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PERCEPÇÃO DE ENFERMEIROS SOBRE A PRÁTICA DE EDUCAÇÃO EM SAÚDE

NURSES'S PERCEPTION OF HEALTH EDUCATION PRACTICE

PERCEPCIÓN DE LOS ENFERMEROS SOBRE LA PRÁCTICA DE LA EDUCACIÓN SANITARIA

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RESUMO

Objetivo: compreender a percepção dos enfermeiros, bem como as dificuldades e facilidades a respeito da educação em saúde como forma de promoção à saúde. **Método:** estudo exploratório, explicativo com abordagem qualitativa, realizado nas unidades do 8º Distrito Sanitário na cidade de Maceió – AL, com uma amostra de oito profissionais enfermeiros. Para análise dos dados, utilizou-se o método de análise de conteúdo de Bardin com enfoque em análise temática. **Resultados:** surgiram quatro categorias; na primeira, os profissionais relataram que a prática de educação em saúde é importante para redução de danos; na segunda categoria, foram identificadas as dificuldades para a realização; já na terceira categoria, foram elencadas as facilidades para execução; e a última categoria mostrou como estão sendo efetivadas as atividades, que, na sua maioria, são feitas de maneira individualizada. **Conclusão:** os enfermeiros dos serviços de saúde conhecem e entendem a importância e a necessidade da realização de uma educação em saúde para divulgar as práticas preventivas para diminuir danos.

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Palavras-chave: Educação em Saúde; Saúde Pública; Enfermagem.

ABSTRACT

Objective: seek to understand the perception of nurses, as well as the obstacles and advantages with respect to health education as a way to promote health. **Method:** exploratory study with qualitative approach performed in the eight sanitary districts of Maceió city, Alagoas State, with a sample of 8 professional nurses. The Bardin analysis method with focus on thematics was applied to the data collected. **Results:** four categories were found; in the first one, the nurses stated that health education is important to reduce harm; in the second category, they identified the obstacles to achieve the goal; in the third one, they listed the ways to achieve it; and in the fourth and last category, they presented how the activities are being implemented, with the majority performed an individualized way. **Conclusion:** the nurses from health services have a deep understanding of the value and the importance of a health education assessment, which are used to promote preventive measures to reduce harm and injuries.

Keywords: Health Education; Public Health; Nursing.

RESUMEN

Objetivo: comprender la percepción de los enfermeros, así como las dificultades y facilidades relativas a la educación sanitaria como forma de promoción de la salud. **Método:** estudio exploratorio, explicativo con enfoque cualitativo, realizado en las unidades del 8º Distrito Sanitario de la ciudad de Maceió-AL, con una muestra de ocho enfermeros profesionales. Para analizar los datos, se utilizó el método de análisis del contenido de Bardin con un enfoque temático. **Resultados:** han surgido cuatro categorías; en la primera, los profesionales han informado de que la práctica de la educación sanitaria es importante para reducir los daños; en la segunda categoría, se determinaron las dificultades para la realización; ya en la tercera categoría, se fijaron las facilidades de ejecución; y la última categoría mostró cómo se están llevando a cabo las actividades, que en su mayoría se están haciendo de forma individualizada. **Conclusión:** los enfermeros de los servicios sanitarios conocen y entienden la importancia y la necesidad de una educación sanitaria para difundir las prácticas preventivas para reducir los daños.

Palabras-clave: Educación Sanitaria; Salud Pública; Enfermería.

INTRODUCTION

In the 20th century, there was a change in the biomedical model, encouraged by the health promotion movement, which influenced the Brazilian health reform, culminating in the creation of the Unified Health System (SUS). In a way, the beginning of the health education development associated with public health was an instrument for disease prevention actions, characterized by the transmission of knowledge.[1-2]

In the 1970s and 1980s, with the influence of Paulo Freire's ideas, which prioritized dialogue as a way of expanding the educational process, the student was primarily responsible for his learning. In the history of health, educational actions could prevent diseases and be the basis for intervening in illness, and the student was only a listener, characterizing a traditional model where information was deposited.[3]

Health education is defined as a process of health knowledge construction that allows the educational development of the population together with community health services carried out by health professionals, with the purpose of guaranteeing the user autonomy. Thus, health education aims to bring the population closer to the various themes proposed to meet the needs of the population.[4]

The history of changes in health education was initiated by professionals dissatisfied with health service practices that did not meet the needs of the Brazilian population[2]. In the health care scope, health promotion becomes a production strategy that respects the characteristics and the capacity to build a therapeutic health plan through the needs of users, in order to remove the attention from the illness and focus on the stories and living conditions of the community.[5]

Health promotion is conceptualized by Ordinance 2,446/14, which deals with the National Health Promotion Policy as a set of strategies to produce health, working both individually and collectively, differentiating itself by seeking network articulation. As principles, the policy adopts equity in health actions, social participation, autonomy and empowerment

of the subject, inter-intra-sectoral articulation, sustainability in the continuity of actions, integrality and territoriality.[6]

In Brazil, SUS has been strengthened with public policies to improve the population's quality of life. Thus, the primary sector, where primary health care is located, is one of the environments for the practice of health education, as it aims at comprehensive care, which impacts on the health situation and the autonomous population regarding the determinants and conditions of health[7].

Health professionals are responsible for carrying out health education in primary care, although they are do not always have the habit of carrying out educational activities. Workers experience difficulties due to work overload and high demand on the teams, in addition to the lack of public awareness regarding the importance of health education.[8-9]

Primary care nurses are aware that they must carry out health education actions in the community. However, professionals are stuck between theory and practice, restricting themselves to patient care in the health care process. The lack of staff and the excess daily activities causes problems that can be part of the work in nursing and that justify the priority of care demands to the detriment of educational demands.[10]

From the experience of nursing students in the internship fields, the interest arose to understand the perception of nurses in health promotion practices and to understand their difficulties and facilities for performing health education or not, and what discourages the professional to non-compliance. Although the participation of the population is not active, professionals must have the habit of performing educational practices to promote community health. Thus, it is believed that nurses have difficulties in performing health promotion practices.

Through the deficiency in health promotion by nurses in primary health care units, where the family health strategy is located, it is aimed to know the perception of these nurses regarding health education as a way of health promotion in the unit. Thus, the objective of the study was

to understand the nurses' perception, as well as the difficulties and facilities regarding health education as a way of health promotion.

METHOD

Trata-se de um estudo exploratório, descritivo com abordagem qualitativa, realizado nas unidades do 8º Distrito Sanitário na cidade de Maceió – AL. Os sujeitos do estudo foram os enfermeiros que atuam nas unidades básicas de saúde e que totalizaram oito profissionais. Os critérios para inclusão foram: profissionais enfermeiros que atuam nas unidades e que concordaram em participar e assinar o Termo de Compromisso Livre e Esclarecido (TCLE). Foram excluídos os enfermeiros que estavam de férias ou de licença no período da coleta de dados e profissionais com menos de seis meses na unidade.

Para a obtenção dos dados foi empregada a técnica de entrevista por meio de um formulário contendo questões norteadoras sobre a percepção dos profissionais, as dificuldades e facilidades e as rotinas de atividades realizadas nas unidades. Os entrevistados não terão suas identidades reveladas, sendo utilizados pseudônimos com nomes de flores. As entrevistas foram gravadas na íntegra e, logo após, transcritas.

Para analisar os dados, foi utilizado o método de análise de conteúdo na modalidade técnica análise temática, método que se desdobra em etapas cronológicas: a pré-análise, a exploração do material e o tratamento dos resultados.[11]

Quanto aos aspectos éticos, foram seguidos os preceitos do Comitê de Ética em Pesquisa (CEP) através da Plataforma Brasil. Sendo assim, o projeto foi aprovado com o número de parecer 3.539.491, obedecendo aos preceitos da Resolução 466/12 do Conselho Nacional de Saúde, que trata das pesquisas científicas envolvendo seres humanos.[12]

RESULTS and DISCUSSION

Category 1 - Health Education Practice

The category consists of 42 units of analysis, in which it is perceived that professionals reported health education as an important and essential practice for the prevention and reduction of harm to the community, a practice performed by nurses but that permeates all health professionals at the unit, getting the community involved, adopting healthy habits and changing behavior, enabling a better quality of life.

Health education deals with knowledge and practice in the area of health care, which seeks to promote health and prevent diseases at different levels of complexity in the health-disease process[10], as can be seen in these excerpts from the interview:

> *It is our basic practice, working with educational actions, because if we have an educated and oriented population, the problems will decrease* (Hibiscus).
> *I think it is essential, the issue of education at the level of knowledge of both the professional and the users* (Margarida).

The above reports illustrate the nurses' perception regarding performing educational activities in the unit. Health education is one of the routine activities of the primary health units and should be part of the duties of health professionals. They are educational activities that offer knowledge to people in order for them reflect and search for quality of life.[13]

> *It is of great importance and relevance to be able to disseminate preventive health care practices and the environment to control rates, to further disseminate the need for self-care, prevention and control of endemic diseases* (Antúrio).
> *To promote health education is to promote behavior changes, to raise awareness so that people have this vision of change, with quality of life, ceasing to be an informative action and be a change in behavior* (Tulipa).

In the excerpts above, nurses demonstrated knowing the importance of educational practices carried out in the unit as a way of preventing illness. Educational practices make health promotion possible as a strategy for the multifactorial coping with the determinants of the health-disease process.[14]

In this perspective, the educational practice in the Family Health Strategy (FHS) becomes an important activity, as it allows intermediation between health professionals and the community. Thus, these practices comprise a new vision of health promotion so that healthy people can improve their health, including more educational actions to promote health in their daily lives.[10]

Category 2 - Difficulties in performing Health Education

This category is composed of 50 units of analysis, in which numerous difficulties are cited by the professionals for performing health education, the main one being the material resources not made available by the Municipal Health Department, followed by the lack of space, and, often, the inadequate physical structure of the units. In addition, the professionals are unmotivated, along with the team's resistance to planning activities, which makes it difficult to carry out educational practices, according to the following report:

> *The difficulties are the issue of the lack of educational material, which we do not receive, the place is often not the appropriate* (Antúrio).
> *The difficulties we have are administrative materials, we do not have play material, we do not have printed material, very little comes from the secretariat* (Tulipa).

From the reports of the interviewees, there is a lack in the supply of materials and inadequate physical structure, which should not exist, as it is the right of all workers to have adequate conditions for work according to the routine of each unit. As advocated by the National Primary Care

Policy, one of the main objectives of management focused on the FHS is the functionality of services. For the actions of the FHS to take place as recommended, there is a need, first, to guarantee essential elements, such as: the existence of an adequate physical structure and the necessary materials for health care in favorable conditions of use[15]. In addition, there are other difficulties, as reported below:

> *The difficulty is because the team is not complete* (Lírio).
> *We need more motivation to return to some practices* (Azaleia).
> *It´s an idea, but we can't execute it. We have the idea, now the problem is more of the execution; put into practice, this is the biggest difficulty* (Orchid).

Other points analyzed in the professionals' statements are related to work overload due to lack of personnel, accompanied by demotivation and lack of planning for carrying out educational activities. The failure in health education comes from the unpreparedness of those who carry it out due to the lack of experience and knowledge inherent in the training of these professionals, together with the lack of incentive to adhere to health education as a strategy for health promotion.[8]

During the interviews, there was resistance from some professionals regarding the commitment, planning and execution of activities. Practices are hampered by the team's lack of interest in doing and planning something together. They believe that, involved in individual consultation, it would be enough for the community, leading to the failure to plan educational actions as a way of preventing health.

Health education in the FHS must be an activity of relevance to professionals and the community. It is necessary for the team to organize and plan educational actions with the participation of users and to include the population in different life cycles.[16]

Category 3 - Facilities in Health Education

In this category, there were 33 units of analysis, in which it is noted that the reported facilities are in the profile of each professional, as they report that the greatest facility for carrying out educational practices is the goodwill of the team, where involvement and Community acceptance in the development of actions is essential for the team's commitment, as shown below:

> *The question of the willingness of professionals, the desire to do educational practices* (Antúrio).

In some professionals, an educator profile is identified, which makes it easier to carry out educational activities. Team engagement is essential in the educational approach as a way of expanding knowledge for behavior change, providing individuals with autonomy in the health and disease process.

It is observed that the team's effort in planning educational actions, introduced with the welcoming of the community and their interest in learning, disseminating and accepting the guidelines given in health activities, is an essential element for a satisfactory practice, resulting in an informative action changing behavior of individuals. This statement is demonstrated by the following statements:

> *The receptivity of the community, which welcomes, accepts and collaborates for people to develop activities* (Antúrio).
> *The team's commitment to make and carry out actions* (Hibiscus).

The team's approach to the community promotes bonding, accessibility and the development of a favorable environment in accordance with SUS principles. Bringing teams together to plan activities and to encourage participation in health education groups provides the development of the practice characterized as health promotion, and having adequate material resources will also contribute to improving the team's performance and, consequently, for the unit to function properly.[1]

Category 4 - Educational activities performed by nurses

In this category, 66 units of analysis were obtained, in which it is revealed that the routine of activities of health professionals is relative in each unit. In addition, all reported the issue of the health calendar, which refers to the themes related to the colors of the months. The habit of carrying out health education individually and, or, in groups was also noted.

> *Sometimes, we can't do it in a group; sometimes, individually, we have a lot of doubts* (Margarida).
> *Lately, we are not working with a group; we work more individually* (Lírio).

By analyzing the statements above, it is observed that some professionals have difficulty making a group action; they prefer to do it individually in their daily appointments. However, health education is broader than individual counseling in a consultation. Although nurses have important knowledge to contribute to collective moments, they do not have time to perform these activities. This fact may be associated with the work demands and the overvaluation of individual assistance.[17]

On the other hand, there are units that follow schedules for collective activities, showing that it is possible to carry out activities and, most importantly, address topics according to the needs of the population, always with a view to promoting behavior change, as mentioned in the following statement:

> *We have a daily task schedule. We go according to the theme that is most evident, related to the colors of the months in order to deliver the message. But we also do not rule out the approach of other themes according to the reality of our area* (Antúrio).
> *We do it daily and we do it as a team on alternate days* (Hibiscus).

There is an educational lecture every Friday with hypertensive patients. There is a health agent who does an active search. The girl in the vaccination room worries when she finds an overdue vaccine (Lily).

In order to insert health education in the performance of the health/disease process and create a satisfactory educational practice, it is important to know the reality of the community that wants to perform an educational action, as well as to evaluate its skills and sensitivities in general. Thus, health education must be previously adapted to the needs, interests and knowledge of each individual.[16]

Another point seen in the units was the work with colors related to the months of the health calendar, made available by the Ministry of Health, where the importance of the contents related to the colors was mentioned, as it helps the subject to better understand. Practices need to be geared to the subjects' autonomy, emphasizing primary care as a place of intersectoral actions, society's participation and individual empowerment.[18]

Through these practices, the subjects participate in the construction of knowledge which benefit their health conditions and, consequently, generate autonomy that allows them to choose the best lifestyle, as, with health promotion, they will identify and face the determinants process health-disease process, and transforming them in favor of health.

CONCLUSION

The insertion of the medical student in the art of clowning, during the academic training, provided the breaking of paradigms and prejudices spread by professionals with biomedical scope, who saw care as something mechanical and protocol, without first reflecting on feelings and the particularities of each individual, especially the child. In this perspective, being a doctor clown goes beyond play therapy and, as Charles Chaplin spread throughout his career, the belief in laughter and tears works as an antidote against hatred and terror.

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