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HEALTH EDUCATION AS A COMMITMENT TO HUMANIZE PRIMARY CARE: UNDERSTANDING OF NURSING PROFESSIONALS

EDUCAÇÃO EM SAÚDE COMO COMPROMISSO PARA HUMANIZAR A ATENÇÃO BÁSICA: COMPREENSÃO DE PROFISSIONAIS DE ENFERMAGEM

EDUCACIÓN PARA LA SALUD COMO UN COMPROMISO PARA HUMANIZAR LA ATENCIÓN PRIMARIA: COMPRENSIÓN DE LOS PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: understanding the concept of nursing professionals about the practice of health education as a commitment to the humanization of primary care. **Method:** an exploratory and descriptive study with a qualitative approach with nine nurses who work in the Family Health Strategy in the city of Esperança/PB. For the production of data, we used a form and for analysis the technique of Collective Subject Discourse. **Results:** there were identified four central ideas that focused on: transmission of knowledge making active users in the health-disease process, using different educational resources, empathic listening grounded in receiving and listening and create opportunities quality of life and health services. **Conclusion:** health education is not limited to transmitting knowledge, but raises exchange knowledge by creating links and producing significant changes in health habits of the individual and the community. **Descriptors:** Health Education; Humanization of Services; Primary Health Care; Nursing.

RESUMO

Objetivo: compreender a concepção de profissionais de Enfermagem acerca da prática de educação em saúde como compromisso com a humanização na atenção básica. **Método:** estudo exploratório e descritivo, com abordagem qualitativa com nove profissionais de enfermagem que atuam na Estratégia Saúde da Família do município de Esperança/PB. Para a produção dos dados, foi utilizado um formulário e para a análise a técnica do Discurso do Sujeito Coletivo. **Resultados:** foram identificadas quatro ideias centrais que enfocaram: transmissão de conhecimentos tornando os usuários ativos no processo saúde-doença, utilização de diferentes recursos educativos, atenção empática fundamentada no acolhimento e na escuta e oportunizar qualidade de vida e dos serviços de saúde. **Conclusão:** educar em saúde não se limita a transmitir conhecimentos, mas suscita trocar saberes, criando vínculos e produzindo mudanças significativas nos hábitos de saúde do indivíduo e da comunidade. **Descritores:** Educação em Saúde; Humanização dos Serviços; Atenção Primária à Saúde; Enfermagem.

RESUMEN

Objetivo: comprender el concepto de los profesionales de enfermería acerca de la práctica de la educación para la salud como un compromiso con la humanización en la atención primaria. **Método:** un estudio exploratorio y descriptivo con abordaje cualitativo con nueve enfermeras que trabajan en la Estrategia Salud de la Familia en la ciudad de Esperanza/PB. Para la producción de los datos, se utilizó un formulario y para analizar la técnica del Discurso del Sujeto Colectivo. **Resultados:** se identificaron cuatro ideas centrales focadas en: la transmisión de conocimientos haciendo los usuarios activos en el proceso de salud-enfermedad, utilizando diferentes recursos educativos, de escucha empática basada en recibir y escuchar y crear oportunidades de calidad de vida y los servicios de salud. **Conclusión:** educación para la salud no se limita a la transmisión de conocimientos, sino que plantea el intercambio de conocimientos mediante la creación de vínculos y producción de cambios significativos en los hábitos de salud de la persona y la comunidad. **Descritores:** Educación para la Salud; Humanización de los Servicios; Atención Primaria de Salud; Enfermería.

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INTRODUCTION

A health care model that is growing increasingly in Brazil is the Family Health Strategy (FHS), which is the gateway to the Unified Health System (SUS). It consists of a multidisciplinary team working in certain catchment area, and whose professionals inserted therein maintain intensive contact with the users of primary care service. In this context, it is necessary to form bonds of trust and respect between the community and the health team.

The FHS incorporates and reaffirms the basic principles of universal SUS, decentralization, integrality and community participation, and is underpinned on three pillars: the family, the territory and accountability, and is supported by the work team.¹ Note that aims to work in Health Promotion logic, aiming comprehensive care to the client as a integrated family, home and community. Thus, as a way of SUS organization, is committed to individual and collective health projects for users and their social network, considering the real health needs and intersectoral policies. In this sense, health education practice is an effective strategy to ensure the health, since it is based on a dialogical process that seeks to raise awareness about the various aspects related to life itself.

It is worth noting that the FHP is located the best opportunity to work educational activities on health, given the dimensions with which it is committed include prevention, care, protection, treatment, recovery, finally, the promotion of health.² The involvement of educational health practices is extremely important for the promotion of health, because from them you can promote self-care, training and disease prevention;³ however, we face a pseudoeducation of health, which focus is not the exchange of knowledge between teacher and student, as takes place in an authoritarian and unilaterally using technical language and therefore unknown, uncommunicated and therefore impractical. In fact, what we see is the mere transmission of information to users of primary care services on measures of disease prevention, quality of life, forms of treatment and self-care that changes nothing or almost nothing their lifestyle and their health habits. Thus, it is necessary to reformulate the educational practices with emphasis on human development, valuing

the human being as an individual and considering the community. Educating is not only transferring knowledge, one must understand the context in which we live and understand how the health-disease process is experienced by developing in people a sense of responsibility for their own lives and the health of the community to which they belong.

When people stop to listen to each other, understand them, respect their differences and reflect on their point of view, is that it is possible to educate in a humane way. In this sense, the Nursing plays a particularly important role in relation to health education activities such as commitment to the humanization. Thus, the nurse has the essence of their professional practice care, which raises accountability and commitment to the human being from a dialogical relationship that allows an educational tie. So in nursing health education is a fundamental tool for a good quality service and therefore humanized.

Among other responsibilities, the nursing professional, emphasizing a humanized practice, develop educational activities in order to improve the individual's health and living conditions, his family and the community; however, most of the time, this function goes unnoticed by the Nursing, which is why one needs to understand how these professionals perceive health education and how to understand their commitment to the humanization, through educational practices within the framework of primary care.

Based on the foregoing considerations, the present study aims to:

- Understanding the concept of nursing professionals about the practice of health education as a commitment to the humanization of primary care.

METHODOLOGY

Exploratory descriptive study⁴, with a qualitative approach⁵, developed in a Family Health Unit of Esperança-PB.

The participants were nine nursing professionals working in the Family Health Strategy of the city. To select them, we adopted the following criteria: that the nurse was working and caring for patients at the time of data collection in the selected institution for the study; that had at least one year of professional experience, availability and accept participate.

Data were produced during the months of March and April 2010, after consideration and approval by the Research Ethics Committee. To obtain the data, we used a form and each participant answered four questions related to health education and humanization, namely: What do you mean by health education? Health education has worked in the health service? What do you mean by humane care in primary health care? Is there any relationship between health education and humanized attention to basic health services?

Data analysis was realized through technical analysis of the Collective Subject Speech⁵, conceived as an explicit proposal for reconstituting an empirical collective being or entity, opinion as a speech given at the subject first person singular. In other words, the CSS involves a set of discursive data tabulation procedures from the testimonies of the study participants, observe the following operational steps:

1. Selection of key expressions of each particular discourse, which are continuous or discontinuous segments of discourse and reveal the main discursive content.

2. Identification of the central idea of each of the key expressions, which is the summary of the content of these expressions, that is, what they want to actually say.

3. Identification of similar or complementary core ideas.

4. Meeting of the key expressions relating to central, similar or complementary ideas in a speech synthesis, which is the collective subject discourse.

It is noteworthy that the researchers took into account the ethical observances arranged in Resolution 466/12 of the National Health Council, with regard to research with human subjects. In this sense, the work only if sued after approval of the study by the Ethics Committee for Research

involving human subjects, the State University of Paraiba, process under number 0067.0.133.000-10.

In order to obtain the informed consent of research subjects indicating their agreement to participate in the study, they were informed about the rationale, objectives and procedures used to operationalize the work. Also, they were guaranteed anonymity and the confidentiality of confidential information to ensure the privacy of research subjects and elucidated as to whether to give up at any time of the study without any penalty or loss.

The researchers also took into account: Chapter III - Education, Research and Production Technical-scientific and Chapter IV - Advertising - Resolution 311/2007, which provides for the Code of Ethics of Nursing Professionals.⁽⁶⁾

RESULTS AND DISCUSSION

Participants were nine female nursing professionals - five nurses and four nursing technicians; with respect to age, one of the participants is between 19 and 30 years old; three between 31 and 40; three, aged 41-50 years old; and two, between 51 and 60; according to the length of service in the context of Nursing, three of the participants are included between six and ten years; four between 11 and 20 years; two, between 21 and 30 years.

Next, we will present the central ideas and the Collective Discourse extracted from the accounts of participants, followed by analysis.

Question 1-What do you mean by health education?	
CENTRAL IDEA 01	COLLECTIVE SUBJECT DISCOURSE
Involves the use of educational resources with the purpose of transmitting knowledge to the community in order for people to be active subjects in the health-disease process.	It is when besides the attendance on the drive with the curative services, prenatal care and other priorities; has education in lectures, waiting room, or when the health agent makes a visit every month. Health education today is to achieve the educational part which involves the prevention of diseases, the practice of physical activities and social inclusion. Health education today in the FHP shall have the following meanings: prevention for maintaining life in its entirety. [...] is a strategy that makes use of educational means to produce health, in order to transmit knowledge to the people, so that they develop ethical sense and ability to intervene in the health-disease process constraints. Occurring gradually and slowly, over time is able to change old practices and bring numerous physical and mental health benefits for users or population of a community.

Figure 1. Central idea and the collective subject discourse of the participants of the study in response to the question: what do you mean by health education?

In the central idea 1, the collective discourse of professionals inserted in the study highlights the health education as a means of providing educational activities, contributing to the community work on its health-disease process. The discourses express the health education term is still expressed as a care that goes beyond the provision of healthcare services, it involves home visits and lectures, as well as other strategies with regard to disease prevention to improve the health of the community.

It is the role of health professionals practicing health education as a process of health knowledge construction, creating practices that contribute to promotion of independent living of people in the health-disease process, embodied in the individual and collective needs. This practice is of the responsibility of all professionals who make up the team, especially nursing professionals. Please note that the conceptual basis of Nursing advocate the nurse's role as an educator, the school is configured as an intrinsic characteristic of care.⁷

Given this assumption, health professionals must take a critical view about the theme. Thus, health education is based on changes in the health paradigm and takes on a new form, making it really capable to promoting changes in behavior that will result in improved health. The educational activities on health can be understood as a process that enables individuals and groups to contribute to improving the living conditions and health of the population, encouraging critical reflection on the causes of their problems and creating solutions.⁸

It is observed that health education, incorporated as a practice of the family

health strategy, raises reflections regarding the methods used, since health education more than knowledge transfer involves an exchange in which the act of creating and transforming outweigh teaching and learning. In this sense, the study points out that the health educator's task is to lead the individual to understand issues that have real value, because then he himself will know how to act, since the form of education offered is truly transformative and creative.⁷ Under this view, the establishment of a dialogue between the health worker and the user can result in a solution to the health problems, since often the conversation brings the answer to a difficulty. At the same time, stresses the need to work with the popular knowledge, because knowledge exchange can only occur if the worker has the humility to listen, accept and associate the empirical knowledge to the academic.⁸

It is worth noting that educational practices should be developed as a community need, so it is understood that promote health education is not only to impart knowledge to users, but also is configured as a process that must be built between the professionals involved and the community that will transform their reality.

Question 02-What has worked the health education in this health service?	
CENTRAL IDEA 01	COLLECTIVE SUBJECT DISCOURSE
Through established groups in the health service, as well as during the consultations, home visits, from activities with emphasis on disease prevention.	Has been continuously in the waiting room and group meetings, always making clarifications of the signs, symptoms and prevention of pathologies, but also rules and routines of the unit, in order to satisfy the user and health professionals. Across groups: Group of pregnant, hypertensive group and group of teenagers. Work health education through various activities: nursing and medical consultations, on home visits [...].

Figure 2. Central idea and the collective subject discourse of the participants of the study in response to the question: how has worked in health education in this health service?

The CSD of professionals involved in research, expressed in the central idea 1, question 2, highlights the health education as a unit of service routine and highlights its importance both for professionals and for the community attended.

Participants refer also to search for develop health education is not a priority only nursing, but the entire team. This fact is noticeable to emphasize that working health education through various activities (medical and nursing consultations, home visits, group meetings), illustrating the need for commitment of staff to provide health improvements for the community; however, realize was found that health professionals still have difficulties to implement educational practices that allow the autonomy of health users in their health-disease process, because, despite the established importance with regard to health education, their practices are not actually implemented in the health services, with regard to the education method based on the exchange of knowledge, in which popular education is evident.

One of the challenges to spread this practice, perhaps, is the training of professionals to work in this perspective,⁹ however, for this to occur, you need to broaden their understanding of health

education and the use of educational strategies that are culturally significant to there health behavior changes of users. Thus, there is health promotion as an important guideline of the Family Health Program.

It is then up to the health team make every effort to ensure that the health behavior changes occur in the continuous process of learning and participation of users in the form of the act on itself, the family and the environment, enabling the transformation of the person active and collective subject.¹⁰

It is understood that workers must dialogue with users and find ways of health education, through a process of listening, and realize the errors of existing practices, creating new activities with better results, given that health education is a tool to change user behavior in favor of health promotion. Only in this way there will be a transformation of health education.

Question 3 - What do you mean by humanized attention in the basic attention services?	
CENTRAL IDEA 01	COLLECTIVE SUBJECT DISCOURSE
A holistic and empathetic attention based on the host, on respect and listening with emphasis on a Resolutive and quality service.	Humanized attention is a practice that should be assigned to all healthcare professionals, pledging with the health needs of the population, treating the user with empathy, through the host, making resolutivos and quality services. [...] meet the individual as a whole, i.e. a holistic view. Is to make the patient feel good and quiet time for the service in general and meet the patient as an agent I would be answered with affection. It is host. Is welcome, hear the demand, seek ways to understand and commiserate with him. [...] is welcome and take responsibility of full mode in accordance with the principles of the SUS [...].

Figure 3. Central idea and the collective subject discourse of the participants of the study in response to the question: what do you mean by humanized attention in the basic attention services?

The collective discourse contemplated in Figure 3 shows that nursing professionals

understand that humanized care in primary health care requires the establishment of

effective communication, caring, respectful, caring and solidarity between health professionals and users, with the wire driver availability for dialogue and listening as a key ingredient in the process of humanization.

Humanizing means receiving the patient in essence, from effective action translated solidarity, understanding of the sick in their uniqueness and appreciation of life. It is open to the other and accommodating, caring and legitimately, diversity, making the environment more pleasant and less tense in order to give the patient a safer care, affectionate and tender.¹¹ In this line of thought, is to humanize the act to combine the expertise of human tenderness, allowing health professionals to use communication to understand the history of life, the way of being and acting user and perceive it as a human being in all its dimensions and manifestations.¹²

With regard to humanize education, a review study found that, according to the articles analyzed, it was indicated the importance of incorporating the human sciences in the health field in order to provide the expansion of knowledge to better understand the population for which it serves in its process of illness.¹³ Worth pointing out that the care is an act of sustainability of life for human beings and their descendants. In this approach, it is important to target the practices to maintain quality of life and its guarantee for a long period, stimulating what is healthy and educating for a sustainable living.¹³

Offer a humanized care is to respect the individuality of each individual, and Nursing, to have a closer relationship with users of primary care, must establish a holistic care, promoting better ways to provide services, without neglecting the emotional care with the "other".

Question 4 - Is there any relationship between health education and humanized attention in basic health services? Justify your answer.	
CENTRAL IDEA 01	COLLECTIVE SUBJECT DISCOURSE
Health education and humanized attention are practices that complement each other as they create opportunities both quality of life for users as quality in health services.	Health education and humanized attention are practices that go together. It is impossible to produce health education when you don't have an established link between professionals and users, this link, created from a humanized care provided by health services. [...] the two are linked, since one completes the other for both work and achieve a single objective which is to promote quality of life. There is a lot of connection between the two topics, whereas a quality health depends on these two factors: humanization and health education.

Figure 4. Central idea and the collective subject discourse of the participants of the study in response to the question: is there any relationship between health education and humanized attention in basic health services? Justify your answer.

In the central idea 04, the collective subject discourse of nursing professionals states that health education and humanization in primary care are strategies that maintain a relationship of interdependence to promote, from its implementation, a good quality service.

As the participants included in the study, it is impossible to produce health education when it has not established a link between professionals and users, created through a humanized care. From this perspective, emphasize the importance of these practices with regard to the establishment of a dialogical relationship with users because, through a humanized care, you can promote health.

Humanized care requires a technical skill of the health professional in the exercise of its functions, as well as demonstrated competence in personal ability to perceive and understand the patient being in this

existential experience, aiming to meet their particular needs, to promote a positive confrontation of the lived moment and preserve its autonomy, the right to decide on what you want for yourself, your health and your body.¹¹

According to a study on technologies of relations as device of humanized attendance, the necessity of establishing contact between professionals and users, in order to know the patient, maintain a relationship and have a following in monitoring that user was clearly demonstrated in the speech of users. They pointed out that, in primary care, has been a productive environment to work in securing social interaction, which enables the construction of health with the participation of different knowledge.⁸

The value of the user's beliefs and practices makes the perception of their responsibility in the therapeutic process.

Thus, both the services as professionals are invited to communicate with their users and to identify, behind each person, a base for anchoring of new knowledge that can provide better quality of life and overall health.¹⁴

In educational activities on health, it is important to establish links with the community and support a humanized practice, with the aim of promoting good quality of life for users, active agents in the process, and health services.

FINAL REMARKS

This study showed that the nurses of family health team recognize and accept their roles as health educators; however, the findings on this feature and how it should be exercised is a recent case in which meanings are unlocking and well comprising more the subject, as will experiencing in practice.

Health education is focused on the transmission of knowledge; when, in fact, health education raises an exchange of knowledge in order to produce significant changes in health habits of the individual and the community. Therefore, health education is not only to inform users about health practices, but recognize them as subjects of knowledge, able to actively interfere in the health-disease as well as in health care actions. In addition, this practice is to develop strategies to the needs presented by users.

For health education is necessary to develop strategies that enable interaction and the exchange of knowledge, with an emphasis on human assistance, whereby the professional can be inserted in the community and experience, intensely, the lived reality to bring about changes of habits in the population. Education on human health includes the reorientation of health professionals and services for disease prevention, transformation of reality, careful listening and creating lasting bond.

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