

Collective consultation of growth and development of the child the light of the theory of Peplau

Consulta coletiva de crescimento e desenvolvimento da criança à luz da teoria de Peplau

Consulta colectiva de crecimiento y desarrollo del niño a la luz de la teoría de Peplau

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ABSTRACT

This study aims to reflect about the collective consultation of growth and development of the child from the application of the interpersonal relationship theory of Hildegard Peplau, which has as its centerpiece the interpersonal process between nurse and patient. - Reflections about the existing relationship between the phases proposed by the theory and the moments of realization of the accompaniment of collective consultations, of the growth and development of the child were woven. Through the establishment of interpersonal relationship, nurses and family/caregiver, learn to work together to resolve the difficulties inherent in the child care process. Given this reality, it can be concluded that through interpersonal relationship, that is established in the accompaniment of collective consultations of child growth and development, there is an approximation between the professional team and those involved in the process, becoming, these subjects, empowered of knowledge and able to promote a full care to the child.

Keywords: Child Health; Family; Nursing Care; Nursing Theory.

RESUMO

Este estudo objetiva refletir acerca da consulta coletiva de crescimento e desenvolvimento da criança, a partir da aplicação da teoria da relação interpessoal de Hildegard Peplau, a qual tem como ponto central o processo interpessoal entre o enfermeiro e o paciente. Foram tecidas reflexões acerca da relação existente entre as fases propostas pela teoria e os momentos da realização das consultas coletivas de acompanhamento do crescimento e desenvolvimento da criança. Por meio do estabelecimento da relação interpessoal, enfermeiro e familiar/cuidador aprendem a trabalhar conjuntamente, para resolver as dificuldades inerentes ao processo de cuidado da criança. Diante dessa realidade, pode-se concluir que através da relação interpessoal que é estabelecida nas consultas coletivas de acompanhamento do crescimento e desenvolvimento infantil, há uma aproximação entre a equipe profissional e os sujeitos envolvidos no processo, tornando-se, estes sujeitos, emponderados de saberes e capazes de promover à criança um cuidado integral.

Palavras-chave: Saúde da Criança; Família; Cuidados de Enfermagem; Teoria de Enfermagem.

RESUMEN

Este estudio objetiva reflexionar sobre la consulta colectiva de crecimiento y desarrollo del niño a partir de la aplicación de la Teoría de La Relación Interpersonal de Hildegard Peplau, que tiene como eje central el proceso interpersonal entre enfermera y paciente. Se tejieron reflexiones sobre la relación entre las fases propuestas por la teoría y los momentos de realización de consultas colectivas con respecto al crecimiento y desarrollo del niño. Por medio del establecimiento de la relación interpersonal, enfermeras y familiares/cuidadores aprenden a trabajar juntos para resolver las dificultades inherentes al proceso de cuidado de niños. Se puede concluir que a través de la relación interpersonal que se establece en la consultas colectivas de seguimiento del crecimiento y desarrollo del niño, hay una conexión entre el equipo profesional y los sujetos que participan en el proceso, convirtiéndose, estos sujetos, empoderados de conocimiento y capaces de promover al niño una atención integral.

Palabras-clave: Salud del Niño; Familia; Atención de Enfermería; Teoría de Enfermería.

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INITIAL WORDS

The accompaniment of growth and development is an important part of health care to the child, especially in view of the vulnerability that entails. Through this accompaniment, it seeks the disease reduction and better quality of life in grow and develop of this population¹.

The accompaniment consultations of growth and development, mostly, are performed individually, where professionals are often seen as knowledge detainers, and the user, as a mere receiver of information. This biomedical model, individual and ruled only on reported complaints, contributes to the user keeps away from the actions that are developed, resulting in a decrease in the continued search process for better health².

In an attempt to build a new paradigm, in order to innovate actions of care models, where the child is seen as a whole, through the interaction with their family, from the perspective of user autonomy that delivers care, can be evidenced today, the idea of implementing the accompaniment consultation of the growth and development of children in a collective way, as it allows greater exchange between professionals and family/caregivers of children².

Alternatives which comprehend collective consultations are in the guiding principles of child care, because they allow greater incentive to the family participation, involving them with more information about the care and health issues of their child, giving greater emphasis on health promotion actions and interaction of different knowledge, and strengthen the integrity of assistance actions and team work, articulating the diverse knowledge and interventions^{3,4}.

It is through this exchange that caring relationships are intensified, as it has a common objective, the therapeutic process, where the nurse and the family/caregiver respect each other as individuals, both constituting a relationship of learning and growth as a result of this interaction, in order to achieve the real objective of the action: the care to the child⁵.

In this context, arises the establishment of an interpersonal relationship, which occurs when two or more individuals come to know each other, so that it becomes possible to face the problems that arise in a cooperative way. The idea of interpersonal relationships emerged with Hildegard Elizabeth Peplau in 1952.

The theorist shows that the interpersonal process is centralized in nursing and patient, in this case, the child and their family/caregiver. She intends, with her theory, to identify concepts and principles that support such relationships in nursing practice, so that care can be established through learning and personal growth.

Even being in the hospital atmosphere that predominates the application of this theory, one of the roles that nurses can develop is to adapt care practice of this environment to the community, considering that, in this theory, the family, a group or a community can be collectively defined as a patient^{6,7}. To evidence its applicability in other environments, this study aims to trace the applicability of the theory in the community in the field of Family Health Unit (FHU).

By understanding the theory of interpersonal relations as a viable alternative to demonstrate the process of the relations established in the collective consultations of growth and development of children, this reflection is proposed. In this perspective, the objective is to reflect about the collective consultation of the child from the application of the interpersonal relationship theory of Hildegard Peplau, which has as its centerpiece, the interpersonal process between nurse and patient, in this case the family/caregiver of children.

THEORY OF INTERPERSONAL RELATIONSHIP OF PEPLAU: HISTORICITY AND CONTEXTUALIZATION

Hildegard Elizabeth Peplau was born on September 1, 1909 in Reading, Pennsylvania and died on March 17, 1999, aged 89. She influenced the development of many nursing programs, and today has national and international recognition as a nurse and leader in health care⁶.

In 1952, she published the book *Interpersonal relations in nursing*, which referred to as "partial theory for nursing practice". She also published several articles in professional magazines about the interpersonal relationship and current aspects of nursing for her time⁶.

Her theory was elaborated from the theoretical work experience with hospitalized patients with relationship disorders, being seen as an interpersonal process, that involves the interaction between two or more individuals with a common goal. The theory also proposes a better adequacy of the therapeutic process between nurse and patient, since they will maintain a horizontal relationship, where both learn and grow together as a result of this interaction⁶.

It is noteworthy that in practice, this theory can have better results, being considered a middle range theory, because of its potential to propose clearer and more specific effects than the great theories, being described in a cohesive way and adjustable to reality⁸.

On the relationship established between nurse and patient, Peplau identifies four sequential phases in interpersonal relationship: orientation, identification, exploitation and resolution. Each phase is characterized by roles or functions of the nurse or client, as both learn to work together, in order to resolve the difficulties faced by them. These phases are shown inter-related and vary according to the needs that arise during the process, until they will exist solutions to the existing demands⁶.

These four phases can be compared to the Nursing Process (NP), which is a method that provides subsidies for the incorporation of alternatives that enable decision making at the time of nursing care, in order to make it an alternative of scientific nature and less inductive⁹. It can visualize the client in a collective mode, taking into account the environment as a whole⁶.

Both point out that the nurse and the patient should have alternatives to solve problem situations in which they live, in

order to fill the needs of individuals, because both work through observation, communication and record as a fundamental instrument in nursing practice.

But there are differences between the NP and interpersonal phases of Peplau. These are characterized by roles or functions performed by the nurse, as she and the patient learn to work together to resolve the difficulties inherent to the process¹⁰.

Peplau's ideas have been implemented in various professional health practices over about forty years, although we can show that today there is a more effective participation in the process in health care by members of the members of the action, since last period patients did not participate actively in that care that was provided to them¹¹.

Seeking to weave a reflection of the relationship of nursing care developed in the form of groups, is presented below, an overview of how the accompaniment of collective consultations of the growth and development of children have been taking place, and the product of this interaction between professional and individual who participates in the process.

BUILDING THE INTERPERSONAL RELATIONS IN NURSING CONSULTATION

Care in consultation of growth and collective development

The nurse constantly seeks innovative alternatives that enable a better provision of care to those individuals who need it.

The politics of primary health care points between the various attributions of the nurse, the integral health care of individuals and their families, directing its performance to actions that include health promotion, diagnosis, treatment, rehabilitation and maintenance of health¹².

Thus, working from the perspective of integral health care, implies rethinking the interaction forms with the participants, whether in health-disease process or in the care, since this, being provided by nurses, can be understood as a communicative act in largely requires specific knowledge and understanding of the context where are inserted the individuals participating of the process, analyzing the environment they live, work and get sick¹³.

To develop the care in health care, it is essential that nurses can encourage the sharing of experiences and beings, feelings and perceptions, in order to make the family/caregivers of children involved in this context, mediate care units to be established⁵.

Group activities arise here as an alternative that aggregates individuals placed in different realities and with different knowledge of life, a fact that favors the exchange of knowledge in the course of the meetings. Experience sharing in collective spaces enables involved individuals, alternatives that have signed the adhesion to the conducts and appropriate referrals adopted by successful experiences of other group members⁴.

In group activities, nursing and patient, that in this case can be considered group or family, pass to work to identify

any existing need, in order to decrease tension, anxiety and fear of the problems that may exist in the future. It is through of the interaction developed in collective activities, that possible stressful situations can be identified, as it seeks to resolve such factors in a group.

The proposed actions for collective consultation of growth and development propose the participation of all professional of the service. Its beginning is by encouraging the involvement of family/caregivers by community health agents through home visits. Already at the time of the consultations, the activities of the nursing team, physicians, nutritionists and dentists are complementary to the search for an integral child care¹⁴.

Moreover, the involvement of the family/caregiver at the moment of realization of collective consultation is a fundamental piece in the process. They act from the moment of weighing and anthropometric measurements of the child, until the registration of information collected at consultation time in the child health booklet, a simple instrument that allows to follow up and assess the main goals of child development, allowing the exchange of experiences among the members^{14,4}.

It is evident that the collective experience opens ways for participating members to report their daily experiences with the child and the act of the nurse becomes directed to actions aimed at individual/family segment⁵.

From this perspective, it may refer the actions of nursing care as an interpersonal process, as it involves interaction between two or more individuals with a common objective. In the course of this process, both establish a relationship, where one comes to understand the role of the other and the factors that are related to the this situation, punctuating actions to resolve the problem¹⁰.

Nursing actions in the collective consultation of accompaniment of growth and development: its stages in interpersonal relationships

From the four phases of the theory of Peplau, a confluence will be taken, with the approach of collective consultation of the growth and development of the child.

The first contact established with the Nursing actions with the child and their family/caregivers to recognize the health conditions of the child population, occurs in the orientation phase. For being an interpersonal process, it is clear at this stage that both the individuals seeking care health, such as nursing have equally important parts in the therapeutic interaction.

A point to be referenced in the moment of the orientation phase, is that each participant expresses their individual difficulties and successful experiences, which in some cases is nonetheless similar to the situation that the other integral member of the group experiences, causing certain maturing of the members¹³.

In collective consultations of growth and development, the children carers, aiming to establish a relationship of dialogue between the group, they are asked about the health of the child and all aspects that surround them⁴.

The maturing of family/caregivers is protected in the way they act. The way they operate primarily aims to develop actions aimed at directing knowledge in performed practices in the services, in order to establish an approximation between professional/user, mediating a horizontal relationship, where benefits are observed on both the nurse as for the involved individuals².

Nursing actions are inserted in the collective constructions in child consultation as stimulating mediators to the participation of those involved, in order to enable the exchange of knowledge between those involved and the empowerment of themselves in relation to the goals of child development⁴.

Going to the next phase, the identification, the individual responds directly those who can fulfill their needs. At this stage, both the individual, as the nurse should clarify their perceptions and expectations. Here it can be evidenced a participation of the individual in an active way, as shall answer who helps.

Each caregiver shall report the health condition of their child, so that the dialogue flows during the consultation. The statements of caregivers, referencing their popular knowledge are always taken into consideration and through the circle there is a closer approximation of the subjects.

Each being present in the consultation has its peculiarities, but all there experience similar situations when referring to child care. And it is precisely this diversity that makes broaden the vision of man, because they take into account the divergences, reflections and exchange of experiences as preponderant factors for the construction of a social practice^{1,5}.

The collective consultations of accompaniment of the growth and development of the child have in its structuring, the establishment of a dialogical relationship between the participants, where, from the discourse of the subjects, the nursing may propose collective interventions to perform the demands that arise during the process. In this aspect, the dialogue is perceived as essential to the pursuit of quality of life, focusing primarily on the care of the child^{4,15}.

Peplau's theory rightly affirms that the binomial nurse/user composes the increment of a common objective that derives from the formation of personal developments⁸.

Already in the exploration phase, the individual begins to take advantage of all the services available to them, and begin to feel part of the environment, extracting help of the offered services. Some individuals present active interest in the process, a factor that will influence the development of self-care, since he will be involved in the actions that are being developed.

By participating in the realization of actions, the caregiver stimulates the bonding with the child, in order to favor their care and the practice of health promotion actions, and establishing preventive diseases. This strategy also favors the autonomy of family members/caregivers who provide direct care to children, because individuals become trained to recognize the health-disease process, and become involved in decisions that affect the lives of their children, of their families and collectivity.

The establishment and development of educational actions, through direct communication with caregivers, enables empower them for self-care, through the transformation of subjects involved in autonomous beings and active in the process, passing the idea of emphasis about the techniques to be developed and acting as not to restrict attendance to complaints. This fact corroborates the transformative role that nursing has to develop in the social environment¹⁴.

During this phase, the caregiver becomes an active subject of the process, as it starts to develop the actions synchronously and foundation and assistance of the nurse who is always by their side at the moment of consultation. However, it is noteworthy that not only in the services that caregivers play such actions, it is also taken to the home environment, and there, without the presence of a professional, he's knowledgeable of the health disease process, and may act in a more agile way at any sign of danger.

Finally, there is the final phase of the interpersonal process of Peplau, the resolution. Here the needs of individuals have been supplied based on the efforts established between family members/caregivers and the nurse. At this moment we have the end of the therapeutic relationship, however, it can only occur if the other phases have been successful.

This moment can be considered as the instant that the child reaches the age of six years and shall not be covered in accompaniment actions of growth and development since these are directed to a period of child life, where is favorable to acquisition of major health problems.

At the end of this accompaniment, is expected that the results achieved through this process would be based on building strong and mature individuals, able to care for the health of their children.

FINAL SYNTHESIS

It was possible to reflect the applicability of the theory of Peplau to the care process in the accompaniment of growth and development of the child, in order to promote the integral care and ensure autonomy of the involved subjects, considering that by this theory, there is an approximation between the nursing and family/caregiver, where emanates as a result of this interaction an approach that will lead individuals to an emancipatory practice.

The difficulties in this process are still numerous, mainly due to the rooting of the traditional practices model, still prevailing at the present, and the lack of awareness of many professionals, to disregard the role of the family in the process, since their contributions are generally based on popular knowledge, as it comes to the reality of most individuals.

Given the above, it should be noted that even with all the difficulties inherent in the process, many professionals are moving toward a practice that seeks respect for people, through listening, establishing relationships of care and of their subjectivities. To strengthen this process, it is necessary for nursing and users to work together, so care will be provided to the child holistically.

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