PERCEPTION OF NURSES OF TEAMS OF FAMILY HEALTH PRACTICES ON EDUCATIONAL DEVELOPMENT IN ORTHOPEDICS AND TRAUMATOLOGY

PERCEPÇÃO DOS ENFERMEIROS DAS EQUIPE DE SAÚDE DA FAMÍLIA SOBRE O DESENVOLVIMENTO DE PRÁTICAS EDUCATIVAS EM ORTÓPEDIA E TRAUMATOLOGIA

PERCEPCIÓN DE LOS ENFERMEROS DE LOS EQUIPOS DE SALUD DE LA FAMILIA EN DESARROLLO DE PRÁCTICAS EDUCATIVAS EN ORTOPEDIA Y TRAUMATOLOGÍA

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ABSTRACT

Objective: to understand the perception of nurses working in family health teams on the development of educational practices in orthopedics and traumatology. Method: a descriptive study with qualitative approach was carried out with nine nurses in the municipality of Altamira / PA, from semi-structured form. Data analysis was the content analysis technique with thematic categorization of the resulting lines. Results: showed the existence of two thematic categories, which are: health education in the perspective of care and prevention in health. Conclusion: we observed speeches that show for nonperformance of such activities in family health program, however, it indicates a positive perception of the need to develop educational practices in orthopedics and traumatology in the health units of family study participants.

Descriptors: Health Education; Orthopedic; Traumatology; Nursing; Family Health.

RESUMO


RESUMEN

Objetivo: comprender la percepción de los enfermeros que trabajan en los equipos de salud de la familia en el desarrollo de prácticas educativas en ortopedia y traumatología. Método: estudio descriptivo con enfoque cualitativo, realizado con nueve enfermeros en el municipio de Altamira/PA, de forma semiestructurado. El análisis de datos ha sido hecho por la técnica de análisis de contenido con la clasificación temática de las líneas resultantes. Resultados: hubo la existencia de dos categorías temáticas, que son: Educación para la salud en la perspectiva de la atención y prevención de la salud. Conclusión: se observó discursos que apuntan para la no realización de dichas actividades en el programa de salud de la familia, sin embargo, indican una percepción positiva de la necesidad de desarrollar prácticas educativas en ortopedia y traumatología en las unidades de salud de los participantes en el estudio familiar. Descriptores: Educación Sanitaria; Ortopédicos; Traumatología; Enfermería; Salud Familiar.
The Ministry of Health, the implementation of the Family Health Teams/FHT, established a line of care focused on promoting the health of the individual, family and community and not just the individual care of the disease. Thus, Health Education must have a prominent place in this new scenario and a new way of primary design. Therefore, the educational process carried out in the FHT, should develop individual autonomy, acting in order to generate empowerment and community interaction with the local health service.

Educational practices pervade by some subjective dimensions that require an understanding of the challenges involved in its realization as a fundamental step for the success of the action. It is necessary to understand the needs of others by questioning concepts and development of strategies for the use of new tools aimed at the human being in its complete essence.

Health Education in the context of health policy implementation in Brazil is one of the main elements of promoting health. Thus, health education can be regarded as a family and community approach tool with the actions and/or health services. Health education is also seen as an important and necessary tool for the promotion of health, ensuring access to basic human rights, through the transformation of man into being social, being able to pass on their knowledge and values to their community and to other generations, practicing speeches and actions where the family and the community are the center of the health process.

The educational practice should be considered an action that causes or suggests a reaction, through changes in habits, promoting greater participation of people in the decision-making processes. The educational practices do not require time and defined space and are very dynamic and it can occur and extend in time and space prepared by the participants, without pre-established definitions and programmed time.

In this process, the important thing is the occurrence of interaction between people and groups with common concerns and to ensure the transfer of goods and values that contribute to the material and symbolic survival of society by promoting the development of educational processes that ensure education for life in society. In view of this, this study aimed to understand the perception of nurses active in health teams of the family in the municipality of Altamira / PA on the development of educational practices in orthopedics and traumatology in his work unit.

Such research becomes scientific and social relevance as it seeks scientific production and enabling the experience of nurses working in the municipal family health strategy in question in relation to the topic discussed, and may serve as a stimulus to guide policy health for this population group and to direct the educational and health actions that address this population, which has its striking characteristics and peculiarities and are often ignored.

The study will also contribute in the context of continuing education of the professionals who work directly with the Family Health Teams, directing the gaze of these professionals to problems that are often considered unimportant, but that directly affect the quality of life of the individual and the community to which it belongs.

A descriptive study with a qualitative approach. Carried out in the primary health care network in the municipality of Altamira / PA, specifically in the Family health units, of the urban area during the year 2014, at a time and previously scheduled time with the team and after meeting and clarification of research on the subjects involved.

Altamira is a municipality located in the southwestern region of the state of Pará, 754 km distance from the capital Belém, with an estimated population of 106,768 inhabitants. Is located along the BR 230, also known as Trans-Amazon Highway, which is the main access land in the municipality. It is a hub city of called Xingu region, with reference to several adjacent municipalities. The construction of the Belo Monte Dam brought to the city of Altamira-Pa, a large migratory effect, causing a population demographic explosion, affecting all public services offered. Since 2009 Altamira attracts attention because it is the nearest city to the hydroelectric plant of Belo Monte, whose impact divides opinions. Among the problems are the worsening of local traffic caused by the increase of the fleet, mainly motorcycles and a significant increase in violence.

This study used as subjects, nurses who are part of the Family Health Strategies of Altamira-Pa. The municipality of Altamira-Pa, has 14 ESF registered with the Ministry of Health, according to data from SCNES / DATASUS / Ministry of Health. The study...
included nine (09) nurses, who were individually coded as “E” followed by sequential Arabic numerals.

As inclusion criteria, participated in the survey, at will, all connected Nurses to FHS, in the urban area of Altamira-Pa, who perform care function at FHU. Were excluded from the research, all nurses linked to the FHS, which played only administrative or managerial functions or, for some reason, did not agree to participate, sign the informed consent and/or respond to the proposed questionnaire.

As data collection instrument, a semi-structured questionnaire with open and closed questions to suit more the method and approach researched study was used. The questionnaire is a social research technique, containing a set of questions that will be answered by the research subjects, in order to show information about knowledge, values, interests, expectations, behavior, among others, with a very wide range of themes, according to the research problem presented and the objectives to be reached.\(^1\)

The use of semi-structured questionnaires as data collection techniques is increasingly common, due to the change in perspectives addressed in the current study, which seeks to overcome the physical environment, passing also by other social variables of high relevance of which to extract the subjectivity.\(^2\)

All information obtained through the application form were recorded in a database for further processing and analysis, promoting the evaluation inconsistencies and necessary corrections.

Data analysis was done by identifying thematic categories with core meanings of content analysis proposed by Laurence Bardin that defines this data analysis mode as a set of methodological and dynamic instruments that apply to speeches or speak in a quite diverse way, ranging from the rigor of objectivity and fecundity of subjectivity, promoting an unblinding of the message to be analyzed. Thus, the analysis categories, the oldest and most widely used technique of content analysis, parses the text in units and analog categories regrouped, which is a type of fast and effective analysis for application to direct simple talks.\(^3\)

The project was included in Brazil Platform for evaluation by the Ethics Committee of the State University of Pará/Campus XII - Tapajós, having been examined and approved by opinion No. 618.309, CAAE: 27435614.6.0000.5168, according to what was observed in decree 466/12 that establishes criteria for the study of human beings.\(^4\)

RESULTS

1st CATEGORY: Health education in the perspective of care and health prevention

The care and preventive health are quite frequent associations when it comes to the great theme of health education. The care here described assumes the aspect of education for the care and the care is not just mechanical, without the present act of educating. Prevention, a term that by definition has a wide range of concepts that permeates through all levels of attention and care in general, ranging from simple actions to promote health to the reduction actions damage as in rehabilitations.\(^5\) In this study, according to the reports below, participants show a primary prevention focused on health promotion and basic care to the individual:

[...] It is the art of preventative care [...]. It views to guide the users about the cares with health, prevention and solution/(E1)

They also report health education in an integrated care context and not just to take care of themselves, passing also the other and family care, a care logic focused on care, which is the ultimate goal to be achieved:

[...] Health education should be inserted in the assistance carried out by the population to care for the family and themselves [...]. (E2)

It is fundamental to think that the practice of educating involves care [...]. (E3)

The National Policy for Health Promotion, in his first policy recognizes the educational activities as an essential part of the conquest of rights such as equity in health care and improving the quality of life of users services.\(^6\)

The quality of life as the result of a well-developed health education, emerged from the speeches of the deponents as a going concern in the preparation of educational activities:

Are the actions that are transmitted to individuals in order to increase their quality of life and later health [...]. (E6)

Guide disease prevention and health promotion and encourage the people in matters related to health and quality of life through educational activities [...]. (E8)

Demonstrate the vision of a health education based on knowledge exchange, an educational model that appreciation of the other as a subject of its territory and its moments, leading directly to the membership and collaboration in health actions developed in their community:

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It is necessary that the nurse is willing to share, exchange, teaching and learning with the family. [...] The work should be continuous and intense because it is necessary to form groups, uniting families interested in discussing health, choose common themes and interests of groups, create spaces for discussion, information, reflection and discussion. (E3)

Public health is a common practice of planning actions and health programs for the population, but without proper public participation in this movement of interaction between user-management of health services, where the user is the great subject of the story. (E7)

The popular and community participation also stands out in this scenario, strengthening the actions and providing adherence to the commitment made by the Family Health Team to promote health in their enrolled area, with a full look, generating the differential necessary to achieve the objectives proposed by the team:

Health education is the activity that promotes disease prevention, health promotion and community participation in matters related to health, away from educational activities [...]. (E4)

Health education should be seen as an integral practice that must be carried out at all times in order to place the interaction between different knowledge, thus narrowing the relationship with the community. (E6)

The act of raising requires dedication and release so that it can promote the autonomy of the other as subject of this process, if necessary, often deconstructing in order to build a solid knowledge and without trials or values. (E8)

Although speech as transcribed above demonstrate advances in the perception of a differentiated model for health education, to escape the conventional, vertical integration of the shares, the value judgments where the healthcare professional is the right and mastered the knowledge and individuals and communities represent mere spectators with no information about their health and cannot work in the educational process and care there is still strong presence of traditional banking education, which is the opposite of all that mentioned above, creating a barrier between the service health and community:

 [...] It is of great importance to lectures to clarify the doubts and changes of wrong habits of living that takes the user to develop some disease. (E9)

 [...] It is that communication and dialogue that is aimed at more change in behavior, prescribe treatments to modify people [...]. (E3)

 [...] It is knowledge gained from lectures and guidance. (E2)

It is the way in which it guides the population and users of health services. An effective way clarifications to users. (E7)

Traditionally, the way of life of the population has been addressed in a fragmented and individual perspective, and put the subjects and communities as the only responsible for the various changes/arrangements occurred in the health-disease process throughout life. The ways of living do not refer only to the exercise of the will or of individual freedom and community, on the contrary, the ways in which individuals and communities elect certain options to live as desirable, organize their choices and create new possibilities to meet their needs, desires and interests belonging to the collective order, since its construction process takes place in the context of one's life. (E16)

In addition to the strong presence of a conservative version of educational practices based on single pass of random information on what the provider thinks is right and proper, it was identified also the presence of lines that judge individuals or community with agentless information and links to the presence of this "information" the right way to prevent injuries and illnesses:

The best definition for health education will be through performing actions and guidelines for the population as to the risk factors that may acquire [...]. (E2)

 [...] Through health education we can reduce and prevent some diseases because the population knows how to prevent the disease and certainly will reduce the rate of these diseases. (E5)

It is a prevention. Bringing information to the people who for some reason do not have access to it [...]. (E9)

Experiences such as the fight against Dengue show that it is not always the lack of information that causes the disease outbreak or the involvement of the individual and community. The redirection of the shares, the change in the target group approach to behavior change by raising awareness of the subject and the Community participation constitute very important tools in this information transmission process.

In the country there are a lot of small towns and do not have the complexity of hospital care, leaving often the family health units providing basic care to patients from health specialties in certain diseases or injuries. Thus, the health team of the family should act in the instrumentalization of care...

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and health guidelines that address certain groups of patients from the hospital care, counter-referenced to the primary health care. It is understood, therefore, that the promotion of health is a transversal and participatory joint strategy, which identifies risk factors and the differences between needs, territories and cultures present in the macro area, seeking to create mechanisms to reduce the situations vulnerability promote equity and incorporate the participation and social control in the management of public policies and decisions of the directions to be taken by the health services from the simplest

2nd CATEGORY: The development of educational practices in orthopedics and traumatology as something far from the current reality of education scenario in the health of the Family Health Units

The major concern while promoting health in Orthopaedics and Traumatology in the family health strategy, part of the existing evidence to support the long recovery period at home, passing the trauma patients or orthopedic pathologies. Parallel to this, there are great chances of infection development in surgical wounds due to address in care of neglect and even arising from errors in the execution of the cleaning procedure, dressing and other care associated with post-surgical recovery of Orthopedics and Traumatology.

In this scenario, the correct orientation is of paramount importance to the autonomy of care to the patient and his family. The Family Health Team should act as a link (reference and counter-reference) between hospital services/ambulatory and the user, executing actions of its responsibility as manager of care in their enrolled area, so that the risks are minimized recovery of these users, as envisaged in the National Policy for the Promotion of Health.

Obtained through the speeches, one can see that there is a very fragile and in many cases the complete absence in the development of educational practices in Orthopedics and Traumatology. Worrying fact on the size of the health problems associated with orthopedic trauma, which has been well detailed throughout this work, including important statistics that show well this public health problem.

In-depth analysis of the speeches is demonstrated, the existence of a gap between the activities carried out by the Health Teams Family and the development of educational practices in Orthopedics and Traumatology. The tense used by the deponents demonstrates this lack of proximity to the subject in question:

It would be important in the health of the elderly to prevent accidents and injuries. (E9)

Greatly improve the lives of people who need this service and information [...]. (E6)

Could contribute to help bedridden users at home [...]. (E1)

Home care should include the completeness of services and ensure continuity of treatment of users, respecting their peculiarities and strengthening ties between the patient, family and health service, ensuring care focused on ensuring the provision of basic human needs met, the user in question, focusing on the expansion of the patient or user autonomy that requires healthcare.

As reported above, distance becomes more evident in the below transcribed speech, which clearly noticed that the deponent does not see significant relationship between educational practices in Orthopedics and Traumatology and the Primary Health Care:

I think we should get closer on the subject taking into account that this matter is not so related to basic care. (E7)

Facts such as these must exist as a result of Orthopedics and Traumatology long be exclusively a medical specialty. With the advent of lato sensu specialization courses in this area and subsequently the Professional and multidisciplinary Residences, Orthopaedics and Traumatology is no longer considered a medical specialty to be a health specialty.

Although there is this hypothesis, the very logic of Law 8080/90 and the creation of the Family Health Program as guiding public health policy at the level of primary care, address the issue of integrity in actions and care, not allowing thematic like that of great social and epidemiological relevance, they are not treated in primary care, which should theoretically reach the whole population in terms of promoting health.

It also showed that there is an understanding of the need for epidemiological studies in the areas of coverage of the Family Health Teams. The use of epidemiology in the planning of health actions, especially in the health of the family is of utmost importance to guide the decision making process has a direct impact on disease prevention and health promotion of the population.

These studies are very important because they allow to draw the community health map or the population's health profile to later plan actions that impact the indicators found.
Thus, the educational practices should also be thought of from the direction of these studies in order to achieve the objectives outlined:

(...it is necessary for the survey of epidemiological data from the PSF area and define the real needs to build strategies of educational practices that will meet this demand. (E3)

Although the data analysis has shown all these weaknesses, it is clear in the speeches of the deponents they see the educational practices in Orthopedics and Traumatology as something good, something that can add to all that the Family Health Unit already works and develops together with the community. Have the perception that the deployment or implementation of these practices would have a desirable and beneficial effect to the population, having a direct impact on improving the care and quality of life:

If there were more educational practices in this area would reduce the level of this problem index, which is very high in the city [...]. (E5)

If there were activities in this area could intervene taking the correct information [...]. (E4)

CONCLUSION

From the analysis and discussion of the data it is clear that the nurses working in the health of the Altamira-Pa county family understand the need for development of educational practices in promoting the health of the population regarding the enrolled area to the health service, understanding care and health prevention as tools in the process of care provided through educational activities. The quality of life is understood as a product to be purchased through the proper provision of services by nurses and the development of initiatives focused on educational practices in various themes, including orthopedics and traumatology.

The presence of discourses of the subjects that refer to the professional domain knowledge in devaluation to popular knowledge may be due to the training process of the research subjects. Such training may have been based on a traditional banking education without the use of active methods where there is the appreciation of the other from the knowledge built and refurbished difficult perception for the new and different from what has been learned.

The distance that some professionals kept on the relationship between the services provided by family health unit and the development of educational practices in orthopedics and traumatology may also be due to the training and non-contemplation of content relating to the subject in the curricula of current educational policy projects in universities as a result of orthopedics and traumatology still be seen as a specialty in health and their knowledge restricted to a small group.

It was evident that the study participants nurses have the perception that knowledge in orthopedics and traumatology and the development of educational practices in this area can contribute to an improved quality of life of the assisted population, promoting improved care delivery and in health guidelines the priority and specific groups according to the needs assessed by the work team.

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