

MELHORES PRÁTICAS DE ENFERMAGEM: POTENCIALIDADES E DESAFIOS EM UM CONTEXTO ASSISTENCIAL

BEST NURSING PRACTICES: POTENTIALITIES AND CHALLENGES IN THE HEALTH CARE CONTEXT

MEJORES PRÁCTICAS DE ENFERMERÍA: POTENCIALES Y DESAFÍOS EN UN CONTEXTO DE ASISTENCIA

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RESUMO

Objetivo: Compreender as potencialidades e desafios no desenvolvimento de melhores práticas de enfermagem em um contexto assistencial. **Método:** Estudo qualitativo, pautado no referencial metodológico de Paulo Freire, a partir das etapas: investigação temática, codificação e decodificação e desvelamento crítico, realizado por meio de três Círculos de Cultura. Participaram 17 enfermeiros atuantes em serviços de atenção primária, secundária e terciária, em três municípios, entre os meses de junho a agosto de 2018. **Resultados:** Apesar dos inúmeros desafios que envolvem as práticas, como a falta de diálogo entre enfermeiros e com equipe multiprofissional, além da pouca familiaridade com as dimensões (triade) das melhores práticas, destacaram-se como potencialidades: a liderança da enfermagem, o vínculo com o usuário, entre outros. **Conclusão:** Os enfermeiros buscam aprimorar suas práticas naquele contexto, contudo, faz-se necessário estabelecer a comunicação entre eles em espaços dialógicos, que despertem a avidez pela busca e compartilhamento do saber, na direção das melhores práticas. Com o uso de metodologias crítico-reflexivas como os Círculos de Cultura comprovou-se uma oportunidade para a problematização do processo de trabalho, podendo contribuir para o diálogo e a reflexão.

Descritores: Serviços de Saúde; Enfermagem; Assistência Integral à Saúde; Padrões de Prática em Enfermagem.

ABSTRACT

Objective: To understand the potentialities and challenges in the development of best nursing practices in the care context. **Method:** qualitative study based on Paulo Freire's methodological framework, with the following steps: thematic research, coding and decoding, and critical unveiling in three Culture Circles. Seventeen nurses working in the Health Care Network involving three municipalities participated in the study, which took place from June to August 2018. **Results:** Despite the numerous challenges in the practices, such as lack of dialogue between nurses and the multidisciplinary team, as well as lack of familiarity with the dimensions (triad) of best practices, the following aspects stood out as potentialities: nursing leadership, the link with user, among others. **Conclusion:** Nurses seek to improve their practices in the Network; however, it is necessary to establish communication between them, in dialogic spaces that arouse the eagerness to seek and share knowledge, towards best practices. The use of critical-reflexive methodologies such as Culture Circles proved to be an opportunity for problematizing the work process and was contribute to dialogue and reflection.

Descriptors: Health Services; Nursing; Comprehensive Health Care; Nursing Practice Patterns.

RESUMEN

Objetivo: Comprender los potenciales y desafíos en el desarrollo de las mejores prácticas de enfermería en un contexto asistencial. **Método:** Estudio cualitativo, fundamentado en el marco metodológico de Paulo Freire, basado en los siguientes pasos: investigación temática, codificación y decodificación y presentación crítica entre círculos culturales. Diecisiete enfermeras que trabajan en la red de atención médica en tres municipios, de junio a agosto de 2018, participaron en el estudio. **Resultados:** A pesar de los numerosos desafíos que implican prácticas, como la falta de diálogo entre las enfermeras y el equipo multidisciplinario, así como la falta de familiaridad con las dimensiones (triada) de las mejores prácticas, las siguientes destacan como potencialidades: liderazgo de enfermería y el vínculo con el usuario, entre otros. **Conclusión:** Las enfermeras buscan mejorar sus prácticas en la red asistencial, sin embargo, es necesario establecer comunicación entre ellas, en espacios dialógicos que susciten el afán de buscar y compartir conocimientos, hacia las mejores prácticas. El uso de metodologías crítico-reflexivas, como los Círculos de Cultura, brindan una oportunidad para problematizar el proceso de trabajo y podría contribuir al diálogo y la reflexión.

Descriptores: Servicios de Salud; Enfermería; Atención integral de Salud; Pautas de la Práctica en Enfermería.

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How to cite this article:

Weber ML, Vendruscolo C, Adamy EK, et al. Best nursing practices: potentialities and challenges in the health care context. Revista de Enfermagem do Centro-Oeste Mineiro. 2019;9:e3504. [Access ____]; Available in: _____. DOI: <http://dx.doi.org/10.19175/recom.v9i0.3504>

INTRODUCTION

The health care model, as well as services and professionals, need to follow the evolution of information and review the quality of care provided. The moment of crisis also adds in this sense, pressuring the Unified Health System (SUS) and (re)defining health as an object of exchange and competition between the public and private sector, converting this valuable dimension of life⁽¹⁾ into mere commodity. In this context, it is also worth highlighting the changes in the Brazilian sociodemographic profile, especially the increase in life expectancy of the population and in the rate of chronic non-communicable diseases.

In this challenging outlook, organizational arrangements in public health include services of different technological densities and actions that are interconnected in order to intervene in the health-disease process, observing the principles of SUS⁽²⁻³⁾ and favoring the creation of bonds between professionals, users and organizations, with cost reduction, mutual learning and strengthening of synergy between knowledge and actions to improve the quality of care⁽⁴⁾. In this perspective, an important aspect is the structuring of the System based on Primary Health Care (PHC) - also Basic Care (BC), in Brazil - which is the administrative body that organizes the Health Care Network (HCN), the preferred access route for users. However, obstacles remain, such as the lack of awareness of managers and health teams about the relevance of this organizational model and the lack of knowledge of professionals about the possibilities of managing services⁽⁵⁾.

Regarding the performance of professionals in the scope of SUS, that of nurses is considered fundamental for conducting and articulating care, because they are facilitators in the interconnection between different levels of care, especially due to their proximity to users and to the community, their skills to dialogue with other professionals of the health team, and their knowledge of the territory⁽⁶⁾. These skills evolve with professional experience and, nowadays, they are enhanced with the search and use of scientific evidence in nursing practice. This is because using outdated traditions, peer advice and/or manuals to support professional actions is no longer tolerated. On the contrary, it is ethical and respectful care, ensuring user safety in the health service, has been regarded as priority⁽⁷⁾. By observing the context, however,

gaps that directly interfere with the professional practice of nurses become evident, namely: the lack of mastery of new care management technologies and deficits related to professional training, where the fragility in problematizing the knowledge and practice of professionals can be perceived to the extent in which they are viewed from the perspective of conceptual references and methodologies that promote critical thinking and autonomy. The processes of training professionals to work in the SUS, which is the largest employer in the health sector in Brazil, still remain directed to market demands that go against the real needs for PHC change and strengthening. Training institutions present proposals that strengthen the incorporation of highly complex technological education at high costs, highlighting the specialties⁽⁹⁾.

The rescue of best nursing practices is seen as a possibility to meet and strengthen the principles of PHC, and consequently SUS. A "best practice" is defined as a technique or methodology that, through experience or research, had its reliability confirmed to produce a good result. In other words, it consists of knowledge about the practice that works in specific situations and contexts, with the rationalized use of resources to achieve the desired results, and which can be replicated in other situations or contexts⁽¹⁰⁾. The Best Practice is therefore formed by a triad: experience (1), investigation (2), and reliability, considering the needs of each user/person and the lowest cost (3)⁽¹⁰⁾.

In the context of health services, the best nursing practices permeate any form of direct care or planning that translates into improved quality of life of users⁽¹¹⁾. The professional should be aware of the entire intervention project with the users and close to their family context, because the more involved in their care process, the users and their family can become protagonists in health maintenance⁽¹¹⁾. Therefore, it is the role of nurses to foster the development of their social awareness, since the establishment of best practices is directly linked to the potential for strengthening and empowering these groups, arising from social reproductions that, in turn, interfere with the biopsychosocial development of the individuals⁽¹¹⁾.

Given these considerations, the research question that emerges is: what are the potentialities and challenges for the development of best nursing practices in different care

contexts? In this sense, the objective was to understand the potentialities and challenges in the development of best nursing practices in a health care context.

METHODS

Qualitative study guided by Paulo Freire's Research Itinerary, which is based on a liberating pedagogical perspective, conducted through dialogue and horizontal relations.

Grounded on Freire's methodological framework⁽¹²⁾, the study was organized into three dialectical moments: thematic investigation; encoding and decoding; and critical unveiling, organized through spaces called Circles of Culture (CC), which are characterized by a group of people with some common interest, who discuss their problems and life situations, building a deeper perception of reality⁽¹²⁻¹³⁾.

The research was conducted in a health care context composed of three municipalities located in the west macro-region of Santa Catarina, with a total population of approximately 18 thousand inhabitants, with primary, secondary and tertiary care services. The choice of these municipalities is justified by their well-defined scenarios, with the three levels of care, but which, admittedly, lack strategies to improve their flows and the communication between nurses who work there.

Seventeen nurses participated in the research; of these 11 were professionals from Basic Health Units, three from a Psychosocial Support Center and an Emergency Care Unit, and three from a Hospital, most of them women (16 participants). It was a criterion for inclusion to act as a nurse in one of the services of that context for at least three months. This option did not interfere in the research process because the focus of the study was the best practices, which are strengthened with professional experience, regardless of the time spent working in the same service⁽¹⁰⁾. Nurses who, during the data collection period, were on leave or out of service for any reason were excluded.

The research Itinerary took place through three CC, with the participation of seven nurses on average in each meeting, between June and August 2018. The three stages of the Itinerary were conducted (thematic investigation; coding and decoding; and critical unveiling), with an interval of approximately 21 days between meetings. The dynamicity and flexibility of the CC allowed them to be performed with a small and

irregular number of participants, favoring a closer interaction between them and the researchers. This dynamism guaranteed the epistemological rigor, as well as a profound reflection of reality, promoting the autonomy of the participants in the process and its transformation, as the literature recommends⁽¹³⁾.

The CC lasted about two hours and took place in a previously scheduled meeting room. The topic and objectives of the research were discussed and the need to sign the Informed Consent Form was explained by all the research participants. The aim was to create an environment that would foster dialogue between the group's participants, as they were arranged around a table.

In the first meeting, the thematic research was started, based on four triggering questions: for how many years have you been acting as a nurse? Did you attend or are you attending any graduate school? Reflecting on your daily practice, what do you point out as facilitators or potentialities? What are the challenges related to your practice? A total of 59 Generator Themes (GTs) were investigated since the first circle of culture, extracted from the vocabulary universe of the subjects, according to their daily routine⁽¹²⁾.

In the second meeting, the investigated GTs were discussed with the group, characterizing the coding and decoding step. With colored tags arranged on a panel, the participants identified the order of priority for their discussion so as to rescue key decoded elements in the next CC. Of the GTs identified in the first round, 16 were coded and decoded as being the most representative of the main demands experienced by the group. In the last circle of culture, in a continuous process of action-reflection-action on reality, the participants unveiled two main themes that addressed the potentialities and challenges in the development of best practices in the context of the Health Care Network (HCN).

The unveiling of the themes investigated was performed with all participants involved in the study, as suggested by Freire's Method⁽¹²⁾. The Theoretical Framework of best practices, allied to Freirean conceptions contributed to the critical unveiling process of Themes, from the analysis of the information, which occurred through careful reading of the recorded information.

The highlighted Themes guided the moment of reflection among participants in order to decode the GTs. Given the critical and participatory theoretical-methodological framework, advocated by the methodological theoretical framework, the data analysis from the CC occurred, concomitantly, with the production of information. Thus, at all stages of the thematic investigation, the researchers transcribed the audio recorded material, organized the records of the produced material. This material was read, seeking to systematize the information (thematic reduction) and present it in an organized way to the participants at the beginning of each new meeting⁽¹³⁾.

The GTs were registered in a notebook for personal use of the researcher/mediator, and also in audio recording, with due consent. The research was conducted according to the guidelines of Resolution number 466/12 of the National Health Council, for research involving human subjects, approved by the Research Ethics Committee under Opinion number 2,380,748, of November 2017, authorized by the Regional Inter-Managers Commission, to which the HCN is linked. To ensure anonymity, the participants were identified with gemstone names according to individual choice.

RESULTS AND DISCUSSION

In order to value the Freirean Method as an educational and liberating action, the results will be presented in the context of its production during the CC.

Thematic Research

In the first circle of culture, the research was presented to the participants and the main GTs were investigated. We sought to promote a

moment of self-reflection of nurses about their professional career and about nursing, from the guiding questions. About this, the participants said:

“[...] We have a great field [of knowledge], but we are always doing the work of others. We know our population, the potential lies in working with them, precisely because we know them! But [...] we end up playing the role of the doctor, the psychologist, the family mediator” (Ruby).

The dialogues that emerged from the CC denounce the difficulty of nurses to recognize their professional identity in this scenario. Studies have long indicated the tendency of nurses “to do everything”⁽¹⁴⁾, assuming roles of other professional categories⁽¹⁵⁾. For Toso and collaborators⁽¹⁵⁾, nurses do not have competence, nor legal protection, much less the formal recognition of society to develop practices that are attributions of other professionals, with the same meaning that they have in countries where Advanced Nursing Practice (ANP) or Evidence-Based Practice is developed, for example. Thus, it is necessary to invest in research that diagnoses the practices developed and those that are possible in the Brazilian context.

Encoding and Decoding

In the second circle of culture, a dynamics with colored panels for visualization triggered the collective discussion and subsequent coding and decoding of the GTs, resulting in the final 16 GTs.

The coding and decoding by the group culminated in 16 Themes of interest, separated by the group, during the CC, in two dimensions (D): D1) potentialities and D2) challenges in the development of best nursing practices in the HCN.

Figure 1 - Presentation of the dimensions (D1 and D2) and the 16 GTs that emerged from the CC.

D1) Potentialities for best nursing practices in the HCN	D2) Challenges for best nursing practices in the HCN
Team work Leadership Bond with patients Collective learning spaces Empowerment of nurses	Small number of staff professionals Bureaucratization of work Lack of professional recognition Low pay Lack of dialogue between nurses and multiprofessional team Absence of Continuing Education in Health (CEH) Lack of autonomy Little support (from management) Political interference with care Work overload Lack of appreciation and attention to caregivers

At this stage, it was observed that dialogue stood out as an essential tool in the construction of collective reflections. The initial dynamics triggered the problematization of the central theme of the study and provided a rich moment of exchange of experiences, outbursts, dissatisfactions and also joys experienced in the practice and work process of nurses.

In the phases of the coding and decoding of the GTs, the situations previously seized at random gained meaning through the possibility of dialogue and the “magic vision” was replaced by a “critical vision”, making the participants perceive themselves as protagonists, with potential to transform the reality⁽¹³⁾. Arranged in a circle, they expressed their critical perceptions, for example, regarding the lack of attention to caregivers:

“[...] We offer better care to them [users] and no care is provided to us (professionals)” (Ruby).

The statements refer to dissatisfaction with the profession, especially due to the accumulation of activities assigned to nurses who, due to their generalist background, are recognized by the team as the professionals qualified to solve problems of all kinds:

“[...] This is a little of all, we are not restricted to carry out what is the duties of nurses [...] helping to solve so many other things that more effective and present care to patients is left in the background” (Amethyst).

During the meetings, there was a greater approach to the theme “best nursing practices”, awareness of work and communication flows in a specific care context, considering the available services and the importance of achieving professional autonomy, inclusive, with a view to providing care also to the caregiver. The challenges of nursing in the development of its practices imply, mainly, the work context. It is noticeable, even in a manner consistent with other studies, that the power relations that are established in certain practice scenarios in which different professionals act lack alterity on the part of these professionals and lack changes in the user and the worker, so that the care is less affected by protocol formality, less standardized, opening up to more creative possibilities and more fruitful relationships based on the encounters that are established there⁽¹⁶⁻¹⁷⁾.

There are several limit situations⁽¹³⁾ punctuated by nurses, common to different

contexts of operation, especially those related to service management. Another point that stood out has to do with the bureaucratization of work and the exigencies of managers for agility and production, added to the lack of personnel, as illustrated by the following speech:

“The structure of PHC has been changing, adding functions, programs, [...] the number of professionals in the staff, or minimum staff that is in the policy remains the same. And the management doesn't care whether or not they have too much work, they meet the minimum. In a preventative examination [cervical cancer screening exam], for example, you need to enter the same information into three different systems. This is time-consuming” (Sapphire).

The participants highlighted as challenges for their performance the lack of recognition of nurses and their role by managers and users, low salaries, work overload, lack of dialogue between nurses of different levels of care and the multiprofessional teams that work in PHC/ BC, the lack of autonomy and support of the management and the Ministry of Health itself, to perform certain procedures and conducts:

“[...] the lack of autonomy in some procedures, which is related to you being doing certain actions and not having, for ethical reasons, support; in other situations we lack support from the Ministry of Health, you are often boycotted, and even though you can build it all, or through the provider, you build it within the municipality, if you have to do a referral, imaging exams, this kind of thing that would be endorsed today, you also suffer” (Diamond).

Regarding the theme of lack of autonomy, a reflection was made on the social construction of the profession in Brazil and in the world, from a historical rescue. The group reported that, in general, nursing actions remain anonymous, causing the profession to have low visibility, depending on others:

“We have this potential, but at the same time we are stagnant, we are not seeking to unite our strength, to strengthen us to improve this situation” (Onyx).

“[...] we are hidden, invisible behind the medical team. Because, in fact, our culture is difficult! In people's minds, in the minds of those who depend on [care - users], the nurses or nurses' role is simply changing diapers, helping to take to the bathroom, few people really see the importance” (Amethyst).

In this sense, the need for developing leadership in nursing professionals emerges⁽¹⁸⁾. Matrix support is born at the heart of this proposal for transformation of the current model, from institutional experiences aimed at transforming the daily routine. Matrix support consists of the distribution of power between professionals and teams and in relationships agreed upon in alterity and conflict mediation⁽¹⁷⁾. In Canada, Spain and Portugal, some services operate from the perspective of support, based on the concept of "Liaison or Bonding Nurse", with the purpose of establishing communication with the patients and ensuring continuity of care between the hospital and other services. This function corresponds to the professional who performs the articulation in the Health Care Networks (reference of users between the points of attention, in the logic of expanded clinic)⁽¹⁹⁾. It is important to question whether the figure of the manager, emerging from the National Primary Care Policy (NPCP)⁽²⁰⁾ that guides PHC in Brazil, should encompass these attributions and/or if such activities could evolve into other expressions - such as ANP or Nurse Support, thus aiming to decrease the distance between services and information flow. In this sense, the exchange of knowledge among professionals is supposed be an integrative communication line, contributing to the consolidation of knowledge and the coordination of care in PHC^(16,19).

However, it was clear that nurses were unfamiliar with the expression "best practices". As the researcher brought some concepts, the following lines emerged:

"Maybe it is that practice that you use less material [...] that takes into account the cost-effectiveness of the procedure" (Sapphire).

At this point, there were differences of opinion about the concept; however, all participants thought that, to be considered a "best practice", it was necessary to consider the patient's context and culture, the resources available, and the professional experience:

"Another important factor is the issue of negotiation, always! That's how you work, you'll never come and cut someone's things, or say: miss, you have to store the food in the fridge, but maybe the patient doesn't have a fridge at home, right? So it depends on the reality of each one" (Amethyst).

Linked to the concept of best practices are the essential attributes of PHC, such as access, resoluteness and comprehensiveness, as well as

the relationships of affection and bond between professionals, users and the management of the services, thus meeting the attributes coordination of care and cultural competence⁽²⁰⁾. These elements are implicit in the nurses' statements, when they point out that, both the potentialities and the weaknesses that imply the development of nursing care practices in care contexts have to do with bonding and affection issues with users and members of the multiprofessional team and even with the power relations established there⁽¹⁶⁾.

The National Policy on Primary Care (NPPC) recommends that the health work process provides bonding relationships, accountability between teams and the population, ensuring the continuity of actions and the longitudinality of care⁽²⁰⁾. The bond with the users and community leads to a relationship of trust, as well as leadership and the fact that the nurses are considered the reference professionals by the team and also by users:

"A potentiality [...] is the bond we have with the population" (Agate).

"When interacting with patients, you have a great facilitating factor in this profession, with the team as well. Managing problems; you end up with administrative issues, technical issues, issues related to area and clinical, medical problems, you end up being the most qualified (professional)" (Diamond).

In a study on the theme⁽²²⁾, it was found that, in addition to personal repercussions to the professional, these factors directly affect the quality of care, a situation aggravated by inadequate physical and organizational structure, and lack of materials, equipment and personnel. In addition, the lack of recognition and autonomy perceived by nurses acting in this context, not to mention the low pay, reflects on the social construction of the profession. The reversal of this situation will only be possible with the empowerment of professionals and their engagement in the struggle for improvements in the category, construction of professional identity, and foundation of practice in its essential pillar: nursing care⁽¹⁸⁾.

The role of nursing to enable the assumptions contained in the NPPC was clear despite the challenges of professional practice. However, when unveiled, the nurses reported experiencing situations of moral distress triggered by work overload, lack of humanization and appreciation, in addition to the hegemony of

poorly collaborative management, leading to dissatisfaction with work and sometimes with the profession⁽¹⁹⁾. They highlighted the lack of dialogue in networking and signaled the possibility of dialogic spaces and sharing of experiences, which may help in the search for conciliating and resolving strategies, given the communication problems faced in daily life⁽²³⁾.

"[...] All [professionals], absolutely everyone, have to speak the same language" (Emerald).

"He [the user] goes to some specialist, goes to another doctor, then he comes back again [...] We can see the whole, in Basic Care we see the whole, he inserted in society, he inserted in the family, all this external structure" (Jade).

The theme of lack of dialogue was considered a critical node for the nurses' practice, negatively affecting care, especially regarding the longitudinality of care. The importance of bonding and the long-term follow-up of individuals was problematized, meeting the coordination of care and cultural competence⁽²⁰⁾:

"[...] They [users with psychological distress] go into an outbreak, end up in the hospital. But those who have stronger outbreaks or are resistant to adhere to treatment, I hold the recipes here, especially Haldol (drug). If the patient does not come on the day, I know he must take the medication, and then I end up actively seeking this patient to give him the drug" (Sapphire).

Critical Unveiling

The critical unveiling phase occurred in the last circle of culture. This "portrays the preliminary reflection of the proposals extracted through objective codification, encompassing principles of interpretative subjectivity; it portrays the reality and possibilities"⁽¹³⁾. Among the potentialities and challenges, the reduced themes presented in the circle were highlighted by those present, stressing those intrinsic to the profession: need for autonomy, recognition, dissatisfaction with employment, low wages; and themes related to teamwork: collaborative management and dialogue between nurses. At this moment, the reflection (and action) of the participants was stimulated, seeking the problematization and the passage from naive to critical awareness, as well as the discovery of limit situations⁽¹³⁾. The elucidation of the concept of best practices stimulated this process. In this sense, lines such as these emerged:

"I work in mental health and I think it was a good practice to bring family members or a caregiver to the patient's consultation. Because otherwise, the patient would come and go from the consultation and he would not know what to do with the prescription the doctor gave, with the guidance" (Sapphire).

The opportunity to participate in the CC favored the construction of new possibilities for transformation of daily practices, exemplified by statements such as the following, which highlights the importance of dialogue between nurses working in different points of the Network:

"I didn't imagine it would be such a good time! Just being together is already a historical event. Being able to exchange ideas, talk about general problems; this even gives us some relief" (Amethyst).

"I think these meetings are very good, we always wanted to stay a little longer, exchange experiences, know each other's reality, and even have fun" (Cristal).

The identification of potentialities, although timid, emerged in the reflections instigated by the researcher during the dialogues in the CC. The love for the profession, the care with the patient's well-being, the potential for leadership, and prominence in the team and service are some potentialities. In this sense, authors⁽¹⁸⁾ highlight the importance of valuing the formation of leaders in nursing, as this corroborates the support of the team, encouraging it and creating conditions for facing adverse situations. Ultimately, it also favors the clinical look of the nurses and, therefore, the improvement of care provided.

Regarding the structuring of dialogic spaces in services, there must be interest and willingness of those involved, that is, of workers, users, and managers. The articulation and communication between nurses are strategies implemented to establish these flows. In addition, the empowerment of nurses and the qualification of their practices through the production and consumption of scientific knowledge support their decision making and raises their argumentative potential, in a position of horizontality vis-à-vis other professions⁽¹¹⁾.

"[...] The greater your knowledge, the better your practice" (Onyx).

The closure of the meetings took place in a relaxed manner, highlighting the tightening of the relationship between all participants, favored by

the research context and the method used. The nurses expressed the need for moments such as those provided by the CC, collective learning and exchange of experiences, so that the services of that care context operate effectively and to improve their practice:

“[...] Reflect on what we do and where we want to go. Very valid, even to know the reality of Basic Care, that we who are at the other point sometimes make judgments, we do not understand, we do not know what happens there” (Crystal).

By problematizing issues arising from the work process, it was possible to share goals, develop team identity and seek comprehensive care, considering the complex and dynamic nature of health needs⁽²⁴⁾. It is clear that the success of teamwork in nursing depends on the relationship established between professionals and that there are elements that can imply them, such as training, professional experience and work dynamics. In this context, it is worthwhile also to draw attention to the fact that Advanced Practice is possible, through training, in a field of specialization, whether in the clinical part of care or in promotion and prevention⁽¹⁵⁾.

The CC, as a dialogical space, enabled the decoding of the potentialities and challenges in the development of best practices. The participants reflected on GTs in the light of this concept and, during the process, recognized themselves capable of transforming reality⁽¹³⁾. Initially, they reflected on the nurses' role in the team and in the service. Awareness of their trajectory revealed possibilities for change and solutions that could be implemented and that were not previously perceived. Nurses understand that, for best practices to happen in health services, they need to provide conditions for professionals to be constantly updated scientifically and that this becomes part of their work routine, as well as of the care activities⁽¹²⁾.

Finally, the CC promoted the articulation of knowledge production and meaningful learning in service⁽²⁵⁾. In addition to education processes, they represented dialogical movements for knowledge exchange, triggered by encounters and concrete interactions between subjects, with pedagogical applicability in the territory in which life happens⁽²⁴⁻²⁵⁾.

FINAL CONSIDERATIONS

The GTs identified and problematized by the participants demonstrate a long path to be

travelled, in that care context, whose first step was the possibility of meeting nurses from different levels and services. It is necessary to establish lasting communication links between them, permeated by dialogue and collective learning spaces, which arouse the eagerness to seek and share knowledge.

The care that is intended in the field of health production, in the studied context, points to the possibility of nursing practices that improve from the search for knowledge and that imply relationships between subjects, opening up the possibilities to different ways of seeing, listening, thinking, feeling and caring.

We highlight the potential of the CC methodology for the development of health research, providing moments of dialogue and reflection. Understood as critical-reflexive methodology, it allows action-reflection-action, making the researcher a mediator and a participant in the study.

As limitations of this study, we identified the realization of the study in a context represented by only three municipalities, with a small number of nursing professionals. The temporality of the study is also considered a limitation, since PHC has undergone important transformations, with early implementation of the National Policy on Primary Care (NPPC). Thus, the development of further studies is suggested, expanding the scenarios and disseminating the concept and relevance of best nursing practices.

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Note: Article resulting from dissertation research

Received in: 30/06/2019

Approved in: 18/11/2019

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