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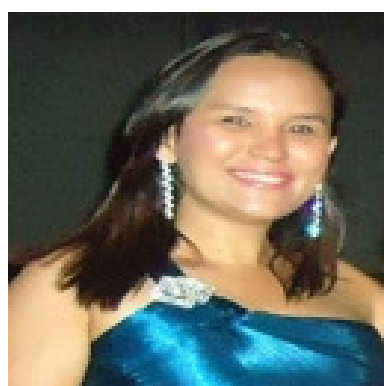
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Receptiveness to the teenager in nursing consultation – a qualitative study

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ABSTRACT

Aim: To understand the relationship of nurses with the teenage mothers in terms of childcare consultation in terms of receptiveness. **Method:** A qualitative study was conducted from February to May 2011 in a Family Health Basic Unit of Fortaleza-CE, using systematic observation and semi-structured interviews. This involved five nurses and three teenage mothers who accompanied their children as part of this service. The information gathered from the interviews was subjected to content analysis based on Bardin, from which emerged the categories: receptiveness and listening and reception ambience. **Results:** The receptiveness on the part of the subject illustrates the significance of listening as part of responsiveness, and includes the ways of service organization involving nurses. **Discussion:** The receptiveness, listening and reception ambience are important aspects of attention. **Conclusion:** Listening is a tool that nurses use to realize their receptiveness to the teenage mother.

Keywords: Adolescent; Child Care; Nursing; Primary Health Care.

INTRODUCTION

Receptiveness as an act or effect of welcoming, expresses in its various definitions, an action of approximation, a "being with" and "being around", i.e., an attitude of inclusion⁽¹⁾. The care afforded to the teenager, or to any user who uses the services provided by the health unit, should be hospitable, so that users feel free to express their basic health needs in all their dimensions. This meeting between professional and health user in the act and the health advice is the moment of service consumption⁽²⁾.

Generally, teenage pregnancy is a major public health problem in Brazil, making the girl and her child vulnerable to physical, psychological and social risk. The pregnancy in this population is not always planned, and sometimes unwanted by the pregnant woman, her partner and her family. However, the risks can be minimized when supported by a health team responsible for prenatal care⁽³⁾.

There has been a reduction in the number of teenage pregnancies, but still, the soon-to-be mother in this stage of her life needs support and continuous monitoring. The Brazilian Institute of Geography and Statistics (IBGE) reports that the possible causes of the trend in teenage pregnancies regression might be due to the greater availability of condoms, knowledge about contraceptive methods and women entering the labor market⁽⁴⁾. This shows that women, since adolescence, have emancipated themselves, both in their personal relationships and in their professional lives, when looking to compete with men in the labor market.

Pregnancy in adolescents and young adults, although not always desired, may not result in a difficult situation, since the mother is supported by a health-care team responsible for prenatal care. In this stage of life, the woman undergoes many hormonal changes, affecting her both physically and psychologically. Therefore she requires different receptiveness. In some cases, pregnancy may integrate into the teenager's life projects and act, even at this age, as a reorganizing element of life, rather than a destructive one⁽⁴⁾.

The challenge facing these teenagers after pregnancy, is caring for the children, which involves several dimensions: biological, emotional, social and financial. Many of them drop out of school to devote themselves to the children that, especially early in life, need direct maternal care, meaning that they cannot work. Other factors for this challenge include the fact that the child's father often does not take responsibility for child care arrangements, as well as the disapproval expressed by both direct and indirect family.

Therefore, the teenage mother has demands and health needs herself, as does her baby. If born without complications, the baby must make use of the primary care service, following routine appointments for monitoring growth, development, administering vaccinations, and other actions to prevent disease and promote health.

The healthy mother-infant relationship is rooted in the affective bond, allowing the child to develop a better relationship with other children and adults, becoming independent and adaptable, and developing self-esteem and resilience⁽⁵⁾.

However, many difficulties are faced by the teenage mother. Among them is the doubt that family and society have in her ability to care for the child and to manage the financial difficulties, especially considering she often has not completed her studies and needs to be financially dependent on others, namely her parents or the child's father.

After the child is born, the teenage mother must begin to directly care for the baby. This includes breastfeeding, an act that requires dedication to maintain for long periods of the

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baby's life. At this time, doubts and insecurities may appear, bringing concerns to the mother and baby. Therefore, consultations and monitoring of the child's growth and development is an opportunity for these mothers to discuss how they are in terms of child care, and any adverse situations that may harm their own or their child's condition. On such an occasion, given the difficulties faced by teenage mothers in terms of child care, the primary care nurse becomes an important ally in the integral care of the mother's and the child's health, through effective actions guided by the principle of receptiveness. In this context, we asked the question: how receptive are nurses towards teenage mothers in the primary care service during their child's consultation? To answer this question we wanted to understand the relationship between nurses and teenage mothers in terms of childcare consultation, with respect to receptiveness.

METHODOLOGY

A descriptive study making use of a qualitative approach, was conducted from February to May 2011, in a Basic Health Unit (UBS) in Fortaleza, Ceará. The qualitative approach was chosen because it allows the understanding of experiences, with subjective aspects involved in the reaction and behavior of the investigated subjects⁽⁶⁾.

Two distinct groups of participants were involved: five nurses from five teams associated with the Family Health Strategy (ESF) who worked in the basic health unit, and three teenage mothers who were with their children in the unit for any reason, whether childcare, immunization, or other type of attendance.

The criteria for the selection of participants were that they were able and available to respond to the survey questions. The exclusion criterion was when the professional was not found in the unit due to vacation or leave.

The data were collected through systematic observation and semi-structured interviews, guided by a script containing closed questions. A semi-structured interview combines

open and closed questions where the interviewer has the possibility to discuss the issue
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at hand without being restrained by the question formula. For the realization of systematic observation, a script was used and notes were entered into a field diary.

For data analysis, the content analysis method of the thematic category analysis type was used⁽⁷⁾. The analysis was organized around three stages: pre-analysis, which consists of the transcription of the recorded conversations; reading the contents in the context of the aim of the study; exploration of the material, consisting of encoding the material, with the formation of the primary body of data to be analyzed from the processing of raw data and clipping of text in recorded units. From these, subcategories were formed for the collation and preparation of the main categories. Finally, the data was described and interpreted in the light of the relevant literature.

A code was used to name each interview participant: the letter A to designate the teenagers, the letter E for nurses, with a number indicating the order of the interviews.

Ethical criteria for research that involves humans⁽⁸⁾, according to Resolution 196/96 of the National Health Council of the Ministry of Health were followed: participants were informed about the aim of the study and asked to sign a consent form. Data collection started after the prior authorization of the responsible unit. The project was approved by the Ethics Committee of the State University of Ceará, in the opinion nº 04252522-5.

RESULTS

The discussions and the context show just a part of the reality that happens in a child consultation of a teenage mother and the subjects perception: users and nurse performance clinical practice in a primary care.

Receptiveness and Listening

In childcare, listening is essential to the interpersonal relationships between the nurse and the teenage mother, because it gives support and strengthens child care. In this context, two nurses expressed:

"The receptiveness is this: what is the fact that I receive? In the first step I listen to what the teenager needs and what I need to try to help her. What is receptiveness in primary care? Even though the teenager doesn't have an appointment, I find time to listen to what she needs. I do this every single day, especially with teenagers. I don't let the receptionist turn a teenager away without knowing why she has come to the unit that day". E1

"Receptiveness involves listening carefully to the teenager to try to resolve the problem that made her come to seek help from us at the health unit". E5

Effective listening is linked to understanding the mindset of someone, recognizing and respecting it. Careful listening was promoted by the nurses to increase the receptiveness of the professional during the consultation:

"So we try to find what the weakness is in each teenage mother during the consultation (childcare) in order to help her overcome this obstacle, this problem. Therefore, when necessary, I make the appropriate referrals to other providers (from the unit). E1

"Because, like I said, though I will not solve the problem, we can comfort the teenager. She will have many emotional problems, especially in terms of her family." E2

"Indeed, it is within this process of receptiveness, the qualified hearing, the expanded clinical, the territory". E4

These reports showed that listening should not be restricted to the main complaint of the teenager, nor exclusively to her medical requirements. The listening should aim to detect the overall weaknesses that exist, often disguised in the subtext of the teenager's discussions. There can only be knowledge of the teenager's life if there is professional sensitivity to listen carefully to the patient. From there, one can formulate care strategies through scientific knowledge and carry out the receptiveness process⁽⁹⁾.

Although it is not the responsibility of the nurse to solve the problem, it is essential that they have sensitivity, act professionally, and be willing to listen to what the patient has to say. In other words, to act as a source of support with whom the adolescent can share her problems. The nurse can be viewed as a safe haven for teenage mothers. A teenage mother perceives whether or not they are listened to attentively by nurses:

"I do not like when people call me mommy. You know, it's as if I have no name. She didn't do this (the nurse). She always called me by my name, since when I was in prenatal care, which was when I met her". A2

"Although she meets many people, she remembered me and my problem another day". A3

The initial greeting to the mother is the first impression she will obtain from the unit. Therefore, this should be warm and respecting. Thoughts about the receptiveness, either shown through posture or attitude, of the professional in how they greet the mother were talked about in some discussions between nurses:

"And we have to greet well, right? [...] We have to welcome, getting the teenager, always respecting her. I think, first of all, is an attitude of professional welcome the teenage [...] Actually, it is you get the person with respect, with dignity. I think that's it". E4

"The receptiveness is, actually, about receiving. It's the way you get that person. You try to be kind". E5

This responsiveness of nurses was perceived by the adolescents:

"She is very polite. When I arrived, she said good morning with a smile on her face ... It's so nice when we are received well. It seems that the day will be great all day. I am welcomed by her (the nurse)". **A1**

"It's very nice to come with my son because, when I arrive, she will play with my son, relaxing me and him". **A2**

It is important that the greeting of the adolescent is helpful, respectful and cordial. The first impression is the one that remains and, when the teenager is happy, she will return, creating a bond with the service.

We noted that it was always the nurse that would make the effort to ensure receptiveness towards the users, rather than the other health-care professionals:

*"In terms of this part of the receptiveness, we started with a general receptiveness, not only for teenagers, but generally for all our users. However, it did not work well in terms of approaching users, because every day there was a different professional". **E3***

*"Here in our unit, we tried several approaches, different processes of care. Here, what is going well so far, at least in some teams, is the user process. If the teenager is not scheduled to arrive, she is met by a listening nurse who tries to detect any vulnerability, not only biological but also social, and decides with the doctor what is the best approach in this case. No. Does the user have to be attended to today?" **E4***

Despite the emphasis of receptiveness in the unit, teenage mothers often found some barriers to attending clinic. Often, the demand was so great that users had to be stopped by the receptionist, and were not able to see a health professional.

"But I cannot always have my problems solved here. The other day, I came with my five year old brother. It was a sacrifice for me to get a vacancy for him. They said they had no vacancies and I begged them hard to get one. But, just for them to see my daughter and I, it is great here". A1

"There are no problems getting consultations for him (son). He always is attended to. But, for me, it isn't always the case. If I'm feeling something wrong and come here, I cannot always get a consultation with a doctor. It is difficult. The consultations belong to him (son). I only get contraceptives". A2

After the period of childcare, teenagers always resorted to the nurse when there were some complications with their child or themselves.

At the last consultation, it was realized that the teenager thought the son was the focus of the childcare consultation. However, she did not realize that she could take more from the consultation for herself than just contraceptive advice and materials. The teenager had difficulty appreciating that a lot of actions the nurses performed in the childcare consultation were also directed at her.

DISCUSSION

With respect to receptiveness and listening, the discussions showed that nurses have made efforts to listen to any mother, even when she did not have an appointment. When a teenage mother came to the service, there was always access to ensure the protection of adolescents and increase trust with regard to the service.

Receptiveness, as a technique, uses many of the procedures and actions that facilitate care through listening, analysis and risk discrimination, offering solutions or alternatives to problems⁽¹⁰⁾.

What sets receptiveness aside however, is not simply listening, but the quality of the listening. For there to be an effective change with regard to listening so that it can fulfill the requirements of receptiveness, one must take greater interest in the patient as a whole, rather than only in the nurse-patient relationship⁽¹¹⁾. The teenager's individuality is preserved when the nurse has shown real and genuine attention.

With regard to the reception ambience, it was reported that there is great importance in how attention was given by the nurses to the teenager, i.e. how they responded when they were given information about the child, and how to approach users to provide caring support and explain about their and their child's health.

One of the actions that directly involves the reception and was expressed by the subjects refers to the service organization. In unity, there were several organizational ways of receptiveness to all users in order to better serve the often sporadic and random demands of users. Note that in this unit, the strategy for the organization of the service was that, every day of the week, a nurse from five teams performs the receptiveness duties for all the teams. However, this strategy was modified because it did not satisfactorily resolve the problem of spontaneous demand, and hindered the creation of a bond between the community and the unit, as the nurse was different day-to-day.

CONCLUSION

The study examined the relationship of the care nurse with the young mother, especially when advice was given regarding the health of both mother and baby. We looked at the role of receptiveness in this relationship, with the aim for this to be an integrated care tool to improve the relationship. In this sense, it was found that listening is a tool that nurses use to perform the receptiveness, promoting an attentive perception of the life context of the teenage mother and the care given to her baby, in order to identify her needs. Listening allows the teenager to express the anxieties related to the new situation of being a mother and taking care of the child.

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Greeting the patient with respect and dignity was mentioned as an important strategy to accommodate and establish a bond with the teenager. The nurses recognized the responsibility to provide quality care and also asserted that the establishment of a bond with the teenage mother was shown to be strong, true and unprejudiced.

It was observed that adolescent subjects had no specific assistance and for the promotion of basic health care, having to use existing programs focused more on prevention and treatment of disease, rather than the teenage mothers' specific needs. However, for the teenage mother, even in a childcare query, there appeared to be disparity in the care quality provided by nurses. Teenagers appreciated being autonomous over the care provided for herself and her baby, which helps to reduce anxiety and increases confidence in the health-care service.

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