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Cross-breastfeeding in the scenario of precarization of health work: nurse's role

Amamentação cruzada no cenário da precarização do trabalho em saúde: atuação do enfermeiro

Lactancia cruzada en el escenario de precarización del trabajo de salud: papel de la enfermera

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ABSTRACT

Objective: to investigate nurses' role related to cross-breastfeeding and to correlate with the current issue of precarious work.**Method:** descriptive and qualitative study based on methodological discourse analysis, carried out with six nurses from Estratégia de Saúde da Família (ESF) Program through a focus group. **Results**: cross-breastfeeding topic is presented as an indicator of ethical-professional conflicts in the work process, expressing itself in the following aspects: knowledge of prescriptions of contraindication, feeling of difficulty in intervening and transference to the nursing mother for any harm to the child's health. **Final considerations:** in the comparison between these results and a work organization with institutionalized norms and routines, we discuss the effects of not using counseling techniques, the fragility of nurses' autonomy, imperceptibly reproduced by nurses in care.

Descriptors: Breast Feeding; counseling; nursing; labor relations.

RESUMO

Objetivo: investigar a atuação dos enfermeiros frente à amamentação cruzada e correlacionar com a atual questão da precarização do trabalho. **Método:** estudo qualitativo do tipo descritivo com base metodológica de análise do discurso, realizado com seis enfermeiras da Estratégia de Saúde da Família (ESF) por meio de um grupo focal. **Resultados**: o tema amamentação cruzada é apresentado como um indicador de conflitos ético-profissionais no processo de trabalho, expressando-se nos seguintes aspectos: conhecimento das prescrições de contraindicação, sensação de dificuldade em intervir e transferência à nutriz por qualquer dano à saúde da criança. **Considerações finais:** no cotejo entre esses resultados e uma organização de trabalho com normas e rotinas institucionalizadas, discutem-se como efeitos da não utilização de técnicas de aconselhamento, a fragilização da autonomia da nutriz, de forma imperceptível, reproduzidas por enfermeiros na assistência.

Descritores: Aleitamento materno; aconselhamento; enfermagem; relações trabalhistas.

RESUMEN

Objetivo: investigar el papel de las enfermeras relacionadas con la lactancia cruzada y su correlación con el tema actual del trabajo precario. **Método:** estudio descriptivo y cualitativo basado en el análisis metodológico del discurso, realizado con seis enfermeras del Programa Estratégia de Saúse da Familia (ESF) a través de un grupo focal. **Resultados:** el tema de la lactancia cruzada se presenta como un indicador de conflictos ético-profesionales en el proceso de trabajo, expresándose en los siguientes aspectos: conocimiento de prescripciones de contraindicación, sensación de dificultad para intervenir y transferencia a la madre lactante por cualquier daño a la salud del niño **Consideraciones finales:** en la comparación entre estos resultados y una organización de trabajo con normas y rutinas institucionalizadas, discutimos los efectos de no utilizar técnicas de asesoramiento, la fragilidad de la autonomía de las enfermeras, reproducida imperceptiblemente por las enfermeras bajo cuidado.

Descriptores: Lactancia Materna; consejo; enfermería; relaciones laborales.

INTRODUCTION

Breast milk is the best food for a child's growth and development; however, breastfeeding is permanently contraindicated in some situations, such as that of mothers with HIV (human immunodeficiency virus) and HTLV 1 and 2 (human T-cell lymphotropic virus)[1,2]. Among the forms of HIV contamination, vertical transmission is noteworthy, thus justifying the recommendation by international organizations to prohibit cross-nursing, which is adopted by the Ministry of Health in Brazil[3]. However, mothers' claims to practice cross-nursing are often related to moral attitudes, such as solidarity and good deeds[4].

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Thus, studies addressing the topic of cross-nursing were sought on the SCIELO, SCOPUS, LILACS, BVS and BDENF databases. Thirteen studies on historical issues concerning wet nurses and factors associated with this practice, namely, the prevalence and knowledge of lactating mothers on the subject, were selected. However, none correlated with labor issues, such as the precarization of health services, as a facilitating factor for this action.

Many women have maintained cross-nursing when they believe that they cannot produce enough milk or, for reasons of affection and detachment, they provide or accept such practice. In connection with this fact, the activity of "milk mothers", which was common in the 19th century and until the early 1940s, called into question how the necessary educational process is carried out to promote children's health with regard to breastfeeding[5].

In the educational process on breastfeeding, counseling is the most appropriate way to promote it, since it involves guidance and intervention strategies carried out by health professionals. It is a technique that includes abilities to listen (verbal and non-verbal communication), ask open questions, use expressions that show interest in what is being presented, use empathy and avoid judgments, in addition to abilities to provide confidence and support by: respecting what the mother thinks/feels, acknowledging and praising what is correct, offering practical help, offering little and relevant information, using simple language and always suggesting, but never ordering[6]. However, precariousness in work organization affects the quality of the services provided, thus leading to a lack of improvement in work organization and of greater worker involvement[7].

Understanding the precarization of work as a consequence of neoliberal public policies, as well as the new forms of control and management of the workforce, originating from the structural capital crisis, it is observed that such elements have reorganized the world of work in the form of precarious working conditions, outsourcing, privatization, polyvalence, structural unemployment, among others. As a consequence, there are hostile situations for workers and for the population[8].

In this scenario, how can a counseling technique that requires a longer time during consultation be used if the number of appointments is huge and the demand for goal achievement is intense? In the face of conflicting situations, health professionals are compelled to decide between providing prescriptive guidance in a minimum amount of time or problematizing shared decisions with patients, which is not always achieved in a regular consultation due to its short duration. Therefore, the lack of counseling in nursing care practice emerges in the study in the face of cross-nursing. This study was carried out with nurses from the Family Health Strategy (FHS), a health-care provision model which, among others, has suffered with work precarization. Therefore, the objective of this study was to describe how FHS nurses perform in the face of cross-nursing by correlating it with the current issue of work precarization.

LITERATURE REVIEW

Cross-nursing, understood as the provision of breast milk to a child other than one's own, is an old practice that is not currently recommended, but persists for cultural reasons and due to unfair conditions in society[9]. This practice, in the context of patient safety, is an incident considered preventable and nurses' work is of paramount importance in health education to prevent the occurrence of cases[10].

The incidents reported in the context of risk management and patient safety at a large hospital in the southern region of Brazil from 2008 to 2012 identified 14 (1.9%) cross-nursing cases[10]. When analyzing a sample of 695 mothers of children less than one year old in nine primary-care units in Rio de Janeiro in 2013, it was shown that cross-nursing was practiced by 29.4% of them, usually among relatives or friends[11]. In the metropolitan region, 43.4% of mothers practiced it, and in the mountain region, 34.5% of them did[12].

In view of the prevalence of cases, the lack of counseling on this subject is noteworthy; therefore, the care provided by FHS is a favorable environment for collecting information about children's feeding and clarifying possible doubts since pregnancy. However, in the face of a scenario of precarization of health services, the quality of care is weakened.

In this context, work precarization is understood as employment situations in public institutions with a deficit or absence of social, protection, labor and social-security rights, in addition to instability, thus characterizing conditions that expose workers to social vulnerability. With this regard, risks at work are assumed primarily by workers[13].

As a result, there is staff reduction, high turnover of the workforce, work intensification, increased demands, lack of minimal conditions for professional practice, deregulation of their functions at the institutional level due to wage gap and by flexibilizing or reducing their social rights. These conditions are incompatible with the health care field, where quality should be prioritized over profit[8,14].

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Health care for women and children, which begins with prenatal care and extends to rooming-in and childcare, are opportunities to promote safe practices for both mothers and children. To that end, professional training is necessary for care provision that is centered on the needs of the mother-baby-family triad with a focus on counseling despite the difficulties triggered by work precarization[5].

METHOD

This is a descriptive, qualitative study whose methodology is based on discourse analysis. It was conducted in May 2016 in order to understand where the statements created by these practices produce meaning from the relationship with other statements that circulate in a given society[15].

Twenty-two nurses working for FHS in the four districts in the city of Duque de Caxias through the Coordination of Primary Care in the Health Department of Duque de Caxias were invited to participate in the study. Of these, only six agreed to participate and were coded as ENF 1 to 6. Two were from the 1st District; one from the 2nd District and three from the 3rd District. The inclusion criterion adopted was: monitoring breastfeeding women when working in a Family Health Unit, and the exclusion criteria were: nurses on leave of absence during the data collection period.

The data collection method used was the focus group, which is considered appropriate for qualitative studies because it allows participants to express their opinions and impressions on the topic from the discussion[16].

The participants' identification data were collected by their filling out a form before the focus group was begun so as to provide personal data and questions about breastfeeding. The focus group began with questions that generated open debate, such as: What do you understand about cross-nursing?

After that moment, we proceeded to the second phase of the focus group, which was a discussion with an excerpt from statements by nursing mothers who had experienced cross-nursing and participated in the study: Cross-nursing, from neglect to moral virtues: a descriptive study[4]. In that phase, we sought to identify their care behavior in the face of cross-nursing. The focus group lasted one hour and a half and was video recorded.

Discourse analysis was used for data analysis as it interrogates verbal and non-verbal materials, from what is implicit and from meaning games. It allows reaching beyond the text, bringing out pre-constructed meanings from memory[17].

In order to perform the analysis of the material produced in this study, the statements provided by the focus group were transcribed, and analytical tables were designed, so as to extract the discursive objects through the subjects' discursive formation. Then, the meanings of the discourse were sought, and finally, the marks of the theoretical framework in the subjects' discourse were highlighted, classified and aggregated into generating themes, thus enabling their grouping according to the similarity of the information found. This study was approved by the Research Ethics Committee (CEP), under number 1.422.151, on February 24, 2016. It also complied with the guidelines provided for by Resolution number 466/2012 by the National Health Council (CNS), which regulates research involving human beings in the country.

RESULTS AND DISCUSSION

The participants' ages ranged from 40 to 60 years, and they had received their nursing education from 1988 to 2012. Of the six nurses, four (67%) reported that they had experienced cross-nursing cases in their professional life, and two (33%) stated that they had not participated in any breastfeeding training during their careers.

The data were discussed on the basis of discourse analysis, and the discursiveness found was described according to the meanings developed from the agents that interrelated, their experiences and the worldview constructed, among other aspects that defined the saying and the non-saying; therefore, discourse analysis worked with gestures of interpretation that constituted them and must be understood[18].

(Dis) involvement of nurses in the face of cross-nursing

Arguments belonging to a certain ideology were reproduced in the participants' statements, namely that of blaming the nursing mother for her actions. In addition, argumentative operators such as "**but**" opposed arguments aimed at different conclusions:

> *But I talk about breastfeeding a lot at the end of prenatal care; then, I insist, and I say: look it's your child; it's your responsibility. I exempt myself, you know. Because I'm advising you, but I always repeat that baby is hers. (ENF 6)*

This connector opposes two points of view: contraindication to cross-nursing as opposed to the occurrence of the event.

Free indirect speech was observed as a prominent linguistic mark with a mixture of two voices, which was shown by the speaker's presupposition or reminiscence (a recollection of a previous consultation), as in the following statements:

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> *We are giving prenatal care, explaining what must be done, how you should proceed during the prenatal period, puerperium and childcare, and the mother is there, with her mouth open (surprised, confused). Do you understand what I said?. (ENF 2)*
>
> *There are two situations: that patient who you talk, talk and talk to, and she will not assimilate anything, will not absorb anything, and the one who absorbs, understands perfectly, but what the (nurse) said, the body is mine, I'll do whatever I want. There are these two types of people during consultations, she understood exactly what you said, and she did not understand anything you said. (ENF 5)*

The speaker mixes his/her speech with the enunciator's speech ("the body is mine, I'll do whatever I want"), as noted in the excerpts above. It is interpreted that, in a group, even if the information given is understood, the final decision is up to the woman, who may accept or not the new information.

As for the other group of women, according to the report, although the information was conveyed, they did not understand it, which is prefigured by the expression 'open mouth'. Within this reported discourse, the content of the speaker's thought was noticed.

This discursive memory is the knowledge that returns as the already-said which supports each spoken word and can provide statements that affect the way people signify a fact. There is an explicit mark of the presence of other texts in a given discourse or enunciation[19].

As a form of disengagement, the nurse's presupposition is only that he/she should talk, and the other's role is to do to what he/she says; there is no dialogue. Therefore, the lack of counseling in nursing care practice emerges in the study in the face of cross-nursing, as an indicator of work relationships.

The results show that nursing mothers have difficulty understanding the orientation given during consultations; however, counseling strategies can be used as a way to foster comprehension of the information, such as asking open questions, trying to discover the subjects' concerns and interests and favoring an environment that encourages them to ask questions, given that some people are calm and attentive whilst others are nervous or distracted and that understanding may become impaired or blocked[20].

The topic of cross-nursing is neglected by nurses. Although everyone is aware of the contraindication, they find it difficult to intervene. Considering the given circumstances, the circulation of a discourse that blames the nursing mother for any harm to the child's health is observed, but counseling techniques are not used as regards cross-nursing, and nurses only hold the mothers responsible for their children's health:

> *it is her responsibility; we have to let her know, as you said, we have to let her know that it is the person's responsibility. (ENF 2)*

In the bioethical perspective, nurses' knowledge and practices regarding cross-nursing are revealed by their heterogeneous discourse, in which the voices of others are mixed with the voices of enunciators. Everyone understands that cross-nursing is contraindicated in Brazil, and during their professional practice, they adopt an autocratic posture in an attempt to prevent breastfeeding women from performing such act. However, that is not effective, as it continues to be performed by mothers because they are not led to behave reflexively on reality based on reflection-action-reflection dialectics that enables the construction of autonomy[21].

Difficult management of cross-nursing by nurses

This secular practice is historically and culturally influenced. Ancestors continue to disseminate their experiences, such as wet nurses, and nurses try to harmonize the different subjective voices of the discourse, namely: the voice of authority (nurse) and that of affectivity (family members).

> *This has come from generations and generations. I have an example in my family; I have examples from patients. (ENF 2)*

When dealing with cross-nursing cases during a consultation, as it is a topic that is little explored in the scientific literature, its management is even more difficult. Professionals feel insecure, as can be seen in the following discourse:

> *It is difficult to address it; firstly because they are sex- and intimacy-related issues that are complicated, and secondly, you raise suspicion that the person does not have. So, I think it is a very delicate subject. (ENF 6)*

The fact that this issue is not addressed with proper counseling during care provision is due to limited knowledge about cross-nursing, as it is a topic that is not often discussed, in addition to the short duration of consultations and the possible difficulties in deconstructing cross-nursing experiences that are transmitted by family members to their descendants based on their experiences[22, 23].

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Furthermore, most primary-care professionals are not trained and, therefore, many health professionals who deal with pregnant women, mothers and babies have insufficient knowledge and clinical and counseling skills concerning breastfeeding[24, 25].

The need for training the nursing teams working at primary health care units in order to improve their knowledge and skills so that they can properly manage the different situations faced by lactating mothers is noteworthy.

Work precarization as a contributing characteristic of cross-nursing

As an effect of precarization of work relationships, the possibility of seeking the causes that have triggered cross-nursing is weakened. The constructed scene emphasizes a dynamic of responsibilities that are transferred among the actors.

Another effect of disengagement is the representation that the professionals' work has the function of providing information about health care. As a consequence of these aspects, the discourse that blames nursing mothers for their cross-nursing actions is strengthened. Saying "you cannot do it" and the idea of disengagement in their reports distance the advisory conduct of strengthening nursing mothers' autonomy.

Throughout the pregnancy-puerperal cycle, the professional must train the woman, her partner and her social network in choosing how to feed the child. In order to do so, it is essential to use the counseling method. The nurse must be prepared and must have developed the ability to listen and act; must be willing to help cope with conflicts so that the mother feels safe and confident[26].

The care provision conduct guided by the transfer of information and responsibilities weakens autonomy development. Such practices seem to occur in an imperceptible fashion, provided by a work organization with institutionalized rules and routines, which people reproduce in their care provision when they have a large number of appointments and a short time to reach a goal pre-established by the institution.

Nurses have human beings and, concurrently, all their peculiarities as raw material for their work process. Hence, through the counseling technique, they will be able to intervene in the other's needs with conjoint planning and reciprocal responses[27].

However, the Brazilian labor market in the health care and nursing sectors is reproducing the general trend of the economy by using flexibilization when hiring the workforce, thus devaluing professional qualification as well as alienating and making professionals sick. Also, heavy workloads, work intensification, increased work paces, goal achievement and competitiveness in the work environment are additional difficulties[28].

In this scenario, the goal-achievement system provides quantity at the expense of quality, since, during consultations at FHS, the nurse must collect all the relevant information to perform the nursing process for each user; however, the reality is an excessive number of users and a lack of professionals:

> *my team didn't have a nurse for a long time. (ENF 3)*
>
> *we link the first consultation (nurse and physician) because the demand is high, because there aren't enough vacancies (ENF 1)*

Nurses' work at FHS has intense psychosocial demands. In addition to the high weekly workload of services, precarious conditions and multiple jobs can interfere with workers' subjectivity[29].

It is common to find problems related to hiring policies and infrastructure, such as precarious conditions of physical facilities, as well as those related to care provision dynamics; there is an overload of appointments that creates difficulties in planning and discussing the work dynamics[7].

How can a counseling technique, which requires time for its development, scientific knowledge and dialogue with users, be utilized if there is a high demand to be met and a specific duration for each appointment so that goals can be achieved? In view of these conflicting situations, prohibitions are prescribed, when, on the contrary, problematization is ideal.

Precarization promotes atypical and unfavorable conditions for workers' health and productivity, in addition to other unworthy conditions for the performance of activities with quality, thus causing greater losses than benefits[30].

Based on the guiding principles of FHS, such as disease prevention and health promotion, close monitoring of families and the creation of bonds and co-responsibility, identification and comprehensive care for the community's health problems, it is believed that it is not possible to establish bonds if there is a high turnover of professionals[30].

The following statement also shows the effects of precarization affecting care provision quality:

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my colleague will go on a leave of absence, then the doctor will not be able to handle it alone. It's not easy (ENF 1).

ESF is a growing source of temporary job contracts, outsourcing, subcontracting, legal representation due to labor issues, unemployment and reduction of formal jobs. Now, it is necessary to understand and bring the precarization of work in this field to discussion.

In view of this scenario and in face of the moral problems concerning cross-nursing, it is concluded that nurses' work requires updating and reflection in the field of bioethics so that they can intervene with technical competence, respect for women's autonomy and protection of the mother-baby-family triad. Counseling techniques should be used so that women can be active in the decision-making process concerning their children's nutrition. However, the intervention of public agencies in this precarization context is necessary so that care quality can take precedence over profit.

CONCLUDING REMARKS

The precarization of working conditions and relationships reflects on the quality of health care provision. Health professionals have minimum time for each consultation, since they must achieve a goal of a given number of appointments to be performed. Therefore, it is impossible to apply counseling techniques that require more time and training for such health education approach. Hence, they apply a traditional informational method, with verticalized information transfer, without critical reflection on that action by the lactating women.

Their discourse blame nursing mothers for any harm to the child's health, but they do not use counseling techniques to promote an autonomous choice. And by doing so, they (dis)engage (from)with the presupposition that a nurse's role is only to prohibit or inform, and the nursing mother's role is to follow their prescriptions.

This study points to discussions on ethical conflicts concerning cross-nursing by articulating work relationships in the current scenario. SUS has been progressing gradually with respect to expanding access to health services through FHS, but little progress has been made in relation to policies related to the workforce that develops its practical activities under its coverage. Therefore, FHS is noteworthy as a priority due to its importance and magnitude. The implementation of policies that can strengthen workers and favor their work process will result in improvement in care quality, with a reduction in avoidable incidents and, consequently, more satisfied clients.

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