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PRIMARY CARE'S STANDARDIZED LANGUAGE USE: CONTRIBUTIONS TO ADVANCED NURSING PRACTICES

Uso de linguagem padronizada na atenção primária: contribuições para as práticas avançadas de enfermagem

Uso del lenguaje estandarizado en atención primaria: contribuciones a las prácticas avanzadas en enfermería

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ABSTRACT

Objective: identify the professional and training characteristics of primary care nurses and the operationalization of the nursing consultation as a contribution to Advanced Nursing Practices. **Method:** cross-sectional and descriptive study, including ten primary care nurses in southern Minas Gerais, Brazil. Data were collected between February and March/2022 after approval by the Ethics and Research Committee under CAAE 53210021.6.0000.5099 and Opinion n°5.136.913. **Results:** 90% of the nurses were women, with 17.33 years of education, specialists (80%), 60% in Family Health; 70% worked only in primary care; 100% understood Advanced Nursing Practice and considered a high level of understanding (60%). 100% performed the nursing consultation, and 70% used the International Classification of Primary Care. **Conclusion:** the nurses were specialists, had knowledge about Advanced Nursing Practices, performed the nursing consultation, and used the International Classification of Primary Care as a standardized language.

DESCRIPTORS: Nursing process; Advanced practice nursing; Primary health care.

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RESUMO

Objetivo: identificar as características profissionais e de formação dos enfermeiros da atenção primária e a operacionalização da consulta de enfermagem como contribuição para as Práticas Avançadas de Enfermagem. **Método:** estudo transversal e descritivo, incluindo 10 enfermeiros da Atenção Primária no sul de Minas Gerais, Brasil. Os dados foram coletados entre fevereiro e março/2022, após aprovação do Comitê de Ética e Pesquisa sob CAAE 53210021.6.0000.5099 e Parecer nº5.136.913. **Resultados:** 90% eram mulheres, com 17,33 anos de formação, especialistas (80%), sendo 70% em Saúde da Família; 70% atuavam somente na atenção primária; 100% compreendiam sobre as Práticas Avançadas de Enfermagem e consideravam um nível de compreensão alto (60%). 100% realizavam a consulta de enfermagem, 70% utilizavam a Classificação Internacional de Atenção Primária. **Conclusão:** os enfermeiros eram especialistas, tinham conhecimento sobre Práticas Avançadas de Enfermagem, realizavam a consulta de enfermagem e utilizavam a Classificação Internacional de Atenção Primária como linguagem padronizada.

DESCRITORES: Processo de enfermagem; Prática avançada de enfermagem; Atenção primária à saúde.

RESUMEN

Objetivo: identificar las características profesionales y formativas de los enfermeros de atención primaria y la operacionalización de la consulta de enfermería como contribución a las Prácticas Avanzadas de Enfermería. **Método:** estudio transversal y descriptivo, incluyendo 10 enfermeros de atención primaria en el sur de Minas Gerais, Brasil. Los datos fueron recogidos entre febrero y marzo/2022, tras la aprobación del Comité de Ética e Investigación bajo el CAAE 53210021.6.0000.5099 y el Dictamen nº 5.136.913. **Resultados:** el 90% eran mujeres, con 17,33 años de formación, especialistas (80%), siendo el 60% en Salud de la Familia; el 70% trabajaba sólo en atención primaria; el 100% entendía sobre las Prácticas Avanzadas de Enfermería y consideraba un nivel alto de comprensión (60%). El 100% realizó la consulta de enfermería, el 70% utilizó la Clasificación Internacional de la Atención Primaria. **Conclusión:** los enfermeros eran especialistas, tenían conocimientos sobre las Prácticas Avanzadas de Enfermería, realizaban la consulta de enfermería y utilizaban el Clasificación Internacional de la Atención Primaria como lenguaje estandarizado.

DESCRIPTORES: Proceso de enfermería; Enfermería de práctica avanzada; Atención primaria de salud.

INTRODUCTION

With the increase in health demands and the complexity of care offered to users in the primary care context, the need for improvement and more specialized knowledge by nursing professionals become more and more evident, as well as clinical skills combined with critical thinking and scientific evidence, to develop a health care practice capable of meeting the health needs of the population. Thus, it is essential to implement the Advanced Practice in Nursing (APN) in primary care.[1-2]

The APN constitutes a body of specialized knowledge used by a licensed and qualified professional nurse to make complex, advanced decisions and put into practice the clinical skills necessary to implement Advanced Practice in health care, integrating theory, practice, teaching, research, leadership, and management.[1]

In some countries, changes in legislation and professional regulation allowed the implementation of APN, with Canada and the United States being the pioneers. In Brazil, the discussion about APN is recent, it started in 2015 and is constantly evolving with support from representatives of the Federal Council of Nursing (COFEN) and the Brazilian Association of Nursing (ABEn) together with the Pan American Health Organization (PAHO).[3]

Brazil presents favorable conditions for the development of APN, since it already has foundations for the regulation of the practice, especially with Law No. 7498/1986, which regulates the exercise of the nursing profession, Ordinance No. 2. 488, of October 21, 2011, which approves the National Policy of Primary Care (PNAB) and the Professional Practice Law, that describes the performance of Nursing Consultation (NC) a private activity of nurses that includes care of greater complexity and requires decision-making based on scientific knowledge, allowing the prescription of nursing care and even drugs approved in public health programs.[3-4]

In Primary Health Care (PHC), specifically in the Family Health Strategy (FHS), where care is provided to different population groups, NC becomes essential for a systematized care that requires more autonomy, decision-making, leadership and clinical skills based on scientific evidence, which are considered competencies of Nursing Advanced Practices.[2,5]

During the Nursing Process (NP), the nurse is able to collect data, list diagnoses, plan and implement individualized interventions, prescribe care based on accurate knowledge, and for this to happen in a systematized and consolidated manner, is necessary to use a standardized language to facilitate communication, document care, and allow the representation of clinical nursing knowledge and achieve better health outcomes. What makes essential the implementation of Standardized Language Systems (SLS) in health institutions, where the NP occurs.[6]

There is evidence that SLSs are fundamental to the production and development of nursing knowledge and therefore contribute to the implementation of the APN in various settings. However, the literature reveals that there is still no consensus on the use of these descriptors in nursing practice in PHC.[7-8]

A literature review demonstrated that although nursing represents up to 80% of all PHC services, the information produced by health information systems is mainly based on medical

diagnoses and procedures. This fact may hinder the advancement of nursing as a profession.[8-9]

Therefore, discussing the characteristics of the nomenclatures used by nurses during the performance of NC can contribute to strengthening the APN in primary care.[8]

Consequently, this study aims to identify the professional and educational characteristics of primary care nurses and the operationalization of nursing consultation as a contribution to Advanced Nursing Practice.

METHOD

This is a cross-sectional, descriptive study of quantitative approach that is part of a main project approved by the Research Support Foundation of Minas Gerais (FAPEMIG), entitled Health Literacy of Users with Chronic Diseases and Contributions to Advanced Nursing Practices in Primary Care. This study was guided by the STROBE guideline – Strengthening the Reporting of Observational Studies in Epidemiology.

The study was conducted in the Family Health Strategies (FHS) of the city of Itajubá, southern Minas Gerais, Brazil. Currently, it has 17 FHS, distributed both in urban and rural areas, and each unit has a nurse in charge. We selected ten FHS with the highest number of users with chronic diseases registered.

The study participants were nurses working in FHS. It is noteworthy that as this study is part of a main project, including users with chronic diseases registered in the FHS, the sample size calculation was based on the main objective: To measure the level of health literacy of users with chronic diseases registered in FHS, with a sample size of 318 participants, considering finite population, standard error of 0.5, confidence level of 95%, prevalence of inadequate health literacy in chronically ill patients of 33.3%, based on the literature.[10-11] The calculation was performed by a statistician using Dimam 1.0 software.

To meet the secondary objectives complementary to the main study and mentioned in this study, there was no need to perform a sample calculation, considering that each unit has a nurse in charge. Thus, the nurses responsible for the units in which these users with chronic diseases were enrolled were recruited by convenience, totaling a sample of 10 nurses. The inclusion criteria adopted was to be a nurse working in the FHS in which the users with chronic diseases were registered. Nurses who were away, on sick leave or vacation were excluded.

For data collection, we used an instrument developed by the researchers themselves with information related to the professional and educational characteristics of nurses, such as education time, level, practice field, knowledge about APNs, performance of NC, record of NC, use of SLS during NC.

Data collection was scheduled according to the availability of nurses, after explanation of the objectives and acceptance, the Informed Consent Form (ICF) was signed. To respect privacy, data collection was carried out in a quiet, private office or place, absent of noise. Considering also the context of the current pandemic of COVID-19, the researchers respected and ensured all protection and prevention measures in place. Data were collected between February and March 2022.

The collected information was described and organized in a Microsoft® Office Excel 2010 spreadsheet and analyzed using descriptive analysis methods, where categorical variables were described as relative and absolute frequencies, continuous variables, measures of central tendency and dispersion.

It is emphasized that this study took into consideration the ethical aspects contained in Resolution No. 466/12 of the National Health Council that regulates research with human beings, in force in the country, being approved by the Committee for Ethics in Research of the Wenceslau Braz College, on November 30, 2021, with consubstantiated opinion No. 5,136,913 and CAAE No. 53210021.6.0000.5099.

RESULTS

Ten nurses were included in the study, of which nine (90%) were female and 10 (10%) were male. The mean education time was 17.33 ± 3.62 years, ranging from 21 to 11 years. Regarding the level of education, most participants reported being specialists, only one nurse reported having specialization at the strictu sensu level (master's degree) and an undergraduate degree in nursing, as observed in Table 1.

Seven (70%) of the professionals who reported specialization were found to be specialists in Family Health. In Table 2, it is possible to observe the different specialization fields of the professionals interviewed, some having two or more specializations.

Regarding the work field, most participants reported working only in primary care, however, some nurses combine other services, such as teaching and the management of other services related to health, as shown in Table 3.

When asked about what Advanced Practices in Nursing (APN) are, all of them declared to have knowledge, and more than half considered the level of knowledge about APN high, as shown in Table 4.

It was also found that all nurses reported performing NC and recording them in the Citizen's Electronic Health Record (EHR). Regarding the use of standardized language, it was identified that most nurses use only the International Classification of Primary Care (ICPC), others reported using more than one SLS during NC, as described in Table 5.

DISCUSSION

In this study, female nurses prevailed, further indicating the feminization of the profession present in both national and international contexts. The literature also shows that male nurses are still the minority in European (5.8%) and American (23%) countries.[12] The prevalence of the female gender in the profession may be linked to the social system, in which stereotypes regarding nursing professionals have been shaped since the early days of the profession.[13]

Table 1 – Education level among the participants of the study (n=10), Itajubá, 2022

Variables	n (%)
Education level	
Specialization	8 (80%)
Masters	1 (10%)
Bachelor's degree in nursing	1 (10%)

Source: Research data, 2022

Table 2 – Data characterization according to the specialization fields of the study participants (n=10), Itajubá, 2022

Variables	n (%)
Specialization Field	
Family Health	3 (30%)
Family Health and Occupational Nursing	3 (30%)
Dermatology and master's in health sciences	1 (10%)
Family Health, Cardiology and Teaching	1 (10%)
Obstetrics	1 (10%)
No specialization	1 (10%)

Source: Research data, 2022

Table 3 – Data characterization according to the work fields of the study participants (n=10), Itajubá, 2022

Variables	n (%)
Work Field	
Primary Health Care	7 (70%)
Primary Health Care and Teaching	2 (20%)
Primary Health Care and Service Management	1 (10%)

Source: Research data, 2022

Similarly, a Brazilian study developed in a city in southern Minas Gerais, which aimed to analyze the professional competencies of 19 PHC nurses, found that most respondents (36.84%) had graduated between 16 and 20 years, indicating a period of professional maturity.[14]

Regarding professional education, it was observed that most were specialists, however, only one had a master's degree, being the minimum training required to be an advanced practice nurse.[4,14] However, it is observed that this training profile among professionals working in primary care is common. Similarly, a study carried out with 39 nurses from the FHS in a city in the north of Minas Gerais found that most of the nurses interviewed declared they were specialists (n=30), only four were masters and the others (n=5) had residency.[15]

Nevertheless, the literature points out that the nursing profession has been strengthening as a science and advancing in technology and innovation fields, making the qualification of these professionals essential to meet the demands and competitiveness standards of the labor market. Nursing professionals must constantly seek scientific knowledge to subsidize care practice, given that studies have already consolidated that the qualification of nursing professionals is directly linked to the quality of care offered to users and the achievement of better health outcomes and reduction of complications.[16-17]

In PHC the training of nurses with clinical skills and competencies for complex decision making has been gaining prominence, with the ability to expand and improve nursing practice, promote greater inclusion and better care in health care, within the context of evidence-based practice and technological innovation.[18-19] Thus, recently, the World Health Organization (WHO), the Pan American Health Organization (PAHO/OPS) and the International Council of Nurses (ICN) have established assumptions for Latin American countries in order to favor the implementation of Advanced Practice Nursing (APN), beginning

Table 4 – Nurses' knowledge about Advanced Practice Nursing – APN (n=10), Itajubá, 2022

Variables	n (%)
Knowledge about APN	
Yes	10 (100%)
No	0 (0%)
Knowledge level about APN	
High	6 (60%)
Medium	4 (40%)
Low	0 (0%)

Legend: APN – Advanced Practices in Nursing.
Source: Research data, 2022

Table 5 – Standardized language system used by nurses during nursing consultations (n=10), Itajubá, 2022

Variables	n (%)
Use of standardized language	
CIAP	7 (70%)
NIC and NOC	1 (10%)
CIAP and NANDA I	1 (10%)
NANDA I	1 (10%)

Legend: CIAP – International Classification of Primary Care; NIC – Nursing Interventions Classification; NOC – Nursing Outcomes Classification; NANDA-I – North American Nursing Diagnosis Association International (NANDA-I).

with PHC, and to this end, a master's degree is recommended as a minimum training requirement.[3,20]

Despite the advances in graduate programs at the master's level and the increase in the number of programs in this category in the Brazilian context, there are still few professionals who have access to this training. This can be attributed to the limited number of openings, the unavailability of these programs in several states, the incompatibility of workload, and even the lack of access to financial scholarships.[15,21-22] These factors may explain the low frequency of masters among the study participants.

Literature shows that 70% of the nurses who work in PHC are specialists in Family Health and 2.5% in Occupational Nursing.[14-15] These findings corroborate the results of this study, in which was also found that most were specialists in Family Health.

Regarding the work field, most worked only in primary care and some had double shifts. Similar information was observed in a study conducted with 90 nurses of the FHS of seven municipalities located on the west coast of Ceará, in which 81.2% of the sample declared to have only one job in health care, two (17.2%) and three (1.6%). Among those who declared they had a double or triple workday, 12.5% reported the need to supplement their income and 6.3% mentioned that it was a way of gaining experience in the health sector.[23]

In contrast, another study conducted with 12 nurses of the ESF teams in a city in the interior of Minas Gerais found that none of the professionals interviewed had a double workday.[24] It can be assumed that perhaps primary care provides professionals with greater career and financial stability, making it unnecessary in most cases to look for another job.

In relation to the SAT, the nurses' knowledge of this phenomenon is essential for them to be able to make decisions of high complexity, as well as to develop their clinical skills by integrating theory, practice, teaching, research, leadership and management, aiming at improving the quality of care provided to both patients and the multiprofessional team.[2,25]

In this study, all nurses reported having knowledge about the theme. Similar data were found in a study including eight nurses, which also showed that all participants had knowledge about the APN; however, it is noteworthy that these were graduates of residency and master's programs, training contexts that allow greater familiarity with the theme.[25] It is also worth noting that in the Brazilian context there is a growing discussion about the implementation of the APN in PHC, which may have provided professionals with more knowledge about the topic.

It also observed that all nurses reported performing NC. Corroborating these findings, a survey of 14 nurses showed that NC is well consolidated in primary care health services; however, bottlenecks such as lack of time, lack of agility for nursing diagnosis, problems between care and management, high bureaucratic demand, and unplanned flow of people were identified as barriers to performing NC.[5]

It is well known that to perform NC, knowledge and use of SLS is necessary, since they enable care to be provided through a single language, as they organize terms and expressions that represent concepts about human responses or a patient's problems, and are relevant for dealing with the increasing complexity of nursing, especially with regard to knowledge production, clinical reasoning, and clinical practice.[7]

According to the literature, SLS are used in the NC as a means to consolidate the ERP, presenting themselves as a set of instruments that classify, facilitate access to information, control different meanings, and assist communication between experts and other audiences.[7] In this way, SLPS organize concepts related to nursing diagnoses, interventions and outcomes, offering support to professionals in the production of knowledge and clinical reasoning in a rapid manner, which contributes to the optimization of NC, especially in situations of high demand.[7,26]

In this way, nursing has some classification systems in which the development is related to some phase of the NP, applied in NC. Currently, the most used nursing terminologies are: North American Nursing Diagnosis Association International (NANDA-I) Classification of Nursing Diagnoses, Nursing Outcomes Classification (NOC), Nursing Interventions Classification (NIC) and the International Classification for Nursing Practice (ICNP®). In addition to other instruments, such as the International Classification of Functioning and Health (ICF) and the International Classification of Primary Health Care (ICPC).[8,21]

With respect to the use of PCS, a study that aimed to characterize the worldwide use of CIAP and other health classifications at PHC level and to identify the specificities of use in each country found that CIAP is used in PHC in 27 countries (14%), being mandatory only in six countries (3%). Showing that this terminology is not adopted by PHC professionals, worldwide, as the main.[27]

In this study, the CIAP was the classification instrument most used by nurses, considering that seven (70%) used it exclusively, one (10%) used NIC and NOC, one (10%) CIAP and NANDA-I, and one (10%) used only NANDA-I.

It is important to note that the CIAP is a great facilitator in the Brazilian PHC, because it is incorporated into the Health Information System (HIS) of primary care in the country. Thus, its access is easier for professionals working in this area. The CIAP was developed by the World Organization of Family Doctors (WONCA) and consists of a classification system of problems related to primary care, presenting as the main criteria of systematization the person and not the disease, besides allowing the registration and codification about the reasons for consultation, the problems diagnosed by health professionals and the answers proposed by the team following a systematization developed by Lawrence Weed called SOAP (Subjective, Objective, Evaluation and Plan).[26,28]

It also highlights the COREN-SP Opinion 010/2015, which deals with the use of the SOAP method in the Nursing Process, because this method provides a theoretical support that guides the nurse during data collection, diagnosis and planning of nursing interventions and outcomes that are contemplated in the NP.[26]

The other SLS most frequently used by the study participants was NANDA-I, totaling 20%. A review showed that in nursing practice it is still the most used nomenclature.29 However, a descriptive exploratory study including 21 primary care nurses showed that 50% of the sample reported not using the NANDA-I nomenclature, due to excessive concern with quantitative care, lack of familiarity with the terminology, and considered filling out the CIAP as primary care nomenclature. However, the COREN--SP opinion 010/2015 reinforces that it is up to nurses to use the CIAP within the scope of their work, which does not mean replacing the nursing diagnosis, which should be contemplated with diagnostic classification systems.[26,30]

Some limitations should be taken into consideration in this study, such as convenience sampling, secondary to a primary sample. A data collection instrument developed by the researchers themselves that did not allow a detailed investigation of the phenomena studied.

Finally, the findings allow reflections on the contributions of the use of SLS during nC to strengthen the nursing profession and guide nurses to advanced practice, ensuring greater autonomy and independence for clinical judgment and prescriptive actions, which allows offering a systematized care. Thus, an adequate professional training becomes essential, which is still a challenge for primary health care nurses.

CONCLUSION

About the professional characteristics, training and area of work of the nurses, the female gender prevailed, with an average time of training of more than 15 years, specialists in family health and working only in primary health care.

Regarding the operationalization of NC as a contribution to APN, it was observed that all nurses knew what Advanced Practices in Nursing are, less than half of the participants considered the level of knowledge about APN high, all performed NC and made use of CIAP as SLS.

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