

## **BEST PRACTICES IN NURSING AND THEIR INTERFACE WITH THE EXPANDED FAMILY HEALTH AND BASIC HEALTHCARE CENTERS**

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### **ABSTRACT**

**Objective:** to know and reflect on the best practices in nursing and their interface with the Expanded Family Health and Basic Healthcare Centers (NASF-AB).

**Method:** this is a participatory research based on Paulo Freire's methodological framework and developed from thematic investigation, coding, decoding, and critical unveiling. The information was produced and analyzed in four Culture Circles, with an average of five nurses and duration of two hours each, between April and June 2018. The investigation revealed four generating themes, unveiled during the meetings. In this study, the theme "best nursing practices that favor relations with NASF-AB" will be discussed.

**Results:** nurses acknowledge communication as a tool that promotes best practices in nursing. It was possible to deepen the dialogue and knowledge about NASF-AB's work process and the role of nursing. Nurses act as a link between the support team and the Family Health team, a skill resulting from their training focused on management, having leadership and dialogue as resources for conflict resolution.

**Conclusion:** the present study contributed to improve nurses' thinking and acting in relation to the proposed theme. The reflections made during Culture Circles boosted transformative attitudes in the practice settings. Nurse approximation with NASF-AB favors autonomy and collaborative practices (understood as best practices), encouraging interprofessional and solve-problem actions within Basic Care.

**DESCRIPTORS:** Primary health care. Evidence-based nursing. Public health practice. Integrality in health. Management quality circles.

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## MELHORES PRÁTICAS EM ENFERMAGEM E SUA INTERFACE COM O NÚCLEO AMPLIADO DE SAÚDE DA FAMÍLIA E ATENÇÃO BÁSICA

### RESUMO

**Objetivo:** conhecer e refletir sobre as melhores práticas em enfermagem e sua interface com o Núcleo Ampliado de Saúde da Família e Atenção Básica.

**Método:** pesquisa participante pautada no referencial metodológico de Paulo Freire e desenvolvida a partir das etapas de investigação temática, codificação, decodificação e desvelamento crítico. As informações foram produzidas e analisadas em quatro Círculos de Cultura, com média de cinco enfermeiras e duração de duas horas cada, entre abril e junho de 2018. A investigação revelou quatro temas geradores, desvelados durante os encontros. Neste estudo será discutido o tema: melhores práticas de enfermagem que favorecem as relações com o Núcleo Ampliado.

**Resultados:** as enfermeiras reconhecem a comunicação como ferramenta que promove as melhores práticas nessa interface. Foi possível aprofundar o diálogo e o conhecimento sobre o tema, sobre o processo de trabalho do Núcleo e o papel da enfermagem nesse contexto. Elas se percebem como elo entre a equipe apoiadora a equipe de Saúde da Família, habilidade decorrente da sua formação voltada para o exercício da gestão e tendo a liderança e o diálogo como recursos para a resolução de conflitos.

**Conclusão:** o estudo contribuiu para o aprimoramento do pensar e do agir das enfermeiras em relação ao tema proposto, pois as reflexões tecidas durante os Círculos impulsionaram atitudes transformadoras nos cenários de prática. Nota-se que a aproximação das enfermeiras com os Núcleos favorece a autonomia e as práticas colaborativas (compreendidas como melhores práticas), estimulando movimentos interprofissionais e resolutivos no âmbito da Atenção Primária.

**DESCRITORES:** Atenção primária à saúde. Enfermagem baseada em evidências. Prática de saúde pública. Integralidade em saúde. Participação nas decisões.

## LAS MEJORES PRÁCTICAS EN ENFERMERÍA Y SU INTERFAZ CON EL NÚCLEO EXTENDIDO DE SALUD DE LA FAMILIA Y ATENCIÓN PRIMARIA

### RESUMEN

**Objetivo:** conocer y reflexionar sobre las mejores prácticas en enfermería y su interfaz con el Núcleo Extendido de Salud de la Familia y Atención Primaria (NASF-AB).

**Método:** investigación participativa basada en el marco metodológico de Paulo Freire y desarrollada a partir de las etapas de investigación temática, codificación, decodificación y develación crítica. La información fue producida y analizada en cuatro Círculos de Cultura, con un promedio de cinco enfermeros y una duración de dos horas cada uno, entre abril y junio de 2018. La investigación reveló cuatro temas generadores, develados durante los encuentros. En este estudio se discutirá el tema: mejores prácticas de enfermería que favorecen las relaciones con la NASF-AB.

**Resultados:** las enfermeras reconocen la comunicación como una herramienta que promueve las mejores prácticas en esta interfaz. Se logró profundizar el diálogo y el conocimiento sobre el tema, sobre el proceso de trabajo NASF-AB y el papel de la enfermería en este contexto. Se perciben a sí mismos como un vínculo entre el equipo de apoyo y el equipo de Salud de la Familia, habilidad resultante de su formación enfocada al ejercicio de la gestión y al liderazgo y al diálogo como recursos para la resolución de conflictos.

**Conclusión:** el estudio contribuyó a la mejora del pensamiento y la actuación de los enfermeros en relación con el tema propuesto, ya que las reflexiones realizadas durante los Círculos Culturales estimularon actitudes transformadoras en los escenarios de práctica. Se observa que la aproximación de enfermeras con la NASF-AB favorece la autonomía y las prácticas colaborativas (entendidas como mejores prácticas), estimulando movimientos interprofesionales y resolutivos en el ámbito de la Atención Primaria.

**DESCRITORES:** Atención primaria de salud. Enfermería basada en evidencias. Práctica de salud pública. Integralidad en salud. Participación en las decisiones.

## INTRODUCTION

Constructing the Unified Health System (SUS - *Sistema Único de Saúde*) is a milestone in the history of Brazil with regard to public health policies and social practices, with a marked role of nursing since its conception. SUS consolidation is still a challenge, which one seeks to face from different strategies, such as Primary Health Care (PHC) strengthening in Brazil. PHC is considered a technological innovation that operates as a health service provider and a priority gateway for users in accessing the Health Care Network (RAS - *Rede de Atenção à Saúde*). In this regard, Brazil's Family Health Programme (FHP), currently called Family Health Strategy (FHS), was established in 1994, which made it possible to expand assistance, initially for the most vulnerable populations, through territorialization and health responsibility.<sup>1</sup>

The FHS seeks to legitimize SUS and comprehensive care for individuals through actions committed to comprehensive care, focusing on the complexity of the social being.<sup>2</sup> To that end, the multidisciplinary Family Health team (FHT) is minimally composed of a general practitioner, preferably a FH (Family Health) or community expert; a generalist nurse or FH expert; a nursing assistant or technician; Community Health Agents (CHA). Oral health professionals can also be included such as dental surgeon, generalist or FH expert, auxiliary and/or technician in oral health.<sup>3</sup>

In view of implementing the FHS and increasing the resolution of services and PHC, the Ministry of Health created in 2008 the Family Health Support Center (NASF - *Núcleo de Apoio à Saúde da Família*). NASF was currently called by the new Brazilian National Primary Care Policy (PNAB - *Política Nacional de Atenção Básica*) as Expanded Family Health and Basic Healthcare Centers (NASF-AB - *Núcleo Ampliado de Saúde da Família e Atenção Básica*).<sup>3-4</sup> Its formatting requires multidisciplinary teams that operate with matrix support in health as a central guideline together with FHT and PCt (Primary Care team) professionals.<sup>4</sup> Support aims to impact the work process by sharing the specialized knowledge of NASF-AB professionals with the reference team - FHT - in routine spaces for meeting, planning and discussing cases, with a view to building shared therapeutic projects.<sup>5</sup> In this perspective, the Paideia Training and Support Methodology, which guides NASF-AB's work in health network co-management, operates from praxis as a democratic possibility of sharing power in collective spaces. It is about the possibility of building conditions for dialogical reflection from different world conceptions, glimpsing, when reflecting on others and on oneself in the direction of democracy and social well-being, the increase in the comprehension and intervention capacity of individuals under a certain context.<sup>6-8</sup>

When aiming for changes in work processes, it is essential to transform the health care model, which is still hegemonically guided by vertical and fragmented practices. Such transformation requires a multidisciplinary and intersectoral action, with the work process focused on collaborative practice. Moreover, it is important to highlight the performance of nurses, who develop their activities in order to integrate FHT and NASF professionals. A study conducted with NASF-AB professionals and management professionals revealed that nurses have a primary role so that NASF-AB can act according to its guidelines and in an interdisciplinary way, incorporating and expressing its activities.<sup>9</sup>

Nursing offers collective and individual care for different population groups and includes actions for disease prevention, health promotion, and care for sick people. In the course of their academic training, nurses are prepared to act as comprehensive care promoters, from the perspective of the social determination of health-disease, observing the conditions and the ways people, family members, and communities live.<sup>8</sup> This is done through mastery of a field of knowledge that gives them competence to care for people throughout their process of living in the individual and collective spheres from three basic dimensions: care, education/research, and management.<sup>10</sup> Focusing on human care and the possibility of moving through different fields of knowledge, nurses' work has the

prerogative to construct interdisciplinary reflections and promote the construction of strategies for effectively carry out their actions.<sup>11</sup>

When considering nursing in the FHT, the concept of best practices emerges as a possibility to qualify their work at PHC, as it sets a path for the development and exercise of their creativity, their daily experience and their skills or competencies implicit. A best practice is defined as a technique or methodology that, through experience or investigation, has proven reliability to produce a positive result. In the context of health programs and services, it consists of knowledge about what works in specific situations and contexts with the rational use of resources to achieve the desired results and which can be replicated in other situations or contexts. This means combining rules, protocols and some control based on relative autonomy and respect for people uniqueness.<sup>12</sup>

In this regard, investigations on the role of nurses in PHC in interface with NASF-AB, using the best practices in nursing as a basis, are fundamental to understand and consolidate actions that favor comprehensiveness, which occurs when FHT interacts with PHC support team collaboratively. Based on these reflections, we seek to know and reflect on the best nursing practices and their interface with NASF-AB.

## METHOD

This is a qualitative and participatory study that presents as a methodological strategy Paulo Freire's Research Itinerary, composed of three stages: 1) thematic investigation; 2) coding and decoding; 3) critical unveiling through Culture Circles (CCs). CCs favor dialogue among participants about reality so that collectively they can identify possibilities for intervention.<sup>13-14</sup> It is a space in which knowledge exchange happens naturally between researchers and participants, marked by ethics and respect among those involved. Freirean praxis proposes that, from the action-reflection-action process, the subjects are protagonists of their stories and strengthen themselves for the necessary changes in a given context. Through a dialogical process that takes place with praxis, everyone is a protagonist and can progress towards transformation.<sup>15</sup>

The present study was carried out in Chapecó city, based in the western region of Santa Catarina State, and has 26 Family Health Centers (FHC) and five NASF-AB teams for 47 FHT. The Chapecó Department of Health (SESAU) appointed 19 nurses to participate in the research, which belonged to the FHT supported by NASF-AB. Invitations were sent to the professionals appointed to participate in the CC meetings and a brief summary with the research project's main information via institutional e-mail. Moreover, telephone contact was made in order to reinforce the invitation and/or to confirm the nurses' participation. An average of six SESAU nurses participated in each meeting.

Theme investigation took place through four CCs, in which the three Itinerary stages were carried out. Between each of the meetings, held from April to June 2018, there was an interval of about 30 days. The CC dynamics allowed meetings to be held with a small and irregular number of participants, as long as it allowed approximation between researchers and researched subjects, as well as limit situation, obstacles, barriers, or difficulties, which interfere with life of individuals and that need to be overcome.<sup>15</sup> This situation was of interest to the researcher if it were a relevant possibility for all participants. Epistemological rigor is guaranteed through deep reflection on reality and promotes participant autonomy and transformation in the process.<sup>15</sup>

The CCs lasted an average of two hours and took place at the UDESC facilities. The research theme and objectives were introduced to participants as well as Informed Consent Form (ICF) and Video and Photo Content Form. Furthermore, nurses were able to choose codenames, which were chosen from figures in Greek mythology, such as Artemis, Gaia, Demeter, thus preserving their identity. Thus, all ethical assumptions contained in Resolution 466/12 of the Brazilian National Health Council (*Conselho Nacional de Saúde*) for research conducted with human beings were met.

The first CC was the guideline for the other meetings, as it was intended to address the ethical aspects relevant to research involving human beings, study presentation proposal and, fundamentally, recognition between participants and researchers, in addition to creating bonds based on trust and respect among those involved. Furthermore, after introducing the following triggering questions, thematic investigation started from the nurses' report on their daily work: what is the role of nursing in the relationship with NASF-AB professionals? Which nursing practices enhance the daily work of FHT in interface with NASF-AB? Thematic investigation began after CC organization and verbal contract establishment in order to consolidate a commitment between nurses and researchers. This step consists of extracting meaningful words or phrases from the vocabulary universe of participants, which must contain life history, acquired knowledge and daily experiences. These words or phrases are called generators because, by combining their basic elements, they trigger the formation of others and elaboration of critical concepts and ideas, overcoming naivety. They are meanings constituted or reconstituted in behaviors, which characterize existential situations.<sup>13-14</sup>

Theme coding began in the second meeting, in which nurses' perceptions have been resumed. The main elements highlighted in the first meeting, extracted from the limit situations and understood as important elements for the development of best nursing practices in FHT in interface with NASF-AB, were transformed into 22 generating themes. The researchers distributed cards on one of the walls of the room so that nurses could visualize their reality externally. They considered the cards as mirrors of their reality, as they reflected experienced strengths and weaknesses; they stated that, at that moment, it would not be necessary to include other themes or unite the cards.

Next, they were encouraged to read the generative themes, they chose those they considered as priorities to be unveiled in the research. They expressed reasons that led them to define them as indispensable for the investigation. At that moment, the most relevant issues from the previous meeting came up and the reality was brought to the attention. Thus, it was possible to codify an existential situation through its representation with some constituent elements in interaction.<sup>14</sup>

Participants reflected on these situations and on their role in that context, no longer naively, but critically, in order to trigger the awareness process and develop the autonomy to feel responsible for the change they aspire. Based on the nurses' choice of the generating themes, the most relevant situations have been determined, which require further investigation. As the professionals told about their reality and carried out the reflections, the researchers contributed with theoretical material, instigating critical reflection in the dialogue, so that the themes were interconnected and the reflection on their practices was encouraged to raise awareness.

The generating themes were resumed at the third meeting, which were compiled and generated significant discussions, transforming them into a more comprehensive generating theme. The triggering questions presented at the first meeting were rescued as a basis for dialogue. Excerpts from scientific articles on best practices were discussed in order to trigger the dialogue and continue the encoding and decoding process, which must be associated.

At the last meeting, the discussions held in the other three have been resumed, narrowing the inferences from the 22 generating themes identified in the first meeting, which resulted in 12 in the second and which, from their union, gave rise to four. Thus, in the critical unveiling of reality, the stage of problematization or thematic reduction, participant awareness is developed through concepts. They externalize their view of the world, their perceptions of limit situations and their reality so that the researcher minimizes their direct intervention during the dialogue.

Theme recording was carried out in a notepad, in addition to audio recording use, ensuring the storage of all the problematized information during these moments. After each CC, complementary meetings between the researchers and the general research coordinator were held to reflect on the emerging issues and to discuss the next meetings.

Analysis took place through a careful reading of the information recorded. The significant themes of each meeting have been identified and were related to the theme of the study. The data highlighted guided a reflection with the CC participants in order to decode and communicate the generating themes identified. Due to the methodological framework recommending a dialogical, critical, and participatory process among the research participants, information analysis occurred concurrently with its production. Therefore, in all thematic investigation stages, the researchers transcribed the material and organized the records produced by nurses. The material was read in order to systematize the information (thematic reduction) and present it in an organized way to participants at the beginning of each new meeting.<sup>15</sup>

During CCs' methodological path, there were limitations that required competencies related to the researchers' pedagogical practice, in order to incite critical reflection of participants so that the research objective was achieved. Therefore, it was necessary to take a sensitive look at the nurses' demands and understand the dynamics of work at FHT and best practices in nursing. There was a risk that discussions would remain shallow, based on reports and routine problems, and not for the effective transformation of reality. Moreover, there were difficulties related to adherence to the meetings, as they were held during the nurses' working hours, which required a formal release from SESAU. However, as it was a service commitment committed to health education, this release was granted and it was clear that the proposed methodology consisted of a permanent education movement with the potential to cause changes in the reality of PHC work.

## RESULTS

Four generating themes have emerged: 1) NASF-AB attributions: interface between the FHT and the support team; 2) the relationship between FHT and NASF-AB professionals: nurses as a link; 3) development of groups as a management technology that enhances the relationship between nurses and NASF-AB professionals; 4) best nursing practices in interface with NASF-AB. Due to the theoretical complexity and the volume of data obtained, it was decided to discuss the generating themes individually, aiming at a thorough analysis of the specificities that make up each one of them. In this regard, issues related to the theme "best nursing practices in interface with NASF-AB will be discussed.

In order to value Paulo Freire's method as an educational and liberating action, the data that originated this theme will be presented in the context of its production during the CCs; some of the topics that appeared throughout the study stand out.

### Thematic research

Among the nurses' statements that gave rise to the explored generator theme, from the triggering questions, those that reveal their initial understanding of the concept of best practices stand out:

*I consider a best practice that nurses do and that has an evidence, a scientific foundation, which proves that practice is the best practice, or one of the best, that has strong evidence that it works (Hera).*

*[...] community diagnosis is best practice, sharing the task with professionals to carry out care activities adapted to the local reality, always taking into account the scientific issue [...]* (Demeter).

In relation to the practices in partnership with the NASF-AB team, they reveal that some only happen in due time, when nursing and NASF-AB were mature enough in the relationship to develop them:

*[...] there may be things that don't happen at any given time. Maybe we have to stop, think, and suddenly, at another time, we can do it; so, each team has its time [...]* (Demeter).

When asked specifically about the best nursing practices in interface with NASF-AB, they point out the importance of good communication with professionals. They also signal their natural ability to act according to elements that imply in the community's ways of life, by identifying the main demands of the area inscribed. They mention that they act as a bridge in the dialogue with NASF-AB:

*I think that nursing is perhaps the profession that is most available to interact with both patients and professionals. Usually, nurses end up developing this bridge. As NASF is not around the clock, at 40 hours, inside the unit, nurses can make this link: 'this patient is a priority' or 'our coverage area is in need of something' [...] (Temis).*

*I think that nurses are the ones who have communication with NASF [...]. Usually, discussion takes place with nurses, then taken to the team. So, they really are a bridge (Persephone).*

## **Coding and decoding**

The following statement is an example of reality coding and decoding, in which nurses reflect and observe more deeply the elements that are involved in the process of communicating with NASF-AB and that can generate a lack of understanding about the message. Once resolved, they could lead to effective communication and collaborative action:

*I think that best practice is to believe in the potential of those professionals who are there and collaborate with them, because they are there to collaborate with us and, sometimes, we do not give the same feedback (Gaia).*

*A best practice is when communication takes place. How do we sometimes say things? Are you enough talking about everything? The real communication is knowing that what I say may not be the same as the other person understands, which happens most of the time [...] (Artemis).*

Thus, nurses begin to reflect on what could change so that communication with NASF-AB was more effective, as shown in the following statement:

*[...] in my unit, from a reflection of a meeting we had [previous CC], we started a process of working on communication in the team, because people always understand according to their context, their relationships at that moment and not what was really talked about. We are working on this, we are developing this best practice in a team meeting (Artemis).*

Moreover, as stated in the previous statement, other phrases demonstrate the transformative potential of reflections instigated in CCs, in the direction of awareness about the importance of nursing and the need to develop autonomy:

*[...] I have always tried to get rid of this thing of accepting what anyone asks me to do. I have learned to say no, especially when it is not my job. Lately, I have been able to exercise this, also because of these meetings, but I see many colleagues who are submissive, do the job of doctor's secretary, and we are not that. It needs to come from within ourselves [...] (Gaia).*

*[...] these meetings have made me reflect on the importance that we, as nurses, give to NASF; how important other professionals on our team are to NASF. For us, how important are we?! (Artemis).*

## **Critical unveiling**

In this regard, analysis of the statements converges with the nurses' understanding of communication between them and NASF-AB professionals. This fact legitimizes codification by the group and emphasizes that, when meeting with the other, there is a transformation:

*[...] when meeting with the other, we transform them and are transformed. So, when they [NASF-AB professionals] come, it is not a vertical thing, it is horizontal, this exchange happens! If someone tells me something, I already give a counterpoint, so we will, in this communication process, also supporting our supporters! (Artemis).*

From this construction, it was possible to perceive that, in reality experienced by nurses with NASF-AB, there is a relationship in which dialogue is a fundamental element through a communication process that, when it becomes effective, can be a horizontal practice and that it favors knowledge exchange and change of reality. Participants perceive nursing as a bridge, a nursing that supports NASF-AB, which, by definition, would be the supporting team.

## DISCUSSION

Concerning nursing at interface with NASF-AB, a best practice is that which contributes to the work process transformation and health care qualification. It happens from a dialogical and collaborative relationship among those involved. A relationship that takes place through an encounter equipped with communication, use of scientific knowledge, focus on the community's ways of life and, above all, a relationship in which nursing acts as a supporter of NASF-AB, inverting roles at certain times. Thus, nurses highlighted elements that make them realize a notion about the concept of best practices, in addition to articulation with other concepts that characterize PHC work.

Nurses, when recognizing themselves as citizens, replacing the attitude of spectators with that of subjects/leaders (supporters), they perceived themselves as autonomous; and, in this condition, they took on responsibilities, committed themselves, participated and developed a sense of belonging,<sup>16</sup> which favors their practice. Paideia methodology,<sup>6-7</sup> that supports NASF-AB's supportive performance, does not conceive of a social organization without a power struggle. Conversely, it considers this dispute and negotiation as essential elements for democracy. However, it advocates ensuring conflict resolution by using convincing instruments, such as dialogue and negotiation. Support, as a method, implies the existence of shared projects based on a management process that encourages professionals to leave themselves, without abandoning themselves. Thus, the subjects involved can express their interests and desires, rethinking them based on interests and desires, according to context and institutional determinations.<sup>17-18</sup>

In Canada, Spain and Portugal, some services operate in this perspective, with the concept of Liaison Nurses, which aims to establish communication with users and ensure continuity of care between hospital and other services. It is a function that corresponds to professionals who perform articulation in the network (user flow between the points of attention of the network, in the logic of comprehensive care and the expanded clinic).<sup>19</sup> Although this discussion in Brazil found no significance, such activity could evolve to other current expressions or that have already been ascended, such as Advanced Practice Nursing<sup>20</sup> or Support Nurse,<sup>19</sup> and collaborate for the approximation between services, generating a flow of information capable of encouraging health actions focused on individual and collective dimensions, committed to ensuring care comprehensiveness. Knowledge exchange among professionals would be an integrative line of communication, collaborating with consolidation of knowledge.

Nurses' perceptions of best practices converge with the literature<sup>12</sup> when they assume that such practices are directed to specific contexts and that can be replicated, going through necessary adaptations in other realities that present similar characteristics, which may be influenced by external and individual factors and that express a dialectical relationship between individual and collective by using scientific evidence to achieve the desired result. In line with this concept, nurses have identified the importance of adapting best practices to the reality of work and the field. They drew attention to the singularities of the enrolled population and stressed that their leadership attitude contributes to them being a "bridge" between FHT and NASF-AB. A researcher<sup>21</sup> states that good nursing practice recognizes the geopolitical territory of production and reproduction of life and work in a primordial way, as a place where health needs emerge, as well as vulnerabilities related to social groups. In a convergent way, another author and collaborators<sup>20</sup> emphasize that it is essential that, in the

performance of professionals in health services, there is a dynamic that favors continuity of care to users, especially with regard to nurses. The authors affirm that the approximation of professionals involved in care contributes to the implementation of best practices.

Nurses drew attention to the relationship with NASF-AB as a possibility to find the other and recognize their core professional knowledge, understanding it as a complement. In this regard, it is recognized the importance of having PHC team professionals whose knowledge includes the core of subjectivity and professionals focused on the core of the clinic.<sup>7</sup> In nursing, it is necessary “[...] to produce knowledge that underlies the professional core ‘nursing’ for its qualified performance in health, acting in defense of life, the right to health and living with quality and safety. It is up to the nursing professionals to produce knowledge about what identifies the nursing work in collective multidisciplinary work in health; what does interdisciplinary work mean and how nursing is placed in this debate [...]”<sup>10:41</sup>.

Relationships in PHC also imply challenges that are present in the reality of work and health education, including that which directs to effective teamwork and collaborative practices. Nurses perceived a gradual approach to NASF-AB, respecting times and limits, whose ideas converge with the assumptions of Interprofessional Education (IPE) in health. This approach encourages shared and interactive learning process with a view to improving collaboration and the quality of health care; it becomes a strategy to encourage the formation of a new professionalism, consistent with the needs to strengthen SUS<sup>22</sup> and focused on the transformation of being and the way of relating to the other.<sup>23</sup> This concept is linked to the notion of teamwork and negotiation of decision-making processes through collective and reflective construction of knowledge, respect for the differences and singularities of the nuclei of knowledge and dialogical practices.<sup>24</sup>

With regard to this relationship between NASF-AB professionals and nurses, dialogue is an important tool that makes communication effective and facilitates interprofessional work to exchange experiences and shared action with a view to comprehensiveness in health and understanding of individuals in all their dimensions and singularities.

Perceiving themselves as unfinished beings<sup>13</sup> in constant transformation, nurses recognized the importance of legitimizing their actions based on scientific knowledge, in the direction of best practices,<sup>12</sup> in addition to returning them to the reality of their field of expertise and the perceived health needs.<sup>21</sup> They reflected on time as an important element in this interface with NASF-AB. With such outlines, their conception of best practices adds issues such as autonomy and respect, which go beyond actions aimed directly at users, incorporating those that cause reflection and macro-political changes aimed at professional valorization and the improvement of relationships and affections that permeate the work process in PHC.

## CONCLUSION

Best nursing practices have permeated the dialogue and production of scientific knowledge when problematizing the importance of nurses in PHC. Nurses recognize best practices in the daily actions that accompany their performance in interface with NASF-AB and in the relationship with the reference team of which they are part of. By placing the theme as an agenda, the need to strengthen nursing is perceived through autonomy promotion and encouragement to permanent training of nurses in order to improve their practices as well as their recognition in the work process.

The present study points to the recognition of means to combine the different knowledge of PHC, in order to improve the provision of services and quality of care, such as dialogue and communication, autonomy and science. This occurs in the encounter that enables the exchange of knowledge and allows for transformation. With this understanding, nurses perceive themselves as supporting the team, tracing paths for interprofessional action.

Using Paulo Freire's Research Itinerary was assertive in all its stages; fulfilled the study objectives; established bonds between research nurses and nursing assistants in a movement that, visibly, contributed to the construction of knowledge, permanent education and teaching-service integration.

During the process of information production and reflection between researchers and participants, some challenges were experienced, such as the difficulty of communication with nurses through FHC, which was solved by telephone contacts and collaboration of professionals working at the Municipal Health Department. Furthermore, developing a bond between researchers and nurses, which required an ethical, respectful and welcoming attitude towards the development of affection, was perceived as necessary in research of this nature. Finally, the instigation of reflection, especially in the critical unveiling stage, allowed researchers to rethink the themes that emerged from the nurses' statements to instigate a new look, which promoted co-responsibility.

In conclusion, it can be said that the research promoted changes in the reality of nurses and in the extreme situations experienced by them during Paulo Freire's Research Itinerary. From the reports during the meetings, when they perceived themselves as protagonists of a history they wish to build and the changes they aspire, there were movements in the direction of improving communication between professionals working in PHC; others were focused on the development of nurses' autonomy and empowerment regarding practices that essentially concern the professional category.

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## NOTES

### ORIGIN OF THE ARTICLE

The presente article extracted from the Term Paper - *Melhores Práticas em Enfermagem na sua Interface com o Nasf-AB*, presented to the Department of Health *Universidade do Estado de Santa Catarina* (UDESC), in 2018.

It was part of the research macroproject entitled - *Cuidado e Gestão em Enfermagem como Saberes na Rede de Atenção à Saúde (RAS): proposições para as melhores prática*”, presented to UDESC in 2017, with a schedule from February 1, 2018 to December 22, 2021.

### CONTRIBUTION OF AUTHORITY

Study design: Silva KJ, Vendrusco C, Durand MK.

Data collection: Silva KJ, Durand MK, Weber ML, Vendrusco C.

Data analysis and interpretation: Silva KJ, Maffissoni AL, Weber ML, Vendrusco C, Durand MK.

Discussion of results: Silva KJ, Maffissoni AL, Weber ML, Vendrusco C, Durand MK, Rosset DM.

Writing and / or critical review of content: Silva KJ, Maffissoni AL, Vendrusco C, Daise MR, Weber ML.

Review and final approval of the final version: Silva KJ, Vendrusco C, Maffissoni AL, Durand MK, Rosset DM.

### APPROVAL OF ETHICS COMMITTEE IN RESEARCH

This study was approved by the Research Ethics Committee of *Universidade do Estado de Santa Catarina*, under Opinion 2.380.748/2017, with CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 79506717.6.0000.0118.

### CONFLICT OF INTEREST

There is no conflict of interest.

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