



NURSE ACTIVITY ON EDUCATIONAL PRACTICES IN THE FAMILY HEALTH STRATEGY

ATUAÇÃO DO ENFERMEIRO ACERCA DAS PRÁTICAS EDUCATIVAS NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

PAPEL DE LAS ENFERMERAS SOBRE LAS PRÁCTICAS EN LA EDUCACIÓN LA FAMILIA DE LA ESTRATEGIA DE SALUD

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ABSTRACT

Objective: to discuss the nurse activity on educational practices in the Family Health Strategy. **Method:** descriptive study under the qualitative approach. Data collection was performed through semi-structured interviews. For interviews analysis, the content analysis technique in the thematic analysis mode was used. **Results:** two categories came out from the content analysis of the interviews: 1. Health Education concept, under the nurses's point of view, and 2. Educational practices performed by the nurses in the primary care. **Conclusions:** health education is a tool used by nurses to help prevent diseases, based on transferring of knowledge, in order to convey behavioral changes on the individual and/or on the population. **Descriptors:** Health Education; Nurse; Family Health Strategy.

RESUMO

Objetivo: discutir a atuação do enfermeiro acerca das práticas educativas na Estratégia de Saúde da Família. **Método:** estudo descritivo de abordagem qualitativa. A coleta dos dados foi realizada por meio de entrevistas semiestruturadas. Para a análise das entrevistas, foi utilizada a técnica Análise de conteúdo na modalidade Análise temática. **Resultados:** a partir da análise do conteúdo das entrevistas emergiram duas categorias: << Concepção de Educação em Saúde na ótica dos enfermeiros >>, << Práticas educativas realizadas pelos enfermeiros na Atenção Básica >>. **Conclusão:** a educação em saúde é ferramenta utilizada pelos enfermeiros para auxiliar na prevenção de doenças, pautados na transmissão de conhecimento, a fim de favorecer mudanças de comportamento do indivíduo e/ou da população. **Descritores:** Educação Em Saúde; Enfermeiro; Estratégia de Saúde da Família.

RESUMEN

Objetivo: discutir la actuación del enfermero en lo referente a las prácticas educativas en la Estrategia de Salud de la Familia. **Método:** estudio descriptivo de abordaje cualitativo. Se realizó la recogida de datos por medio de entrevistas semi-estructuradas. Para el análisis de las entrevistas se empleó la técnica Análisis de contenido en la modalidad análisis temática. **Resultados:** a partir del análisis del contenido de las entrevistas surgieron dos categorías: 1. Concepción de Educación en Salud bajo el punto de vista de los enfermeros y 2. Prácticas educativas realizadas por los enfermeros en Atendimento Básico. **Conclusión:** la educación sanitaria es una herramienta empleada por los enfermeros para auxiliar en la prevención de enfermedades, basados en la transmisión del conocimiento para fomentar cambios de comportamiento del individuo o de la población. **Descriptores:** Educación para la Salud; Enfermera; Estrategia Salud de la Familia.

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INTRODUCTION

In its general principles, Primary Health Care (PHC) consists of a set of primary health activities by the means of providing activities on health promotion and protection, grievance prevention, diagnosis, rehabilitation, and health maintenance.¹

Family Health Program (FHP) started in 1991, through the Community Health Agents Program (CHAP). The FHP is a strategy proposed by the Ministry of Health, named Family Health Strategy (FHS) in the present days, and it is presented as a restructuring of the primary care, which is focused on the family in its physical and social environment.²

The FHS prioritizes prevention, promotion and people's health recovery activities full time. These activities are composed of a small team, with a doctor, a nurse, a nursing auxiliary or technician, and some Community Health Agents.³ In this way, the FHS has been regarded as a team strategy, which has a key role for all health professionals who are in search of the same goals, seeking for a good quality health assistance.

In this perspective, health education is one of the main tools to provide health promotion in primary care in Brazil. It is an important tool for both the individual, and the collective awareness-raising process in responsibility and rights to health. Such a process consists of promoting stimulus for the individual and the community self-care, aiming to provide self-awareness which might convey changes in people's attitudes and practices.⁴⁻⁶

In this context, nurse works towards health care, managing and education, in different scenarios of his/her professional practice. Thus, out of a varied ways of a nurse's professional performance, educational activities take part of a nurse's complementary practices in any environment. Such practices make some aspects possible, such as: construction of knowledge, interpersonal relations, dialogue, humanization, respect, which aims to meet the mentioned population needs.⁷

This present study aims to discuss the nurse activity on educational practices in the Family Health Strategy.

METHOD

Descriptive study, under a qualitative approach,⁸ settled in the town of Senhor do Bonfim, in the state of Bahia (BA), Brazil. This research was composed of eight nurses who work for the Family Health Strategy. The number of participants was established by the

saturation sampling, which is regarded as knowledge kept by the researcher in the field, whenever the interviews contents become repetitive, and have already responded to the research objective. Some criteria were followed to select the participants, such as: a) Professionals over 18 years old; b) FHS workers over one-year experience; c) FHS professionals, from both the urban, and the rural areas who worked for less than one year at the same FHS. All the professionals who were not up to all the criteria mentioned before were excluded.

Data production were performed between April and June of 2014, through semi-structured interviews, after the participants consent by signing the Informed Consent Term. The interviews were recorded in a digital device (digital voice recorder), and were fully transcribed. Interviews followed a semi-structures guideline consisting of two parts: the first one presented objective test questions, in order to raise information related to the participants' sociodemographic profile; and the second one presented subjective test questions related to the concept of health education and related to the health education practice for the population. What is more, the interviews were previously booked, according to the availability of each professional.

To analyze the interviews the content analysis technique in the thematic analysis mode was used.⁹ Participants were identified through codes, in order to keep their privacy. In doing so, the professional involved were identified by the letter E, followed by arabic numerals, according to the interview order (E1, E2 [...] E8), which are presented in the results of this research.

This study obeyed the criteria and procedures for the data collection involving humans, according to Resolution 466/2012 of National Health Council, which considers ethical and legal aspects of research. This study started after being approved by the Ethics Committee of the University of the State of Bahia (Universidade do Estado da Bahia - UNEB), under the Opinion 35299.

RESULTS AND DISCUSSION

♦ Characterization of participants

Firstly, the following sociodemographic profile was designed, in order to know the participants: the age group of the eight nurses involved varied from 26 to 44 years old; professionals acting in the Primary Care varied from 4 to 14 in-service years; all the participants attended a *lato sensu* post-

graduation program, in different areas, especially in Public Health and Family Health; out of the eight nurses involved, four had permanent, and four had temporary employment relationship.

The results found from the interviews were analyzed and categorized, which categories follow: Health Education concept, under the nurses's point of view, and Educational Practices performed by the nurses in the primary care.

♦ Nurse concepts on the Health Education process

This category is driven by the reports of the nurses who work for the FHS. Some of the reports state that the health education is a way to prevent diseases, based on the transfer of knowledge, which may be seen in the lines that follow:

Health education is what we do, they are activities performed with the group, along with the population. (E3)

[...] health education is the work that we perform in our area of knowledge for our community: how to take self-care, to prevent, to avoid diseases, to feed, they have to do this all the time [...] (E5)

[...] health education is to work to prevent diseases, as well as to cure them [...] (E6)

It is observed by the reports that the educational activities performed by the nurses is useful to awake people's awareness about the importance of co-responsability of all involved in the health promotion and protection, especially in the community and FHS.¹⁰ Therefore, it is evident in the participants discourses that health education is always considered under the preventive aspect in health services.

In this way, health education consists of provision and transfer of professional knowledge, in order to guide to health care, privileging the scientific knowledge which aim is to correct, prepare the family faced to health care.¹¹ It is important to mention that, according to the nurses' reports, it is possible to highlight the concept of these same reports related to Health Education, which has an only one finality: prevention of likely grievance health to the population.

Finally, the way how the educational activities are performed by the participants resembles the biologic model of the health-disease process¹². The health professionals in this study have their activities towards the biological body cure and its disease, as it was observed in the reports before mentioned. Nevertheless, it is also observed in the nurses performances, during the process, that they

executed the role of educators, which consisted of providing proper information to prevent and/or reduce risks for people's health.

♦ Educational practices performed by nurses in the Primary Care

This category is driven by the way the educational practices are implemented by nurses in the primary care. During the interview, when the participants were asked on how the activities for users were performed, they came up with the following answers:

The educational health activities are performed for users, according to the time table, for example, today is the day of the hipér day, and it is performed a health education activity, it also happens when it is the mother's day, so we do these activities on celebrating dates [...](E1)

The educational activities with users are performed with lectures, basically that is it: lectures and waiting room. (E2)

The educational activities for users [...] through lectures, through meetings with the community, in schools, in the FHS office at the waiting room, that is what we have in the FHS office. (E4)

[...] through lectures in the community, sometimes we invite that community and perform an activity on a determined theme or issue which are in evidence at that specific community. (E7)

Através de salas de espera, na comunidade ou aqui no posto. E palestras nas escolas, nas associações. (E8)

Based on the participants' reports, it is possible to verify that the educational activities developed by FHS professionals are performed, at large, through "lectures". Such lectures are directed to a specific audience (groups of diabetics, hypertensive, pregnant, children, among others), and present themes related to the community's needs and/or issues risen by the users of primary care.

Thus, it is perceived that the way how the educational activities are performed is unilateral, in a verticalized health, in which traditional methodologies are used, based on the hegemonic model, in which the nursing professional takes the leading role, as the master of knowledge.¹³⁻⁴

The educator task is not only reduced to the teaching of contents, but teach how to think straight, which is the idea of deepening the knowledge of the practice, besides searching for encountering and understanding what there is behind things, it might make it possible for the learner to overcome the common sense.¹⁵ That being so, the great challenge for the FHS workers, especially the nurse, is the need to revise the practices faced to the new paradigms. It is indispensable to rethink the work processes, as well

as adopt methodologies, tools, and knowledge differently from the ones already taken.¹⁶

It is perceived from the nurses' reports that the educational activities are performed and are connected to meet a determined need of the individual and/or the population. Concomitantly, Roecker⁶ affirmed that the health education is present in all activity for health promotion and disease prevention, which promotes the incorporation of ideas and correct practices that may be part of the people daily lives, in a way that might suit their real needs.

In this perspective, according to the participants' reports, the traditional and hegemonic model to perform health educational activities is in need to be discussed, in other words, it is necessary a new model to value a health educational approach, in which the social emancipation occurs close to the process of improvement in life quality, through individual and collective health. Such a new approach might be grounded on the individual inserted in his/her social context, and not based on the disease, prioritizing not only the compensation of the disease symptoms, but, mainly, on the health promotion, besides other aspects of life.¹⁷

CONCLUSION

The results of this study showed that the nurses of primary care act developing activities lead by the assistance model of providing health care to family and community, guiding their activities to promote health and prevent diseases, through guidance related to behavioral changes of the population. That being so, the individual and/or population are receptors of knowledge and information transferred by the health professionals.

It is important to mention that the concept and educational practices of the professionals in this study are based on the transfer of knowledge model, related to the curative model in health assistance. Therefore, the nurse, as professional in charge of the team, must act in a multidimensional perspective, in other words, recognize in the educational processes the uncountable tangles and balance the amount of content, in knowledge acquisition, the environment and the people involved in the work process of these social actors who are related to the health care activity.

Thus, it is fundamental that the nurses promote health educational activities, according to their beliefs, culture, representations, environment in which they are in, in order to the individual and/or the population become active participants in this educational process to make the issues for discussion possible, besides triggering their critical sense face to changes in their practices.

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