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EDUCATION PRACTICES AND TECHNOLOGIES IN THE DAILY LIFE OF NURSES AT THE FAMILY HEALTH STRATEGY

PRÁTICAS E TECNOLOGIAS EDUCACIONAIS NO COTIDIANO DE ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

PRÁCTICAS Y TECNOLOGÍAS EDUCACIONALES EN EL COTIDIANO DE ENFERMEROS DE LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to identify the education practices developed by nurses in the daily work at the Family Health Strategy and what are the education technologies which matter to them. **Method:** this is an exploratory study, with a quantitative design, conducted in the town of Santarém, Pará, Brazil, with 25 female nurses. Data were collected by means of a form with 15 questions and analyzed using simple statistics. The study was approved by the Research Ethics Committee, Protocol 00190321000-10. **Results:** the practices are predominantly carried out with the female public; the most addressed subjects are exclusive breastfeeding, complementary feeding, family planning, and pregnancy in adolescence. The practices take place more frequently at the units and they are individual and/or collective. The most frequently used resources are materials/instruments from the health programs; the games, primers, and the folders are the most interesting education technologies for nurses. **Conclusion:** education practices are focused on the units and rather ruled by the programs' discourse than by the community needs. They do not produce nor validate the most interesting technologies. **Descriptors:** Nursing; Health Education; Education Technology.

RESUMO

Objetivo: identificar as práticas educacionais desenvolvidas por enfermeiros no cotidiano da Estratégia Saúde da Família e quais são as tecnologias educacionais que interessam a eles. **Método:** estudo exploratório, de natureza quantitativa, realizado no município de Santarém (PA), com 25 enfermeiras. Os dados foram coletados por meio de um formulário com 15 questões e analisados por meio de estatística simples. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo n. 00190321000-10. **Resultados:** as práticas são predominantemente realizadas com o público feminino; as questões mais tratadas são aleitamento materno exclusivo, alimentação complementar, planejamento familiar e gravidez na adolescência. As práticas ocorrem mais nas unidades e são individuais e/ou coletivas. Os recursos mais utilizados são materiais/instrumentos dos programas de saúde; os jogos, as cartilhas e os *folders* são as tecnologias educacionais que mais interessam aos enfermeiros. **Conclusão:** as práticas educacionais são centradas nas unidades e pautadas mais no discurso dos programas que nas necessidades das comunidades. Elas não produzem nem validam as tecnologias que mais interessam. **Descritores:** Enfermagem; Educação em Saúde; Tecnologia Educacional.

RESUMEN

Objetivo: identificar las prácticas educacionales desarrolladas por enfermeros en el cotidiano de la Estrategia Salud de la Familia y cuáles son las tecnologías educacionales que les interesan. **Método:** esto es un estudio exploratorio, de naturaleza cuantitativa, realizado en el municipio de Santarém, Pará, Brasil, con 25 enfermeras. Los datos fueron recogidos por medio de un formulario con 15 preguntas y analizados por medio de estadística simples. El estudio fue aprobado por el Comité de Ética en Investigación, el Protocolo 00190321000-10. **Resultados:** las prácticas se llevan a cabo principalmente con el público femenino; las cuestiones más abordadas son lactancia materna exclusiva, alimentación complementaria, planificación familiar y embarazo en la adolescencia. Las prácticas ocurren con mayor frecuencia en las unidades y son individuales y/o colectivas. Los recursos más utilizados son materiales/instrumentos de los programas de salud; los juegos, las cartillas y los folletos son las tecnologías educacionales que más interesan a los enfermeros. **Conclusión:** las prácticas educacionales son centradas en las unidades y regladas más en el discurso de los programas que en las necesidades de las comunidades. Ellas no producen o validan las tecnologías que más importan. **Descriptor:** Enfermería; Educación en Salud; Tecnología Educacional.

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INTRODUCTION

Health education is an endeavor which seeks to spark change and critical awareness of an individual through information. If the concept of health education is connected to the concept of health promotion, the education practices are enhanced, with a view to encourage population participation and take into account community needs and their everyday life and not just involve people under risk of getting sick. For an expanded health education, there is a need for affirmative public policies, appropriate environments, and (re)orientation of health services, as well as liberal pedagogical proposals, committed to the development of solidarity and citizenship, aimed at education processes whose essence shall be improving the quality of life and the “promotion of man”.¹

Education processes must not be regarded only as transfer of knowledge, but construction opportunities which, associated to preexisting local knowledge, guarantee a good quality health care.²

Studies on health education practices reveal lack of knowledge among most clients and beliefs that only health professionals know the causes and treatment of their health problems, supported by science and technology.³ However, the most critical debates on education health practices are focused on knowledge and discourses produced in social and local everyday life related to the experiences and community needs; by means of practices based on this, it will be possible to solve more objective problems, by recognizing this knowledge and these discourses in the education processes with guidelines based on the local reality of the group with which we are going to work.⁴

Education processes are complex and they are directly related to institutional, methodological, and contextual subjects, among others. They can be individual or collective, mediated by the use of education technologies, and they are a way to intensify the process of living/interacting in community, which contributes to educate/care for with autonomy.⁵

Education technologies are intended to contribute to the teaching/learning activities and mediate education practices in a community and/or with specific kinds of users. The term technology should not be understood only as a product and/or technical/operational procedure, but also as a social and interactive product and procedure originated from experiences between subjects

in which knowledge is generated and shared; they may be material/instrumental or experiential/relational and they may be used to facilitate and contribute to accomplish health education practices.⁶

In the family health team, the nurse is a professional with competence to develop individual and/or collective education practices in order to promote improvements in population health.⁷ The quality of care provided to families and users of health services is directly related both to health education practices conducted by nurses and to the continued education practices developed with nurses, in order to enable them to conduct such education activities.⁸

Nurse's role is not restricted to healing activities, but it also includes education activities, which require creativity and critical thought by means of actions involving health promotion, prevention, recovery, and rehabilitation.²

The resources, education technologies, and methodological strategies used by nurses in education practices must be related to the proposed objectives and the intent of these practices in health care services.⁶

Nurses, as professionals who produce and validate education technologies (ETs), must include the community in these processes and produce ETs through investigations; thus, the ETs will represent the community concepts/ideas and they will be used to share knowledge with the community. For producing and validating new technologies, there is a need for developing studies which enable us to know the community reality and interests, so that the resources meet its needs in a better way, are appropriate to the local reality, and can be used by a larger number of subjects.⁶

Education practices may have as their axis the discourses of programs from the Ministry of Health, but they need to include the target public priorities and the community needs. It is within this dialectics that the nurse's education action needs to operate, and the nurse must recognize her/himself as an educator and producer both of material/instrumental resources and of experiential/relational strategies; the nurse needs to feel her/himself as an educator both when developing education practices along with the team and with the families and users of the health care service.²

Based on this evidence, we intend to answer to the following research question: “Which education practices do nurses develop in the everyday life of the family health

strategy and which education technologies are they interested in to improve such practices?”.

METHOD

This is an exploratory study, with a quantitative design; 25 female nurses (out of a total of 39 individuals, 64% of the universe) participated, and we primarily included those who were working in the Family Health Strategy of Santarém, Pará, Brazil, who reported to develop education practices on a daily basis.

The study was carried out at the facilities of the health units. The female nurses (after proving to be compatible with the inclusion criteria) were asked to participate by means of an invitation letter; when they accepted, read and signed a free and informed consent term and received a questionnaire with 1 question based on the technique of free association of words (inducing term “education technology”), 6 questions based on general themes (age, gender, time after graduation, number of jobs, academic title, area of graduation), and 9 questions based on specific themes (5 questions on *education action* and 4 questions on *education technologies*).

Data collection took place between August 2010 and February 2011. Based on the questions from the instrument, data were entered into the software *Microsoft Excel* and analyzed according to simple statistics (percentage/frequency).

The study was approved by the Research Ethics Committee of Universidade Federal do Pará (UFPA), under the Protocol 00190321000-10.

RESULTS

Most individuals (72%) are aged up to 39 years and 100% of them are women; 72% are graduated for up to 10 years, 80% have only 1 job, 96% attended a specialization course, and 51.3% are specialized in the Family Health Program (FHS).

Regarding the words associated to the term “education technologies”, 114 words were registered, with an average of 4 per subject. The reordering of words into thematic categories allowed a gathering into three groups: possibilities offered by the technologies (75 words); modalities and kinds of technologies (37 words); and experiential realities (2 words). As for the modalities, out of the 37 words, 35 refer to the material/instrumental technologies and 2 to the experiential/relational technologies.

Regarding the *Education action*, the female nurses could indicate more than 1 answer to the questions, organized around 5 axes; we found out that in all axes there were more than 3 registers.

In Axis 1 - Public, we obtained 81 answers: 19 (23.46%) reported performing education practices with pregnant women, 15 (18.52%) with elderly people, 10 (12.35%) with women, 9 (11.11%) with mothers, and 9 (11.11%) with adolescents. The other publics cited (19 answers overall) were children, hypertensive and diabetic patients from the Clinical Management System of Hypertension and Diabetes Mellitus in Primary Care (HIPERDIA) and clients from the mental health group. It is noteworthy that 38 answers (46.9%) were related to the female public (pregnant women, women, and mothers).

In Axis 2 - Subject, we identified 185 answers, which, after thematic classification, generated 28 different subjects: in 22 (11.92%) female nurses discuss the Medical Outpatient Specialty Services (AME); 19 (10.27%) were on nutrition; 15 (8.11%) were on sexually transmitted disease (STD). The other ones indicated (less than 14 responses each): hygiene, uterine cervix cancer prevention (PCCU), family planning, vaccination, childbirth and puerperium, health and prevention, infectious diseases, HIPERDIA, prenatal care, cancer, alcohol and drugs, growth and development, medication, violence, pregnancy during adolescence, newborn infant's care, contraceptive methods, sexuality, physical activity, self-esteem, complementary feeding, men's health, children's health, menopause, and medicinal plants.

In Axis 3 - place, we obtained 76 answers: 54 (71.06%) reported developing activities in the health care unit. The other places (22 answers overall) were community, school, and households.

In Axis 4 - Modality, we identified 109 answers: 58 (53.21%) conducted individual education activities and 51 (46.79%) conducted them on a collective way.

In Axis 5 - Resources, we obtained 99 answers which, after thematic classification, generated 10 different kinds of resource: 30 (24.20%) cited folders, 29 (23.39%) serial albums, 17 (13.71%) posters, 13 (10.48%) booklets and handbooks. The other resources (10 answers overall) were data show, computers, dynamics, speech, xeroxed materials and education handouts.

Regarding the *Education technologies they were interested in*, the female nurses could

indicate more than 1 answer for the 4 axes; we found out that in all axes there were more than three registers.

In Axis 1 - Type, 79 citations were obtained on 11 types of technology. It is noteworthy that the technologies they were more interested in are games, booklets, and folders (49.38%). The other technologies (8 types) were serial album, slides, videos, handbooks, education handouts, posters, prostheses, and protocols.

In Axis 2 - Subject, we obtained 67 answers. The most cited subjects were STDs, AME, healthy habits, and hygiene (53.74%). Other subjects: family planning, PCCU, childbirth and puerperium, HIPERDIA, cancer, CD, contraceptive methods, vaccination, newborn infant's care, medicinal plants, human development, men's health, pregnancy during adolescence.

In Axis 3 - Public, we obtained 66 answers related to 9 different types of public. The public with whom the female nurses would like the most to use the technologies are women, pregnant women, and mothers (46.97%). Other publics: elderly people, children, adolescents, hypertensive/diabetic patients, men, and the general public.

In Axis 4 - Interest in Validating, among the 41 answers, we highlight the folders and serial albums (51.22%). Other technologies: DVD and CD, posters, handbooks, education games, booklets, slides, xeroxed materials on medicinal plants. There were nurses who said they have no interest in validating any technology.

DISCUSSION

Health education is a key element to achieve the health promotion goals, since it sensitizes the individuals to change their lifestyle habits. Due to the current need for health promotion, there is a growing concern in developing education practices which contribute to improve quality of life.⁹

The association of education technologies to signification as equipment, material means, or artifact and to computerization reveal a trend, although reductionist and narrow. Technology is broader, because it binds to culture the knowledge and skills which are used for solving problems.¹⁰

There is an emphasis on modalities/processes, revealing a challenge for the initial and continued training programs with nurses.

The finding that the education practices developed by the female nurses in their daily life are rather aimed at the female public

corroborates the studies indicating that the subject related to men's health has been rarely addressed and discussed in contrast to women's health, object of public policies and various investigations.¹¹ We infer that men are rarely listened to at the units. The fact that a large part of the services is made up by female professionals may prevent finding an adequate space to talk about their sexual life, for instance, or about impotence. Generally, there is a lack of strategies to raise awareness and attract men to outpatient wards.¹²

The most prominent *subjects* are related to the female public from the perspective of being a mother (maternal and child health), but not of being a woman. Breastfeeding is a process which involves deep interaction between mother and child, with repercussions on the nutritional status of the child, with regard to her/his ability to defend her/himself against infections, to her/his physiology, and to her/his cognitive and emotional development, and it has also implications for the mother's physical and psychic health.¹³ This subject, due to these and other reasons, must be a focus of nurses' education action, but not the central focus with the female public.

During data collection, we identified a lack of physical structure in the units for developing both collective and individual education practices. There a lack of a suitable *place*, with adequate space, light, ventilation, and circulation, something which ultimately leads this practice to be performed at the nursing clinic and, thus, this is unit-driven. It is an assignment of the nurse working in the FHS to provide an integral care to the individuals and families at the health care unit, and, when indicated or needed, at the household and/or the other community spaces, at all stages of human development. The health education activities must be performed during the nursing consultation, but also in waiting rooms, in the units, and in community meetings and schools.⁸

The prevailing indication of the unit as the place for education action reveals that either the nurse has no time to provide health education elsewhere or she/he takes numerous activities at the unit and reduces the provision of home and school visits, places where there are other possibilities to identify the community needs.⁸

In their daily activities, the female nurses develop both activities in the individual modality and in the collective one, something which expands opportunities for education action.¹⁴ The visit made by the client at the unit is a favorable opportunity for her/him to

participate in education actions/activities in different modalities.

There is a variety of education technologies, which were indicated, and this points out that nursing has sought the production of resources to assist its daily work and its care, administrative, and education activities.¹⁵

We emphasize that the resources most frequently identified in the units, at the data collection time, were produced and distributed by the Ministry of Health. These handbooks, folders, posters, and protocols potentiate and streamline the health education activities; they constitute facilitating resources for nursing teaching and practice.¹⁵

The most interesting education technologies for the female nurses are no different from those that they already use, as well as the subjects and the public (with which they already perform education practices). Although there is interest in validating education technologies (which they also already use), some people say they do not have such an interest.

As nurses predominantly use the material/instrumental resources of the health care programs, there is an overt interest in producing other ones, based on the local sociocultural aspects. However, there is a need to relate the technologies to culture, habits, beliefs, and customs, and the nursing professionals also need to start developing technologies appropriate to the community needs.⁶

Education technologies are devices used to stimulate healthy behaviors through the learning of health care skills.¹⁴ We think, however, that they may also be produced by nurses based on community needs and participation. Health education is an essential activity for health promotion, for developing autonomy, responsibility of individuals and communities with regard to their health; it is also a transformative and critical social practice widely used in the prevention of different health problems.⁶

The most interesting technologies are related to subjects which are prioritized in primary care, such as: STDs, exclusive breastfeeding, healthy habits, hygiene, PCCU, childbirth and puerperium. The public which the technologies intend to achieve is that related to the prevalent subjects, confirming the priority of actions in health care services aimed at the female public.

Education technologies must be used to keep the education action process, and nurses

need to be able to develop the process of constructing and validating technologies. To produce a course material there is a need to be careful with the language of texts, so that it is suitable for the public. Language must be easy to understand, objective, colloquial, appropriate to the context of the population which the information aims to achieve. Education technology must allow that, through information, the individual thinks through and criticize in order to construct her/his own knowledge.¹⁵

CONCLUSION

Education practices which guide the education action of the female nurses in the everyday work at the FHS in Santarém are unit-driven and rather ruled by the discourse of programs than by the community needs. Among the education technologies used stand out the technical/operational to the detriment of the social/interactive. Education technologies are used in everyday life, but the female nurses do not produce nor validate the technologies they are interested in.

There is a lack of a suitable location for conducting education practices, something which is an impediment to achieve health education along with the community; there is a prevailing emphasis on resources produced and distributed by the Ministry of Health, with a view to mediate teaching/care along with the community, and little or almost no education technology produced in the location and sensitive to the health reality of the community. There is an urgent need for an education action based on local evidence.

The female nurses need to create new way to care/teach. The education action must not be restricted to the physical environment of basic health care units, it has to be performed in different locations and with different publics. In order to be part of this structuring and consolidating process of health education in the routine of health care services, there will be a need for strengthening the nurses' role/profile as a health educator. By taking health education, this may constitute a change instrument, especially if used in the joint construction of skills and practices, generating new kinds of knowledge.

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