

NURSING WORK: NURSES AND USERS' POINT OF VIEW

María Clara Pesutic Barrientos¹ 
Denise Elvira Pires de Pires² 
Rosani Ramos Machado³ 

¹Universidad de Magallanes, Departamento de Enfermería. Punta Arenas, Magallanes, Chile.

²Universidade Federal de Santa Catarina, Programa de Pós-graduação em Enfermagem. Florianópolis, Santa Catarina, Brasil.

³Universidade Federal de Santa Catarina, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

ABSTRACT

Objective: to understand the perception of users and nurses about nursing work.

Method: a descriptive exploratory qualitative research in a clinic inpatient unit of a public hospital and in a Family Health Center, in the city of Punta Arenas, Chile. For data collection, we worked with a semi-structured interview, and analysis of the information was carried out guided by thematic content analysis. Thirty-five users and sixteen nurses participated; data collection took place between September and December 2018.

Results: the results were organized according to the perception of nurses and users into four thematic categories Nursing as a profession of human care; Nursing and its role in administration/management; Nursing as a profession with educational role; Nursing as a health profession. In the case of users, nursing qualification as heavy and arduous work also emerged.

Conclusion: nurses and users consider nursing as a health profession that deals with human care, which involves not only healing, but also dimensions of health education and management of material and human resources, which is based on science and requires academic training for proper development at different levels of care.

DESCRIPTORS: Nursing. Nurse-patient relations. Nursing care. Nurse's role. Social perception. Humanization of assistance.

HOW CITED: Barrientos MCP, Pires DEP, Machado RR. Nursing work: nurses and users' point of view. *Texto Contexto Enferm* [Internet]. 2020 [cited YEAR MONTH DAY]; 29(Spe):e20190277. Available from: <https://doi.org/10.1590/1980-265X-20190277>

LABOR DE ENFERMERÍA: VISIÓN DE ENFERMERAS/OS Y USUARIOS

RESUMEN

Objetivo: comprender la percepción de los usuarios y de las enfermeras/os respecto a la labor de enfermería.

Método: investigación de abordaje cualitativo exploratorio descriptivo en un área médica de un Hospital público y en un Centro de Salud Familiar, de la ciudad de Punta Arenas, Chile. Para la recolección de datos se trabajó con entrevista semi estructurada y el análisis de la información se realizó orientado por el análisis temático de contenido. Participaron 35 usuarios y 16 enfermeras/os, la colecta de datos transcurrió entre septiembre y diciembre de 2018.

Resultados: los resultados fueron organizados según la percepción de los enfermeros y de los usuarios en cuatro categorías temáticas 1) Enfermería como profesión de cuidado humano, 2) Enfermería y su función de administración/gestión, 3) Enfermería como profesión educadora, 4) Enfermería como profesión. En el caso de los usuarios, también emergió la calificación de enfermería como trabajo pesado y arduo.

Conclusión: enfermeros y usuarios consideran a enfermería como una profesión de la salud que trata de cuidado humano, que envuelve no solo el curar, si no que dimensiones de educación en salud y de gestión de recursos materiales y humanos, que está fundamentada en ciencia y que exige una formación académica para el desarrollo adecuado en los distintos niveles de atención.

DESCRIPTORES: Enfermería. Relaciones enfermero-paciente. Atención de enfermería. Rol de la enfermera. Percepción social. Humanización de la atención.

TRABALHO DE ENFERMAGEM: VISÃO DE ENFERMEIRAS/OS E USUÁRIOS

RESUMO

Objetivo: compreender a percepção de usuários e enfermeiras/os sobre o trabalho de enfermagem.

Método: pesquisa qualitativa, exploratório-descritiva, realizada em uma unidade de clínica médica de um hospital público e em um Centro de Saúde da Família, na cidade de Punta Arenas, Chile. Para a coleta de dados utilizou-se entrevista semiestruturada e a análise orientou-se pela análise temática de conteúdo. Participaram 35 usuários e 16 enfermeiros. A coleta de dados ocorreu entre setembro e dezembro de 2018.

Resultados: os resultados foram organizados de acordo com a percepção de enfermeiros e usuários em quatro categorias temáticas: 1) enfermagem como profissão de cuidado humano; 2) enfermagem e sua função administrativo- gerencial; 3) enfermagem como profissão educadora; 4) enfermagem como profissão da saúde. No caso dos usuários, também emergiu a qualificação de enfermagem como trabalho pesado e árduo.

Conclusão: enfermeiros e usuários consideram a enfermagem uma profissão de saúde que lida com o cuidado humano, envolvendo não apenas a cura, mas também as dimensões da educação em saúde e gestão de recursos materiais e humanos. A profissão está baseada na ciência e requer formação acadêmica para o desenvolvimento adequado do trabalho nos diferentes âmbitos de atenção.

DESCRITORES: Enfermagem. Relações enfermeiro-paciente. Cuidados de enfermagem. Papel da enfermeira. Percepção social. Humanização da assistência.

INTRODUCTION

With Florence Nightingale in the 19th century, nursing gained the first theoretical foundations, building knowledge to support practices, with contributions from different fields of science. Over time, it changed from an empirical practice to become a profession, thanks to academic training and the construction of an own body of knowledge and also because it has managed to adapt to the evolution of history, to meet the challenges that were presented to it.¹

The qualification of a work as “professional work” involves a theoretical perspective that has been developing in the field of sociology of professions, most strongly since the 1970s in the United States of America, and by authors such as Dubar² in France and Machado³ in Latin America. According to the sociology of professions³ the main characteristics of a profession are: having a formal body of knowledge acquired in a university and dictated by peers; possessing a strong service orientation; and the professionals conduct should be regulated by legal norms and orientated by a code of ethics. Taking into account these attributes of a professional work, it is possible to characterize nursing as a health profession that assumes human care as the nucleus of its professional performance and as its epistemological object.⁴ Nursing work is socially relevant and carried out under legal and ethical precepts approved by the profession and society, and the responsibility of training new professionals is assumed by nurses.⁴⁻⁶ Nursing work also involves education and management actions related to care to human beings in historical, social, cultural, and institutional contexts. The therapeutic encounter involves human beings who are complex singularities but who fulfill different roles. In the care process, nursing professionals and the users of the health services have expectations and perceptions that must be considered with a view to providing culturally congruent care.⁴⁻⁷

Nursing is a profession that provides care to people from different age groups, whether they are sick or not, and includes both independent and collaborative work.⁸ This involves care for sick, disabled and terminally ill people, but also includes health promotion and disease prevention actions. In this context, nurses play an important role in patient-centered care.⁷ They are key players in multidisciplinary health teams, providing a variety of health services at all levels of the system.⁵

Nursing in Chile is carried out by nurses and nursing technicians. The work of nursing technicians is performed always under the supervision of nurses. According to data from the Chilean Ministry of Health, as of December 2016, the nursing workforce in the country corresponds to a total of 191,792 people, with 23.2% of nurses and 76.8% of technicians. Chile has 24.45 nurses per 100,000 inhabitants and a ratio of 1.07 nurse per 1 physician, slightly above the minimum goal recommended by the World Health Organization (WHO), 1:1.⁹

In Chile, on December 16, 1997, the Article 113 was included in the Health Code “to practice medicine and related professions” recognizing nursing as a profession¹⁰. It states that nurses must “manage care and develop various actions for the promotion, maintenance and restoration of health”¹⁰ of the users of health services, in addition to “performing actions derived from medical diagnosis and treatment and administration of assistance resources”. According to the same article, care management is the responsibility of nurses, since they have training and technical skills in this field based on the organization, supervision, assessment, and promotion of the improvement of quality of care.¹⁰

Considering what is available in the literature and the knowledge accumulated by the profession, five arguments justify the present study. Firstly, the social relevance of nursing work and its contribution as a key piece to achieve significant changes in health.⁴⁻⁵ Secondly, nursing helps to “reinforce potentialities and/or minimize imbalances in the state of health, recognizing the human being as a complex being, structured by various dimensions” both physical and spiritual, while continuing to consider social and historical aspects.¹¹ Thirdly, professional nursing practice qualification requires

innumerable relational skills to provide dignified and culturally congruent care,⁷ so it is essential to listen to who provides and who receives nursing care. Fourthly, it is found in the literature¹² that there are not many qualitative studies that address patient perception, nor do they explore approaches and distances between the perceptions that nurses and patients have in relation to the interactions they experience on a daily basis, which is essential given the nature of nursing work. Finally, in Chilean Patagonia there are no investigations that includes both professional and user perception of care, considering expectations of it, how it should be, how to do it and what results are expected.

In this context, supported by the sociology of professions, this study aimed to understand the perception of users and nurses regarding nursing work.

METHOD

This is a qualitative, descriptive, and exploratory study carried out in the city of Punta Arenas, in the Chilean Patagonia. In this city there is the only a hospital of high complexity in the region, which has 338 beds and is the main reference center. The health system also embraces the Primary Health Care (PHC), which in Chile works with a comprehensive care model, focusing on the family and the community.¹³

The sample was intentional, including: in the public hospital a clinical unity called Medical Responsibility Center (MRC) and in PHC, a Family Health Center. These locations were chosen due to their importance in the health system.

The MRC, with its four wings, was chosen to include the most epidemiologically representative users of the most prevalent pathologies in the Magallanes region, in addition the average hospital length of stay for these patients is longer than in other Responsibility Centers (RC).

Among the five Family Health Centers (FHC) in Punta Arenas, one that care the largest population was chosen. The cardiovascular program was chosen because it is one of the most representative in terms of the number of activities, within the portfolio of services offered by FHC and carried out by nurses.

The research participants were chosen intentionally based on inclusion and exclusion criteria. Nurses who work at the MRC of the chosen hospital and at FHC, both with at least 2 years of professional experience, aiming to attract the most experienced professionals were included. Users hospitalized for at least five days and users assigned to the cardiovascular health program were included. For hospital and PHC users, the following criteria were also considered: conscientious, lucid and space-oriented users, who can read and write when authorizing informed consent, and over 18 years old, in accordance with the majority law in Chile.

Nurses working simultaneously in the public and also in the private sector were excluded, as in Chile the two systems are very different. Users hospitalized in other RC and assigned to other FHC programs were excluded.

A total of 18 nurses works at the MRC, and 12 were included in the sample. Of the remaining six, five did not meet the seniority criterion for more than 2 years of professional experience and one did not agree to participate in the study.

Concerning MRC users, it was confirmed with the nurse on duty that the users were in good health to participate and were invited to be part of this research.

In relation to FHC, of the six nurses who work in direct care in the cardiovascular program, the sample was composed of four of them. Two did not meet the criterion of seniority for more than 2 years of professional experience.

Concerning FHC users, those care by these four nurses were selected at the time of data collection. After the nursing consultation the users were invited to participate.

The total sample was finally composed of 16 nursing professionals (12 from hospital and four from PHC) and 35 users (19 from hospital and 16 from PHC). This number was reached when the answers and/or opinions of all informants became repetitive or revolved in the same context, so that data collection ended due to saturation.

Data collection was carried out from September to December 2018.

As requested by Ethics Committee, all interviews were carried out firstly with users, and, once these were completed, the interviews with nurses started.

The data were collected by one of the authors and occurred in a natural and daily basis environment of participants, through semi-structured interview. In the hospital, the user was interviewed in his/her room and the nurses on call were interviewed in a private room available in workplace. In PHC, the interviews occurred in a private space, for both users and nurses.

After being carried out, the interviews were faithfully and in detail transcribed, in order to carry out the thematic analysis¹⁴ based on the revelation of the nuclei of meaning that shape a given communication.

Initially, an in-depth, horizontal and exhaustive reading of each of the interviews was carried out, in order to understand what each person wanted to say and thus recognize the central ideas they were trying to convey.

In a second step, a transversal reading was carried out based on the participants' representative ideas, in order to organize them into categories. To that end, the information obtained in each interview was grouped in pre-established dimensions, developing categories and subcategories, in order to rescue the central message of each statement. Then, the data were organized in an Excel spreadsheet, which allowed to classify, group and reduce the units of meaning to a smaller number, seeking to understand and interpret what was exposed as more relevant and representative by the group studied.

Ethical considerations were addressed based on the seven universal requirements of the research¹⁵ being submitted for assessment by the Scientific Ethics Committee of the University of Magallanes, in Chile, verifying if the study meets the ethical criteria that allow protecting privacy, respect, and dignity of participants. Differentiated informed consent was applied for users and nurses, to ensure that individuals could participate in the research freely, autonomously and according to their interests. This previously clarified, by one of the researchers, the objective of the study and its methodology. Authorization was also requested to record the interviews and subsequently disclose the results. To safeguard the right to confidentiality, each person was assigned a sequential number, depending on the occurrence of the interview, ensuring anonymity (HN1: hospital nurse 1; HU1: hospital user 1; FHN1: FHC nurse 1; FHU1: FH user1).

RESULTS

The results are represented showing first nurse perception, followed by user perception.

Nurse perception on nursing

The data found show that both hospital and FHC nurses, when asked "what is nursing for you?" share stories, without much difference considering the workplace. Therefore, all answers were grouped into four categories.

Nursing as a human care profession

All respondents share the sense that Nursing is synonymous with caring, which goes beyond the disease, as it includes a comprehensive view of the person, as illustrated in the reports below.

Nursing is the person responsible for care, pain relief, treatment in the best possible way, comfort and the ability to heal, if necessary. It is caring for the patient in all fields, comprehensively and in all dimensions (HN7).

The art of caring (HN2).

The nursing goes beyond the demanded care, is all the monitoring that a patient needs at all stages of the life cycle; deep down, it not only has to do with pathological processes, but also with all the processes that a person has (FHN3).

Nusing and its role in administration/management

All respondents mention the responsibility to ensure the proper management of resources used to care users at all levels of the health system. To do this, communication and leadership skills are needed. Below are some excerpts from the interviews with nurses.

Therefore, the responsibility of being at work 24 hours is a complex task, it is a titanic task, because nursing will always be involved in any problem, because we are the ones who are there all the time. [...] you are the link between the family and the physician, between the family and the kinesiologist, between suggesting the physician, the therapist, that is, everything goes through you. That is why a good nurse effectively maintains an impeccable network. It is possible to see when there is good nursing and also shows when nursing is not good (HN4).

I think there is a great responsibility here, we are dedicated to patient care and this is the main one. To care for patients you need to manage not only the administrative part but also the human resources aspects too. [...] for example, the fact that we manage beds, we say how many beds are left unoccupied; how many isolations; what kind of isolation we should put on patients. The contribution from the administrative point of view is very large (HN10).

Nurses here at the PHC are the ones who organize and manage the patient's care and do it through the team, but if you don't mobilize the team, for instance, they won't go to see bedridden patients at their home (FHN1).

Nursing as a profession with educational role

The field of health education was also highly significant in the reports of FHC and hospital nurses. This category includes mentions of prevention and health promotion. Below are some statements.

We are fundamental in health promotion and prevention. I believe that there is no other professional with the same skills and abilities that we have to educate patients, families and the community (FHN3).

So, nurses work on the move and we are educating. In some way, we are linked to primary care. I think this is the contribution that is made, in some way improving programs and trying to prevent patients from coming back, because this is an expense anyway (HN10).

Nursing as a health profession

In this category were included aspects related to practice based on scientific knowledge, research and production of knowledge and vocation.

All nurses mentioned the understanding of nursing as a health profession, emphasizing one or more attributes as: to have a field of knowledge resulting from the academic training that supports it; the social role of nursing; and the importance of nurses to keep up to date and produce knowledge. Moreover, they highlighted some limiting conditions to produce knowledge.

Nursing is to take care of patients comprehensively and be highly professional, which implies study and being updated all the time (HN4).

In Primary Care, nurses play an important role in work teams. They are present in all health programs doing all actions and this is due to the ability they have. Nurses have knowledge and skills to act in work teams (FHN3).

I believe that nurses provide orientation and they give proposals in work teams. They are always qualified with all protocols and ministerial programs. We are the first to say, "this is the right thing to do". We are always proposing new things, we are usually very up to date. [...] I think we are entering in more and more fields of our society, I see nurses involved in politics, very empowered, because we manage a program and we are always at the service of the community. [...] we lack good records to do research. Nurses who care for patients don't have enough time [...], but personally, I feel like we don't have good records available. The records are not of good quality because of the rush, the pressure on health care, which is very strong, and because we are guided by a biomedical model, so that the statistics are taken from the biomedical point of view and not nursing, which is what interests us (HN10).

We also have nurses dedicated to the study and this is important, because I think what is missing now is to be able to see the rights we have as a profession (HN5).

The importance of vocation for carrying out nursing work, taking care of people, is also mentioned in the two places investigated:

Nursing is a vocation for service, a way of living life, because at the end you do this your whole life (HN8).

Nursing is a profession through which I channel my wishes to be useful to people who are in need of care, preferably for me, they are care aimed at older adults (FHN2).

User perception on nursing

Concerning user responses to the same question "what is nursing for you?" Five categories have emerged from analysis, despite the fact that differences could be found in hospital interviews in relation to those of FHC with respect to these same categories.

Care

Almost all hospital and PHC users have highlighted the relationship between nursing and human care.

Well, nurses are vital, they have to make decisions and are responsible for everything that is being done. [...] healings are performed by nurses (HU1).

Well, because they give first aid, when you are here they come quickly to ask how you are, how you feel (HU3).

It's a brilliant job that they do for all of us to heal... [...] always attentive to administration of medicines (HU16).

The nurses' work is a set of many things, which implies patient care (FHU9).

This is very good, they care for the health of the entire population, they do it very well... They are really important indeed (FHU16).

Management

Regarding nurse management work, this was mentioned but it is not very visible, both for hospital and FHC users:

It is a lot because they have to be aware of everything. If they don't write something, the physician will have no idea what's going on and then he/she won't be able to do what's best for patients. It's like a chain, technician, nurse and physician, everyone should work together (HU9).

It's a wonderful job, they care about people's well-being, guide you, ask questions about your diet, if they see that you're not eating properly, they say how you should eat and then refer you to the nutritionist (FHU5).

Health education

In relation to nurses as the ones who provide health education, there is a great difference between what was mentioned by hospital and FHC users. The aforementioned topic is almost absent in the interviews of hospital users, but it appears quite significantly in users treated in PHC.

They strive a lot to care you as a patient, guide you in whatever you ask for (FHU1).

Complete, with details, with everything.. the nurse listened perfectly to all my health problems, gave me good recommendations, and was willing to advise me (FHU4).

Profession

The statements of hospital and FHC users pointed to the framework of knowledge that defines a profession as such and the autonomy that it should have, as well as the importance of vocation to exercise the profession. They also recognize nursing as a useful work for society.

They can save lives in a minute, in a second. Their work is essential (FHU4).

They should have a greater financial reward for what they do, because this work is very difficult. I don't know who would like to do it. I wouldn't do it. The vocation above all is what would lead these girls to be nurses (HU4).

"Oh My God", I really don't know who would like to be a nurse. Admiration for those who do well and have a vocation, because I think it's a job that if you don't have a very strong vocation, it's very difficult to do. I wouldn't do it because I couldn't. With this work, you see the ultra human side, the worst and the best of all (HU10).

Hard/heavy work

In the statements, the work and the burden that the nurses' work means were mentioned. The perception of users that nursing work involves a great deal of overload was more significant in relation to the work of nurses working at hospitals.

Very tiring, a lot of difficulty, I've seen it, they walk around all day. At night they remain walking and vigilant to care for a sick person and if the patient is a bit of hard, it is not easy to help him/her (HU5).

It is very sacrificed. They have to be from here to there, they are always in a hurry. If they have children, they don't have enough time. So, I say it's a lot of sacrifice (FHU15).

DISCUSSION

Considering the results obtained, it was found that nurses perceive nursing as a health profession, dedicated to human care, which involves care practice, health education and also management of the institutional practice environment (including provision of medicines, materials and equipment) and the management of collective work (including nursing team and multidisciplinary teams). These findings are also mentioned in the literature.⁴ In general terms, a little less explicit, it is possible to affirm that this perception is also shared by the users of health services care by nurses.

The results showed the strong relationship between nursing and human care, identified by nurses and users, in the hospital and in PHC. This care is understood by caregivers and receivers involving technical actions, as well as interpersonal relationships and listening skills that go beyond the limits of biomedicine. Nursing is understood as a synonym for care, where the person who needs this care is assisted, strengthening their capacities and reducing problems related to their health.

Other authors also agreed that nursing care is a professional care. This care must focus not only on treating the disease, but also on promoting people's health.^{5,16} A welcoming professional approach allows establishing bonds and trust, recognizing users as active subjects in the development of their quality of life.¹⁷

Moreover, the importance of personalized and humane care practices was mentioned by users, highlighting aspects of care that users consider dignifying themselves as persons, similar to that found in another study.¹⁸

Nurses also manage to use communication as a strategy capable of stimulating health education and instigating users to reflect on their choices, leading them to criticize their health process autonomously.¹⁷

In this study, education was mentioned by all PHC nurses. If we consider the comprehensive care model used in PHC, these mentions are not surprising, as the focus is precisely that, actions aimed at preventing and promoting comprehensive care. But the reality is different when we consider nurses who work in the hospital, where education, although fundamental, is not mentioned as much, perhaps because the macro policies of service organization tend to demand more actions related to care and management than education.

The results show that nurses are absolutely clear about the relevance of their skills in the managerial field, since it manifests itself in all professionals' statements, both in primary and hospital care. Nursing professionals are responsible for care, which involves not only taking care of the needs of users, but also mastering the service's care and administrative situations for which they are responsible.¹⁹

However, the reality is different when we analyze the results of users, where we find little mention in management. This is similar to that found in another investigation,²⁰ where different fields of the role of nurses are also not very visible, highlighting care work as essential.

Both nurses and users mention the prominent place that nurses occupy in health teams, where they are most often the head, being a reference for colleagues and other professionals.

Nursing is also recognized as a health profession, since nurses and users recognize that the practice of nurses is based on both, the knowledge of their discipline and on others, which allows to provide quality care.

Nursing practice involves professionalized care and study to provide them.¹⁶ This is also clear from what was found in this research. All nurses understand that nursing has a field of knowledge that supports nurses' work and their academic training, and this knowledge is based on scientific research. The latter aspect is recognized in a lower percentage by users.

Among the attributes that define a profession are the existence of a special knowledge produced by the profession's practitioners and transmitted by peers in training of new professionals; have autonomy to decide on their work; have specific legislation that defines who can practice the profession; have a code of ethics that establishes guiding standards for professional action; and have entities that represent the profession in society and that defend the ethical-legal parameters and the conditions required to do this.²¹

Furthermore, autonomy is mentioned in the complexity of health care, which demands capacity for decision-making, always with respect for interprofessional spaces, considering professional cooperation. Therefore, the real autonomy of nursing is in its cooperative care practices to people who depend on their knowledge and their specific ability to solve problems through their techniques and the shared use of technologies.²²

It is worth asking about the visibility of research within the profession as a tool to generate new knowledge that will enrich nursing work, allowing not only updating, but also to providing better care. Here we must consider the reflection that, if the profession development is valued taking into account what remains to be explored, the identity of the profession and the ethics of care can be recovered.²³⁻²⁴

The way in which nursing work allows us to define ourselves and be defined by others is very clear in the nursing field. There is a collective identity that goes beyond individualities and also raises the need to develop a collective capacity to innovate.²

It is also mentioned the importance of service vocation for carrying out the nursing work, however in smaller numbers. Similar to that found by authors²⁵ where vocation and personal fulfillment emerge in nurses as a reason for choosing a career, similarly to other health professionals.

Nursing as a profession has an essential role in transforming the reality of health, since nurses are key in prevention and health promotion.²²

The time taken to collect the data was considered a limitation. For future research, we suggest including other instruments that may complement the research results.

CONCLUSION

This study aims to investigate the perception of nurses and users concerning nursing work.

In relation to user perception, it was found that the profession is being viewed more by its healthcare and health education fields, with little recognition for the field of management. However, management is a field impossible to separate from the previous ones, since professional judgment is extremely important to plan, organize and control care so that these are of quality and safe for users and professionals.

For nurses in hospitals, the educational dimension was little mentioned, but it was more prominent among PHC nurses. Perhaps the form of the macro-policy of organization of services and what is demanded of nurses has influenced the results and they have mentioned the activities that are most requested from them as care and management. It is possible to infer that hospital nurses do not have a charge in relation to health education, compared to PHC. This research result does not mean that nurses do not educate, they can do it, but they did not mention it as something important, as other fields obliged by the organization to carry it out and comply with it are more valued.

Therefore, it would be necessary to reflect on whether nurses manage to balance internal and external or institutional demands in their daily lives (what do I want vs. what am I asked to do?).

A new challenge will be how nursing can take on the importance of promoting health education in hospitals. The theme is almost absent in the interviews of hospital users, unlike the visibility it has on the part of those interviewed in PHC, where the mention is quite significant. Now, the latter may be given because the policy and focus of PHC is exactly that and not only care and curative actions, but rather preventive actions, which is what the service itself is focused on.

It would be necessary to ask whether, despite the absence of great differences between the two perceptions, why for nursing the most relevant attributes of their work are, in part, different from those of users. For users, the attributes considered most important are human talent, kindness, personal balance and the treatment received, consistent with humanized care.

Finally, reflect on the fact that professional ethics has not been mentioned; therefore, it is worth asking whether this code of ethics that establishes guiding standards for professional action is a resolved issue. This code of ethics does not appear in the interviews or is a topic that is not very visible in the nursing group participating in the study.

This study contributes to the advancement of nursing knowledge by showing approximations and distances in the perception of nurses and users about nursing. Especially because it sought to capture the expectations of users, fundamental for the nature of nursing work, which involves relationships between those who provide and those who receive nursing care.

Considering that nurses play an important role in user-centered care, studies such as the one performed need to be deepened. Generating new knowledge at every moment would allow us to understand how care is perceived, identifying vulnerable fields in professional performance and, perhaps, understanding the reason for some users' behaviors in this continuum of health and disease. This would definitely enrich nursing practice, making it possible to generate proposals aimed at improving care, reaching the development of nursing.

REFERENCES

1. Álvarez YDM. Enfermería en América Latina: una mirada al horizonte. *Av. Enferm.* [Internet]. 2015 [cited 2019 Dec 01];33(2):295-305. Available from: <https://doi.org/10.15446/av.enferm.v33n2.37032>
2. Dubar C. El trabajo y las identidades profesionales y personales. *Relet* [Internet]. 2001 [cited 2019 Feb 05];7(13):5-15. Available from: https://es.scribd.com/document/229259509/dubar-2001-el-trabajo-y-las-identidades-profesionales-y-personales?doc_id=229259509&download=true&order=459246887
3. Machado MH. Sociologia das profissões: uma contribuição ao debate teórico. In: Machado MH. *Profissões de saúde: uma abordagem sociológica*. Rio de Janeiro, RJ(BR): FIOCRUZ; 1995. p. 13-33.
4. Pires DEP. A enfermagem enquanto disciplina, profissão e trabalho. *Rev. Bras. Enferm.* [Internet] 2009 [cited 2018 Sept 5];2(5):739-44. Available from: <https://doi.org/10.1590/S0034-71672009000500015>
5. Shamian J. O papel da enfermagem na atenção à saúde. [Editorial] *Rev Bras Enferm* [Internet]. 2014 [cited 2019 Dec 01];67(6):867-8. Available from: <https://doi.org/10.1590/0034-7167.2014670601>.
6. Conselho Internacional de Enfermeiras (ICN) - Código de Ética. *Rev Bras Enferm.* [Internet]. 1974 [cited 2019 Dec 01];27(1):124-5. Available from: <https://doi.org/10.1590/0034-716719740001000010>
7. Leininger, M. Culture Care Theory: A major contribution to advance transcultural nursing knowledge and practices. *J Transc Nurs* [Internet]. 2002 [cited 2019 Feb 05];13(3):189-92. Available from: <https://doi.org/10.1177/10459602013003005>
8. Organización Mundial de la Salud (OMS). Acerca del Programa de enfermería [Internet] [cited 2019 Feb 05]. Available from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11170%3Aabout-nursing&catid=8186%3Anursing&Itemid=41045&lang=es

9. Ministerio de Salud (CL). Informe sobre brechas de personal de salud por servicio de salud [Internet]. 2017 [cited 2018 June 25]. Available from: https://www.minsal.cl/wp-content/uploads/2015/08/informe-brechas-rhs-en-sector-p%c3%bablico_abril2017.pdf
10. Ministerio de Salud (CL). Código sanitario. Decreto con fuerza de ley N° 725. Artículo 113 [Internet] 1968 [cited 2018 June 25]. Available from: <https://www.leychile.cl/Navegar?idNorma=5595>
11. Guevara B, Evies A, Rengifo J, Salas B, Manrique D, Palacio C. El cuidado de enfermería: una visión integradora en tiempos de crisis. *Enferm Global* [Internet] 2014 [cited 2019 Feb 5]; 13(33):318-27. Available from: <http://scielo.isciii.es/pdf/eg/v13n33/ensayo2.pdf>
12. Müggenburga CS, Olvera S, Riveros A, Hernández-Guillén C, Aldana A. Autoevaluación de enfermeras respecto a la comunicación percibida con pacientes como resultado de un entrenamiento. *Enferm Univ* [Internet]. 2015 [cited 2017 Oct 12];12(1):12-8. Available from: <http://www.elsevier.es/es-revista-enfermeria-universitaria-400-articulo-autoevaluacion-enfermeras-respecto-comunicacion-percibida-S1665706315000172>
13. Ministerio de Salud (CL). Orientaciones para la implementación del modelo de atención – Minsal [Internet] [s.d]. [cited 2018 June 25]. Available from: <http://web.minsal.cl/portal/url/item/e7b24eef3e5cb5d1e0400101650128e9.pdf>
14. Minayo MCS. O desafio do conhecimento. 14a ed. São Paulo, SP(BR): HUCITEC, 2014.
15. Emanuel E. ¿Qué hace que la investigación clínica sea ética? Siete requisitos éticos. In: Lolas F, Quezada A. Pauta ética de investigación en sujetos humanos: nuevas perspectivas [Internet] Santiago de Chile(CL): Programa Regional de Bioética OPS/OMS 2003 [cited 2019 Jan 8] p.83-95. Available from: <https://doi.org/10.34720/r5e6-gh95>
16. Elizondo NR. Significado, relevancia y elementos de género asociados al cuidado: metasíntesis cualitativa. *Index Enferm* [Internet]. 2016 [cited 2019 Dec 01];25(1-2):33-7. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962016000100008&lng=es.
17. Souza PA, Batista RCR, Lisboa SF, Costa VB, Moreira LR. Percepção dos usuários da atenção básica acerca da consulta de enfermagem. *Rev Min Enferm.* [Internet] 2013 [cited 2019 Feb 6]; 17(1):11-7. Available from: <https://doi.org/10.5935/1415-2762.20130002>
18. Hermosilla AA, Mendoza LIRM, Contreras S. Instrumento para valoración del cuidado humanizado brindado por profesionales de enfermería a personas hospitalizadas. *Index Enferm* [Internet] 2016 [cited 2019 Feb 6];25(4):273-7. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962016000300011&lng=es&nrm=iso
19. Arco-Canoles OdelC, Suarez-Calle ZK. Rol de los profesionales de enfermería en el sistema de salud colombiano. *Univ Salud* [Internet] 2018 [cited 2019 Feb 5];20(2):171-82. Available from: <https://doi.org/10.22267/rus.182002.121>
20. Moreno-Rangel LM, Osorio-Gómez L, Forero-Bulla CM, Camargo-Figuera FA. Percepción del rol de la enfermera en un programa de rehabilitación cardíaca. *Rev Cubana Enferm* [Internet]. 2015 [cited 2019 Feb 06];30(1). Available from: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/471/81>
21. Pires DEP. Transformações necessárias para o avanço da Enfermagem como ciência do cuidar. *Rev Bras Enferm.* [Internet] 2013 [acceso 2019 Feb 9];66(Spe):39-44. Disponible en: <https://doi.org/10.1590/S0034-71672013000700005>
22. Bellaguarda MLR, Padilha MIt, Pereira NAF, Pires D, Peres MAA. Reflexão sobre a legitimidade da autonomia da enfermagem no campo das profissões de saúde à luz das ideias de Eliot Freidson. *Esc Anna Nery* [Internet]. 2013 [cited 2019 Dec 02];17(2):369-74. Available from: <https://doi.org/10.1590/S1414-81452013000200023>

23. Garcia ML. La ética del cuidado y su aplicación en la profesión enfermera. Acta Bioeth. [Internet] 2015 [cited 2019 Feb 5];21(2):311-7. Available from: <https://doi.org/10.4067/S1726-569X201500020001>
24. Padilha MI, Backes VMS, Brüggemann OM. Text & context nursing journal and its contribution for the scientific production of nursing: 25 years of history (1992-2017). Texto Contexto Enferm [Internet]. 2017 [cited 2019 Dec 02];26(1):editorial. Available from: <https://doi.org/10.1590/0104-07072017002017editorial>
25. Samaniego VC, Cárcamo S. La imagen e identidad profesional de enfermería. El devenir de una construcción. Invest Educ Enferm [Internet] 2013 [cited 2019 Feb 22];31(1):54-62. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-53072013000100007&lng=en&nrm=iso

NOTES

ORIGIN OF THE ARTICLE

Article extracted from the thesis - Nursing work: perception of nurses and users, presented to the Nursing Graduate Program, *Universidade Federal de Santa Catarina*, in 2019.

CONTRIBUTION OF AUTHORITY

Study design: Barrientos MCP, Pires DEP.

Data collect: Barrientos MCP.

Data analysis and interpretation: Barrientos MCP, Pires DEP.

Discussion of the results: Barrientos MCP, Pires DEP.

Writing and/or critical review of content: Barrientos MCP, Pires DEP, Machado RR.

Final review and approval of the final version: Barrientos MCP, Pires DEP.

FUNDING INFORMATION

This study was financed by the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* - Brazil (CAPES) - Finance Code 001.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

The research was approved by the Research Ethics Committee of the Universidad de Magallanes, Certificate 84/CEC/2018.

CONFLICTS OF INTEREST

There is no conflict of interest.

HISTORICAL

Received: September 06, 2019.

Approved: February 27, 2020.

CORRESPONDING AUTHOR

María Clara Pesutic Barrientos
clarapesutic@hotmailcom

