management, and the elderly, among others. An example of groups that bring positive and relevant aspects is the group for pregnant women, which allows the exchange of knowledge, to solve doubts about care during the pregnancy-puerperal cycle, to teach about the care of the newborn's bath, the umbilical cord, the importance of routine consultations during prenatal care, and to clarify myths, among others.<sup>27</sup>

Finally, we also emphasize the importance found in this study regarding nursing records, which must be performed correctly, reliably, accurately and in as much detail as possible, contributing to the process of holistic care, surveillance, monitoring, auditing, research, prognosis and evaluation of conducts, enabling communication of the patient's health status among all team members, constituting a legal document of proof of care and techniques performed.<sup>28</sup>

The limitation of this research is its nature, as it is an integrative review; however, this does not deprive it of its importance, since this research is pioneering in the theme and addresses essential procedures that can be performed by the nursing technician in Brazil and other countries.

## CONCLUSION

The literature has shown a vast field of action of the nursing technician in PHC, promoting its social, environmental, and economic value as a member of the health team. It includes care related to culture, social and technological development, laws, regulations, environment, education, health, theories and practices. These actions that instigate the moral and ethical duty in defense of life, as much in physical care as in psychological, moral, and political care, seeking in this way, assistance quality, humanization, education, support, specific and general care.

It is expected that more research will be done on this subject, and that the population's needs will be met, locally, regionally, and nationally. It is of great importance that this research stimulates others to do the same, that it has a direct impact on their training and contributions, and that they can reflect on the current discussion in the academic field and in the professional field.



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