

NURSING CONSULTATION IN PRIMARY CARE: FROM THE BEGINNING OF PRAXIS TO DAILY LIFE

CONSULTA DE ENFERMAGEM NA ATENÇÃO PRIMÁRIA: DO INÍCIO DA PRÁXIS AO COTIDIANO

CONSULTA DE ENFERMERÍA EN LA ATENCIÓN PRIMARIA: DEL INICIO DE LA PRAXIS AL COTIDIANO

Stella Godoy Silva e Lima¹
Carmen Maria Casquel Monti Juliani²
Regina Stella Spagnuolo³

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Objective: to understand the meaning of nursing consultation from graduation to professional practice. **Method:** a qualitative study anchored in the Grounded Theory, with a sample of 14 nurses working in the Family Health Strategy, who were interviewed by open technique not directive in the years 2017 to 2018 and approved by the ethics committee. Three codifications were used to discuss the data, being open, axial and selective, which originated phenomena, themes, categories and subcategories organized based on the paradigm of Strauss and Corbin. **Results:** data analysis enabled the identification of the phenomenon called “From the beginning of praxis to the daily life of the NC” and the themes “The nursing consultation organizing the work process of the nurse” and “The presentation of the nursing consultation to the nurse”. **Final considerations:** the nursing consultation is considered the most important activity of the nurse’s praxis.

Descriptors: Primary Health Care. Primary Care Nursing. Family Health Strategy. Grounded Theory. Nursing in the Office

Objetivo: compreender o significado da consulta de enfermagem a partir da graduação à prática profissional. Método: estudo qualitativo ancorado na Teoria Fundamentada nos Dados, com amostra de 14 enfermeiros atuantes da Estratégia Saúde da Família, os quais foram entrevistados por técnica aberta não diretiva entre os anos de 2017 a 2018 e aprovado pelo comitê de ética. Para discussão dos dados foram utilizadas três codificações, sendo elas aberta, axial e seletiva, as quais originaram fenômenos, temas, categorias e subcategorias organizadas com base no paradigma de Strauss e Corbin. Resultados: a análise dos dados possibilitou identificação do fenômeno denominado “Do início da práxis ao cotidiano da CE” e dos temas “A Consulta de enfermagem organizando o processo de trabalho do enfermeiro” e “A apresentação da consulta de enfermagem para o enfermeiro”. Considerações finais: a consulta de enfermagem é considerada atividade mais importante da práxis do enfermeiro. Por meio dela pode-se identificar o aperfeiçoamento, o reconhecimento e a valorização profissional.

Descritores: Atenção Primária à Saúde. Enfermagem de Atenção Primária. Estratégia Saúde da Família. Teoria Fundamentada. Enfermagem no Consultório

Corresponding author: Name: Stella Godoy Silva e Lima, stella.lima@unesp.br

¹ Universidade Estadual Paulista, Botucatu, SP, Brazil. <https://orcid.org/0000-0002-7468-6020>.

² Universidade Estadual Paulista, Botucatu, SP, Brazil. <https://orcid.org/0000-0002-3734-2317>.

³ Universidade Estadual Paulista, Botucatu, SP, Brazil. <https://orcid.org/0000-0002-6977-4165>.

Objetivo: comprender el significado de la consulta de enfermería a partir de la graduación a la práctica profesional. Método: estudio cualitativo anclado en la Teoría Fundamentada en los Datos, con muestra de 14 enfermeros actuantes de la Estrategia Salud de la Familia, los cuales fueron entrevistados por técnica abierta no directiva entre los años 2017 a 2018 y aprobado por el comité de ética. Para la discusión de los datos se utilizaron tres codificaciones, siendo ellas abierta, axial y selectiva, las cuales originaron fenómenos, temas, categorías y subcategorías organizadas con base en el paradigma de Strauss y Corbin. Resultados: el análisis de los datos permitió identificación del fenómeno denominado “Del inicio de la praxis al cotidiano de la CE” y de los temas “La Consulta de enfermería organizando el proceso de trabajo del enfermero” y “La presentación de la consulta de enfermería para el enfermero”. Consideraciones finales: la consulta de enfermería es considerada actividad más importante de la praxis del enfermero. A través de ella se puede identificar el perfeccionamiento, el reconocimiento y la valorización profesional.

Descriptor: Atención Primaria de Salud. Enfermería de Atención Primaria. Estrategia Salud de la Familia. Teoría Fundamentada. Enfermería en el Consultorio

Introduction

The Nursing Consultation (NC) is an efficient and fundamental instrument in the work of nurses, stands out as a powerful technological strategy of problem-solving care, offers numerous advantages in the care provided, assists in planning, identifies health problems, directs the diagnosis, nursing interventions and early treatment, whether in the promotion, protection, recovery or rehabilitation of the user⁽¹⁾.

The accomplishment of the NC is authenticated by Law n. 7.498/86 for the professional exercise of this category, conferring only and exclusively to the nurse this action as one of his/her practices in the care of the user⁽²⁻³⁾. Therefore, NC is part of the teaching content at graduation, at all levels and areas of assistance such as the health of adults, the elderly, women, children, in hospital environments and in Primary Health Care (PHC)⁽⁴⁾.

In the professional performance, in the context of the Family Health Strategy (FHS), the nurse's practice is related to the stages of organization of health data, that is, extended family care, knowledge of the structure and functionality of families, aiming to propose interventions to the health-disease processes of individuals, promotion and encouragement of community participation in social control, planning, execution, evaluation of actions, monitoring and systematic evaluation of implemented actions, with a view to readjustment of the work process⁽⁴⁻⁵⁾.

Thus, the main technological instrument of nurse work in the FHS, for assistance, is the NC,

which is fundamental in strengthening his/her practice, developed for all population groups in the provision of care plans⁽³⁾. This instrument is characterized as the object of this study and target for others, for the guarantee and development of nurses' care practice with higher quality.

In this sense, the World Health Organization (WHO) and the Pan American Health Organization (PAHO) have encouraged the appreciation of the work of nurses, considering their important role to ensure global health coverage, also stimulating training of the nurse of advanced practice. Moreover, the year 2020 was universally marked as the year of nursing, with the campaign “Nursing Now” for the recognition of this professional category, bringing great evidence of achievements in professional practice⁽⁶⁾. That same year, the Covid-19 Pandemic raises the levels of evidence of the need for this professional, expanding this recognition in society.

To understand the process that nurses go through so that the NC is fully performed in practice, it is necessary to understand the relationship of their training during graduation and its reflexes in professional performance. The paths taken for the training of nurses, their evolutions and technologies innovate over time. Thus, the following question arises: how do the professionals working in the FHS attribute the update of their practice in relation to the NC? This question reinforces the importance of

the study in the recognition of nurses, in the professional valuation and in order to understand the experience of nurses with NC, as well as to know the process in which their improvements are developed. Thus, the objective was to understand the meaning of nursing consultation from graduation to professional practice.

Method

Qualitative research, anchored in the theoretical framework of Grounded Theory (GTa)⁷ and organized based on the paradigm of Strauss and Corbin, with the purpose of understanding phenomena from the interactions between people, discovering meanings inter-related by interactions and relationships⁽⁸⁾.

The scenario of the study was the city of Botucatu, interior of the state of São Paulo, with approximately 130 thousand inhabitants⁽⁹⁾, composed of 17 family health teams, divided into 12 FHS units, composed of 15 nurses working in the NC.

The inclusion criteria of the participants in this study were: to be graduated nurses, to be active in the FHS of the City and to perform NC in their practice. The exclusion criteria were nurses who perform only management activities of the FHS unit.

The list with the names and contacts of the professionals working in the FHS was made available by the municipal health department. All nurses in the city were invited and agreed to participate in the study, after being informed about the objective of the work, by telephone contact and prior scheduling to conduct the interview and sign the informed consent form, characterizing the total sample. Only one participant was lost, because he presented schedule incompatibility for 2 times and did not attend the interview in the third attempt. The final sample totaled 14 participants, identified with the letter E to maintain anonymity (example: E1, E2, E3...). Data collection took place in the workplace of the participants, in a closed room, with the interviewer and interviewee present,

outside the opening hours, without interruptions, in the period of June 2017 and July 2018.

The interviews were open and non-directive⁽¹⁰⁾, having the following guiding question: tell me what is your experience with the nursing consultation in your unit? This question was elaborated by the authors of the study during the construction of the project, with pilot test in the first two interviews, confirming its adequacy. All interviews were audio-recorded, with an average duration of 34 minutes, with a minimum time of 23 minutes and a maximum of 45 minutes. Soon after that moment, they were fully transcribed and digitally stored by the researcher.

The data were analyzed in each interview by means of codifications, categorizing them to identify the phenomenon, themes, categories and subcategories. The encodings were performed in three interdependent stages: open coding, axial coding and selective coding⁽⁷⁾. In open coding, concepts were identified, grouped by similarities, forming categories. Then, in the axial coding, the categories were regrouped to form subcategories in order to obtain further explanations, going through a systematic process of comparison and organization guided by the five-component paradigm. Component 1, "causal conditions", represents sets of facts that influence the phenomenon; 2, "context", presents specific circumstances that impact the conditions of the phenomenon; 3, "intervening conditions", identifies conditions constituted by time that help explain the phenomenon; 4, "strategy of action", includes proposals that can solve a problem; and 5, "consequences", portrays the result or responses related to the phenomenon, which may be positive or negative. Finally, in selective coding, through the process of integrating and refining the theory, the phenomenon called "Nursing consultation in the Family Health Strategy: from the beginning of praxis to the daily life of nurses" emerged⁽⁷⁾.

For methodological rigor, the criteria of the Consolidated criteria for reporting qualitative research (COREQ) were followed. The discussion was supported by the comprehensive care

framework developed by the Research Laboratory on Comprehensive Health Practices (LAPPIS)⁽¹¹⁾.

All ethical aspects were considered and the project was approved by the Research Ethics Committee, according to Resolutions n.510/2016 and n. 466/2012.

Results

The sample consisted of fourteen female nurses, aged between 29 and 50 years, working in FHS exclusively who completed graduation between 1995 and 2010. All had participated in courses and lectures in the last five years, nine (64.3%) completed specializations in Public Health, six (42.8%) attended the master's degree and one (7.1%), doctorate.

Data analysis enabled the comparison of data between themes, categories and subcategories that originated the phenomenon “nursing consultation in the Family Health Strategy: from the beginning of praxis to the daily life of nurses”. For better understanding, the data of this phenomenon were organized paradigmatically as follows:

Phenomenon “nursing consultation in the Family Health Strategy: from the beginning of practice to the daily life of nurses”

It means the history of the nurse's praxis during the beginning of his/her work in the FHS, his/her continuous search for scientific knowledge in professional preparation. Participants recognize that NC is a constant learning experience. This phenomenon encompasses two themes: 1- “The nursing consultation organizing the work process of the nurse” and 2- “The presentation of the nursing consultation to the nurse” that are subdivided during the paradigmatic organization.

[...] But the practice, the experience in practice, is very different from what we had during graduation [...] When we get here, in primary, basic care, there is this bias, there is a need to seek more knowledge (E10.56).

To describe the phenomenon paradigmatically, the themes were subdivided, considering that, in theme 1- “The nursing consultation organizing the work process of the nurse”, the causal conditions

were covered, the context, the intervening conditions and the strategy of action of the phenomenon and, consecutively, the theme 2- “The presentation of the nursing consultation to the nurse” revealed the consequences of the phenomenon.

Theme 1 “The nursing consultation organizing the work process of the nurse”

It portrays the nurse's walk with the NC, from the moment he/she studies the consultation at graduation and begins to develop it with responsibility in practice. Presenting the causal conditions of the phenomenon through category 1.

Category 1—NC and nurses' training: it presents the beginning of NC learning at graduation, deals with procedural condition, because it presents the trajectory that professionals follow to learn NC, insert it into their work process and develop it with excellence. This category encompassed two subcategories, presenting insufficient contact with NC during graduation and graduate and postgraduate courses as support to the NC:

[...] In these seven years, I have improved a lot and I have had to look for a lot of things. Really, only the graduation provides a basis, but it does not help in all these processes. It's not possible to just have just a graduation (E11.66).

Subcategory 1 — Presenting insufficient contact with NC during graduation: it shows that, in some graduate courses, hospital care is prioritized over practice in the health care network where NC is the pillar of the work of nurses. Participants reported that the practice of NC in the FHS was not opportune, since it was in the implantation phase:

[...] during my graduate studies, I had a lot of contact with nursing consultations in the hospital area [...] and I found it much easier to deal with. When we get at primary care we find many difficulties. (E8.51)

Because every graduation, at least mine, and that of some other people, was very focused on the hospital area [...] (E10.56)

Subcategory 2 — Graduate and postgraduate courses as support to the NC: it demonstrates the importance of graduation in the training of nurses to perform the NC. It also portrays the needs to deepen knowledge through courses,

specializations and updates that ensure security for professional practice.

[...] I have been in the health unit since I entered the residency. And already at the residency, I worked on the issue of nursing consultations. [...]. At the beginning, our approach was as recently graduated, maybe a little limited, in the sense of a more developed clinical reasoning. However, the nursing process was guaranteed in the sense of meeting all steps. (E7.38)

The *context* is a specific circumstance that affects the causal conditions of the phenomenon, being considered in category 2.

Category 2 — Learning to perform the NC: It means that, after graduation, nurses are faced with the responsibility to coordinate family health teams. This fact inserts them into a different reality that provides over time critical sense, evidence-based reasoning and clinical skills:

[...] This view of the expanded clinic is something that I learned more in practice, because I was still young during my graduate period. (E11.63)

The discoveries occurred more in practice [...]. (E2.7)

[...] It was just me, the doctor and the team [...] I learned a lot the hard way, I suffered a lot. Whenever we graduate we suffer a little with this. (E11.63)

The *intervening conditions* are instituted over time that can help explain the phenomenon through category 3.

Category 3 — Considering the different experiences of the NC: these are the experiences of nurses with the NC in the FHS in other municipalities, that is, in a different scenario from the current one. This initial experience with NC caused great estrangement to the multiprofessional team and communities.

[...] During the implementation of the Family Health Strategy, I was able to work in the unit, and there, when talking about consultation with the nurse, it caused some strangeness. [...] When I examined the patient, they called me “doctor” because they thought I was a doctor. (E7.43)

I also worked in places where the nursing assistant didn't know the difference. For example, he said: “oh, there's no more space in the doctor's schedule, are you going to make an appointment in yours? And the patient did not fit into the nurse's protocol (E1.2)

Action strategies are deliberate acts practiced to solve a problem. For the development of the action strategy, an organized strategy is highlighted that nursing professionals use in order to plan their care practice presented in category 4.

Category 4 — The nurse's agenda and NC: it means that participants feel the need to plan a work agenda, which prioritizes NC for all population groups, plus extra consultations:

And the consultation, as I learned from the beginning, we learn to set up an agenda, schedule ourselves. The appointment for the pregnant woman, the appointment for the child, the appointment for the pap collection, that is, the appointment of the day. (E1.1)

[...] nursing consultations for scheduled care are well organized. (E7.41)

Theme 2 “The presentation of the nursing consultation to the nurse”

This theme addresses the “*consequences of the phenomenon*”, the representation of the NC to the nurse. It is a theme accompanied by three categories: “the NC being recognized by the nurse, accepted by the team and community”, “the NC gaining visibility for the nurse” and “experiencing the NC in practice”.

The NC is presented by the own nurse as an instrument of his/her praxis that highlights his/her profession. Moreover, it improves organization, professional practice and directs the paths through which he/she should follow in conjunction with the expanded clinic. It also expresses, in nurses, the feeling of satisfaction in exercising their profession, because it meets the comprehensiveness of care:

[...] the nursing consultation is something legitimate, it is what makes our profession as assistance. (E7.43)

[...] The Nursing Consultation is a very powerful instrument when we have time to develop. (E2.7)

Category 1 — The NC being recognized by the nurse and accepted by the team and community: it means the gains related to the recognition, valorization and professional visibility acquired through the NC practice in the FHS:

[...] I think teamwork is also a potential. The team needs to believe in this tool, believe that the nurse is capable of carrying out the consultation, thinking about diagnoses, thinking about prescriptions and behaviors, which are coherent. (E7.44).

[...] So that's how it is, nursing consultations are already incorporated into family health. When we get at the unit we already know that we are going to assist (E13.79)

Category 2 — The NC gaining visibility for the nurse: it shows the achievement, appreciation and recognition of the community through the resolvability of the NC. It transcends the actions of nurses facing health-disease issues, prevention, promotion and rehabilitation, obtaining the link and preference for care:

[...] over time, with the demonstration that prenatal care with a nurse is better than prenatal care with a doctor [...] is that the nurse has a more special perspective (E4.23)

[...] I feel pleased to be able to develop the consultation here. Because I see that patients are also satisfied and the model that only the doctor solves the problem has been removed. (E5.26)

Category 3 — Experiencing NC in practice: it represents the experience of nurses with NC in the FHS in a positive way. It reveals the nurse's opportunity to demonstrate his/her technical skills and advanced clinical reasoning, a fact that improves the quality of nursing care, promotes autonomy and empowerment. This category has a subcategory: Having difficulty in achieving the NC:

[...] We evolve and improve every year. Yes, we need to improve more and more, but we need to make some adjustments and changes to make things easier [...] I like very much what I do, I like to attend. I think the nursing consultation, she is rich. (E10.60)

[...] Experience also allows us to acquire clinical reasoning that is important and compatible with the needs of that patient. (E7.44)

[...] The nursing consultation is important and is one of the main ways that I see nurses providing assistance. (E9.53)

Subcategory 1- Having difficulty to perform the NC: portrays the difficulties exposed by nurses to perform their activities in the FHS. They report limitation as adapted physical space (residential houses), dependence of the doctor, insufficient notes in medical records, difficulty in nursing diagnosis and divergences between professional councils that make the quality of NC impossible.

The biggest obstacle is the physical space, because we have an estimated population of 10 thousand. [...] But my physical space is an adapted house (E6.34)

I think the biggest obstacle, sometimes, are the limitations, because at times we need medical evaluation, and they are busy (E12.73)

Discussion

The nursing consultation in the Family Health Strategy: from the beginning of practice to the nurse's daily life

The findings of this study show that the experience of nurses with NC is positive and walks progressively and steadily during the professional career, being a highly valued activity within the FHS, since it covers care in the face of demand expressed by users with quality.

The FHS represents the user's entry into the health system and considers the care and assistance to family health as a priority strategy for its organization, with the main objective of promoting the reorientation of health actions in a comprehensive and continuous way, improving the quality of life of Brazilians^(3,5,12).

In this context, the nurse has stimulated the new proposal of health care, aiming to invest in the integrality of care developed by the NC⁽¹¹⁻¹²⁾. This proposal is presented during graduation in order to humanize and qualify the assistance, in order to look at the other in a subjective and holistic way. However, at the beginning of praxis, nurses go through the processes of construction of NC, and this essence is practiced gradually for the development of clinical reasoning⁽¹²⁾. Thus, the role of nurses in the FHS requires mastery and aptitude to develop skills in the work process, a fact that requires broadened vision of professionals and specific knowledge about family care and health policies to elaborate strategies before daily situations^(5,12-13).

The ability to act requires a lot of learning, and the knowledge of graduation is not enough, even because some universities are hospital-centered, hindering the performance of NC in the FHS. This implies the importance of the specialization course and continuing education where there are possibilities to share knowledge, exchange experiences, deepen knowledge for qualification in family health and use technological developments for a practice with quality and safety⁽¹²⁻¹³⁾.

The WHO, PAHO and the International Council of Nurses (ICN) encourage the improvement of nurses in relation to specialized courses, especially in stimulating Advanced Practice Nursing (APN). This expertise is provided through postgraduation studies, with broad development of nursing actions in PHC. This training is seen as advanced nursing interventions that influence clinical health outcomes for individuals, families and populations⁽¹⁴⁾.

This activity is being developed by countries such as the United States, the United Kingdom and Canada in order to ensure access to health coverage for vulnerable and remote populations⁽¹⁴⁾. New Zealand⁽¹⁵⁾, Spain⁽¹⁶⁾ and Finland⁽¹⁷⁾ have also started advanced practices in PHC. In Chile, universities are in the process of implementing the course, given the high population rate of chronic diseases and hospitalizations due to their complications⁽¹⁸⁾. Brazil and Germany belong to the group of countries where the implementation of expanded roles is still in its initial phase⁽¹⁹⁾.

Thus, the APN move towards the evolution and improvement of the NC in encounter with the reports of the nurses who participated in this study, when they express the need to acquire more knowledge, through courses and specializations. However, in addition to the challenges for implementing the APN and expanding protocols, there is opposition from the medical board. An example of this was expressed in 2017, with an injunction that prohibited nurses from prescribing medications and requesting tests^(18, 20). Fact suspended by the Regional Court of the 1st Region, and the judge responsible for the suspension changed his position and admitted the importance of nursing in health care⁽²⁰⁾.

In PHC, the nurse exercises the ability to prescribe and transcribe medications supported by protocols prepared by the Ministry of Health legally complying with the profession. The protocols are recommendations developed systematically to assist in the management of a health problem, in a specific clinical circumstance, preferably based on the best scientific information⁽²⁰⁾. Thus, the protocols

strengthen the NC so that nurses have full autonomy to perform it.

In southern Brazil, studies report that developing the NC is the best way to improve it with responsibility in the face of the management of a team, providing health coverage to the community, in the face of assistance and problem solving, stimulating clinical reasoning and gaining unique experiences^(14,21). Thus, nurses value clinical practice, reinvigorated on a daily basis through the exercise of NC, as it emphasizes reasoning, directs care actions and provides autonomy to nurses⁽²²⁾.

Therefore, NC becomes essential in the performance of the FHS and values the work of nurses by involving the integrality of care and quality in care. Nevertheless, other factors intervene in the fulfillment of the NC, such as high demand, lack of time, lack of scheduling, accumulation of tasks in the unit and limited physical space⁽³⁾. Moreover, nurses regularly abstain from the ideal and develop basic procedures such as raising problems during conversation with the user to intervene quickly and mechanically, away from the principles of comprehensiveness and the Nursing Process (NP)⁽²³⁾.

The Nursing consultation organizing the nurse's work process.

The professionals who carry out the consultation for the community in general identify the importance of carrying it out following the NP, performing its relevant steps⁽³⁾. However, there are challenges that hinder the execution of this practice in an integral way, and, to combat them, the professionals elaborate materials that help them in the performance of the NC, but are not always well succeeded as in the case of spontaneous demand consultations that end up using the biomedical model, due to its high demand and short time.

This way of performing the NC in a fragmented and superficial way, paying attention to complaints and conduct for lack of time, recedes the evolution of the nurse's practice and devalues the recognition historically acquired

by the professional category. In addition, it nullifies the holistic character and integrality of care, so evident in the formation, leaving aside the biological, psychological, spiritual and social aspects of each individual⁽²³⁾. There is no way to unlink integrality from the NC, they are necessarily connected, integrated and associated to expand the possibilities of solving their demands⁽⁴⁾.

The experiences acquired by nurses with NC are marked by several periods and different scenarios with experiences that run through history, since the implementation of the FHS team^(5,16). This can collaborate in the organization of the NP, that is, various experiences can help in the planning of new challenges. The participants report that, in some territories, smaller and less developed cities, there is still the reductionist view of the nurse's practice. Nevertheless, from the moment the NC is developed in its fullness, the recognition becomes automatic, for both the team and the community.

Thus, nursing is seen as a cooperative social practice, whose care, administrative, educational, research and integration activities require interpersonal and interprofessional interaction, which are sedimented in the act of caring, which is the essence of the nurse's work⁽²⁴⁾.

The strategies developed by nurses to organize their work are related to the availability of their agenda, for both the NC and other assigned activities. Planning is important in all aspects that involve nurses in the FHS, whether in developing managerial activities, scheduling appointments, procedures, home visits, health education, and team training⁽²⁵⁻²⁶⁾.

In studies conducted in the state of São Paulo, almost 90% of nurses' agendas are elaborated with management and care activities. The assistance aims at prevention and health promotion actions in the morning divided between scheduled visits and spontaneous demand. About 7% of the working periods are used for team meetings, which is consistent in the discussion of cases and team training, which detects the work overload experienced by nurses⁽²⁵⁻²⁶⁾.

Therefore, the care practice with the NC corroborates the organization of nurses' work

before their demands, in the interaction between the care and management of the unit, especially in the performance of the NP, which is required by the nurses' class body for regular practice of their assignments.

The presentation of the nursing consultation to the nurse

It is evident that the practice of NC evolves and is strengthened in the daily exercise of the profession, given the experiences lived during the work process, in which the NC stands out due to the criteria used for the development of the care strategy, and may be improved with the expansion of protocols that support the professional's performance^(15,19).

According to the nurses in this study, the NC is something legitimate in their work, in which their profession is valued due to the great achievements in front of health coverage. This denotes satisfactory feelings to nurses in performing the work raising professional success. Thus, the NC constitutes visibility and appreciation in the face of prevention, promotion, rehabilitation and collaborates significantly in the care coverage for the community's health⁽³⁾.

This expresses the professional recognition by the community based on the resolvability that the NC offers to the FHS, because a well-developed NC and well-designed care plans, with beneficial results, consequently attract links with the community, family and patient^(3, 13, 26).

Furthermore, the practice of NC is responsible for the development of clinical reasoning, autonomy and professional empowerment of nurses in the FHS, factors that manifest positive feelings in work performance, ensuring professional growth⁽³⁾.

Before the team, there is also recognition, because the nurse is presented as a prominent professional in the FHS, being the main intermediary of information before the assistance, management, the work process between the team, in delegating functions, training, among other responsibilities. Therefore, frailty in communication or

professional unpreparedness may compromise the proper functioning of the health unit⁽²⁷⁾.

Although the NC presents itself as an important practice for nurses, there are many challenges in its execution in a full way, such as the overload of professionals by queues of users, lack of service rooms, inadequate physical space, medical dependence due to medication prescriptions, as well as medical records with incomplete information from multiprofessional consultations^(5,13,26).

To achieve the strengthening of nurse practice, investments are necessary, as well as overcoming challenges through planning to improve the conditions of nurses in the development of an effective clinical practice.

Therefore, the limitations found in this study are related to the scope of the FHS, restricting the other experiences against other aspects of PHC. In addition, there is a small number of studies on this subject for collaboration.

Final Considerations

Nurses understand that the NC goes through a constructive process, starting with graduation and being built during everyday practice, in constant improvement. The NC reveals itself as the most important activity of the nurse and, through it, one can observe the professional improvement and recognition, pointing out ways for his/her appreciation.

Through the phenomenon called "From the beginning of praxis to the daily life of the NC", it was possible to reveal this experience with the NC and its evolution in the FHS. The paradigmatic organization of the themes "The nursing consultation organizing the work process of the nurse" and "The presentation of the nursing consultation to the nurse" demonstrated, in a procedural way, the composition of the NC and its current state, as well as challenges faced in the development of practice by nurses.

This study contributes to the advancement of science, as it reveals the experiences lived by nurses working in the FHS, elucidating relevant points for the continuous improvement of training and praxis. Changes can be provided

based on new meanings related to NC, enabling the recognition and professional appreciation so desired, while responding to the health needs of the population.

Collaborations:

1 – conception and planning of the project: Stella Godoy Silva e Lima, Carmen Maria Casquel Monti Juliani and Regina Stella Spagnuolo;

2 – analysis and interpretation of data: Stella Godoy Silva e Lima and Regina Stella Spagnuolo;

3 – writing and/or critical review: Stella Godoy Silva e Lima, Carmen Maria Casquel Monti Juliani and Regina Stella Spagnuolo;

4 – approval of the final version: Stella Godoy Silva e Lima, Carmen Maria Casquel Monti Juliani and Regina Stella Spagnuolo.

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