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ORIGINAL ARTICLE

IMPACTS OF EDUCATIONAL ACTION ON HEALTH INDICATORS: POTENTIALITY AND FRAGILITIES

IMPACTOS DA AÇÃO EDUCATIVA NOS INDICADORES DE SAÚDE: POTENCIALIDADE E **FRAGILIDADES**

IMPACTOS DE LA ACCIÓN EDUCATIVA EN LOS INDICADORES DE SALUD: POTENCIALIDAD Y **FRGILIDADES**

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ABSTRACT

Objective: to discuss the potentialities and fragilities identified by nurses of the Family Health Strategy in the development of health education actions and the impact on health indicators. *Method*: this is a qualitative, descriptive, exploratory study with nurses from a Family Health Unit. Data collection was done through a semi-structured interview and participant observation. Data analysis was based on the Content Analysis technique in the Thematic Analysis modality. Results: there are potentialities and fragilities experienced by nurses, as well as the perception about changes in health indicators such as improved vaccination coverage, cytopathological exams, and prenatal care. Conclusion: knowledge about the potentialities and fragilities of the educational process facilitates health work and, consequently, favors the improvement of health indicators that are a reflection of the dedication of the family health teams, based on health education. **Descriptors:** Health Education; Nursing; Primary Health Care; Health Status Indicators; Family Health Strategy.

RESUMO

Objetivo: discutir as potencialidades e fragilidades identificadas por enfermeiros da Estratégia de Saúde da Família no desenvolvimento de ações de educação em saúde e o impacto nos indicadores de saúde. Método: estudo qualitativo, descritivo, exploratório, com enfermeiros de uma Unidade de Saúde da Família. A coleta de dados ocorreu a partir de entrevista semiestruturada e observação participante. A análise dos dados foi pela técnica de Análise de Conteúdo na modalidade Análise temática. Resultados: apresentam as potencialidades e as fragilidades vivenciadas pelos enfermeiros, além da percepção acerca das transformações nos indicadores de saúde como melhoria da cobertura vacinal, dos exames citopatológicos e na atenção ao pré-natal. *Conclusão*: o conhecimento acerca das potencialidades e fragilidades do processo educativo facilita o trabalho em saúde e, por consequência, favorece a melhoria dos indicadores de saúde que são reflexos da dedicação das equipes de saúde da família, pautados na educação em saúde. Descritores: Educação em Saúde; Enfermagem; Atenção Primária à Saúde; Indicadores de Saúde; Estratégia Saúde da Família.

RESUMEN

Objetivo: discutir las potencialidades y fragilidades identificadas por enfermeros de la Estrategia de Salud de la Familia en el desarrollo de acciones de educación en salud y el impacto en los indicadores de salud. Método: estudio cualitativo, descriptivo, exploratorio, con enfermeros de una Unidad de Salud de la Familia, La recolección de datos ocurrió a partir de entrevista semi-estructurada y observación participante, el análisis de los datos fue por la técnica de Análisis de Contenido en la modalidad Análisis temático. Resultados: presentan las potencialidades y las fragilidades vividas por los enfermeros, además de la percepción acerca de las transformaciones en los indicadores de salud como mejoría de la cobertura de vacunas, de los exámenes de citopatología y en la atención al prenatal. Conclusión: el conocimiento acerca de las potencialidades y fragilidades del proceso educativo facilita el trabajo en salud y, por consecuencia, favorece la mejoría de los indicadores de salud que son reflejos de la dedicación de los equipos de salud de la familia, pautado en la educación en salud. Descriptores: Educación en Salud; Enfermería; Atención Primaria de Salud; Indicadores de Salud; Estrategia de Salud Familiar.

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INTRODUCTION

With the aim of reorganizing health actions prioritizing prevention, promotion, recovery in an integral and continuous way, the Ministry of Health (MS) proposed the Family Health Strategy (ESF). Because it is considered a space for health education, it is the responsibility of the professionals of the teams, especially the nurse, to take up the challenge of developing care based on educational actions, based on the principles of health promotion, guiding and providing educational practice to the population as a way to improve health indicators, access to services and the quality of life of the population.²

The educational practices, especially in collective health, permeate all the actions of the nurse, focused on the care of the patients of the service or the team to which it belongs. In this way, it becomes impossible to dissociate the assistance, managerial and educational practice from the practice of this professional, since in all actions he is also an educator.3 Thus, they are practices inherent in health work, however, sometimes they are not understood as such, that is, not understood as attribution of health professionals, forgotten even at the time of planning and organization of health services, in the performance of care actions and in management.4

The act of educating in health aiming at the promotion of quality of life needs to be disconnected from prescriptive and tax practices, far from social subjects to provide the active participation of the community, providing information, health education and improving attitudes indispensable for life. ⁵ These are the objectives of educational actions in the area of health and sought by professionals in the consolidation of the Unified Health System (SUS).

Based on these initial reflections, it is necessary to study the development of health education actions by nurses, the potentialities, fragilities, and impacts on health indicators.

OBJECTIVE

• To discuss the potentialities and fragilities identified by nurses of the Family Health Strategy in the development of health education actions and the impact on health indicators.

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METHOD

This qualitative, descriptive, exploratory study,⁷ developed in a Basic Health Unit of an urban area linked to the ESF, located in a municipality in the southern region of Rio Grande do Sul, with two nurses who make up the team. The inclusion criteria were to be a professional of the team, to have a nursing degree, to accept to participate in the research, to allow the recording of the interview and to agree to the dissemination of results in academic and scientific circles. To guarantee the anonymity of the research participants, they were identified throughout the study by the letters E, followed by an ordinal numeral according to the order of the interview.

The research was carried out in accordance with the norms of Resolution 466/2012 of the National Health Council⁸, and it was approved by the Research Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas under CAAE number 1,209,336/2015. The data collection was conducted in September 2015, from a semi-structured interview⁹ and participant observation.

The interviews were recorded and then transcribed into a digital document, counting the total of 79 minutes and 32 seconds of recording. During the observations, a field diary was used, being performed in the morning and afternoon shifts, according to the presence of participants in the health unit and availability of time, totaling 60 hours of observation and its content was transferred to the field diary. Data analysis was based on thematic analysis.⁶

RESULTS

The presentation of the results starts from the potentialities and fragilities identified by the research actors, who pointed out several situations or conditions as potent promoters of educational actions and others as fragilities in the process. There were perceptions about the impact of educational actions on health indicators.

Both nurses were unanimous about the potentialities and fragilities that they identify in their daily work for the execution of educational actions. As potentialities, the interviewees identified the community's recognition of the nurses' work in basic care and the established bond with the residents:

[...] today, the patients look for the nurse in the unit to do this follow-up, and I have often received praises like this: 'Ah, I'd rather do my prenatal here [...].' So, this space was conquered by the nurse. (E2)

Making a bond with this community, I think this is one of the biggest potentials we have, but for me to create a bond with the other I have to have empathy [...] and if I do not create bond I do not change. [...] And for this it needs time [...]. (E2)

So, oh, people give us back when you treat them with love when you're involved in what you do, and that makes the difference. (E1)

The second potentiality identified in the following fragments was the profile of the professional, more specifically to the one who is active against the demands of his community and presents an entrepreneurial vision, as reported below:

Because the nurse... makes the big difference in family health strategy, but he has to have that vision, he has to be a visionary, he has to be an entrepreneur. [...] Me as a nurse, I think one of the potentialities that I visualize, I still believe, I dream, to have goals, because the obstacles are many [...]. The potentialities exist, they have to start again from within the professional, believe that it is possible, that I can get along with my team to make these changes and pass this potential on to the other. (E2)

I think the profile of the professional has to be turned to that, I think everything we do if we do not have a profile, you're going to do just the basics. And education will only happen when you have to have this concern, you have to have that vision, and that part of the professional too. (E1)

The nurse's work is associated with the educational process and due to this, one of the interviewees points out that every moment is opportune for the accomplishment of the educational practice:

When a patient comes to check his blood pressure, it is also an educational time, it is not simply for me to measure a blood pressure, to give a value to this individual and he leaves. [...] I already use this moment to report on the healthy eating, physical exercise, the changes that this person has to make in his daily life, and show him that responsibility for change is his responsibility. (E2)

Regarding the fragilities, they were listed in greater quantity. The first of them relates to the confrontation with the culture of the local community and great demand for daily attendance:

So, we as professionals who are involved, and specifically the nurse has to be very involved with the issue of education. Is it easy? [...] It's not easy. Because sometimes you have to change models, paradigms, you have to change the cultural question. [...] And I see that it is at the same time that you have your part of ease I have a great

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difficulty because sometimes we cannot change us as people, imagine you change a context next to a society. (E2)

The second fragility identified was the conflicts experienced in the team:

What I often realize within the team is that I have to keep turning off fires, but the fire keeps going on and I'm not changing that. So I feel helpless in front of the team, that's my feeling [...]. Sometimes that is the difficulty, today I see much more difficulty working together with the team because not everyone has that same vision [...]. (E2)

So this is a problem, it's a conflict [...], it's not that people have to think alike, but that we could at least, the focus is this, let's join and optimize things, improve it. I think it would look better for everyone [...]. Nowadays, we are experiencing constant stress, something that, to me, wears too much, even makes my work difficult. (E1)

Another fragility identified by the interviewees relates to the great demand by the governmental organs of the municipality:

We are charged on the one hand from another and in the middle of that, we have to account for a demand that the system requires, because sometimes the system does not see the qualitative, it sees the quantitative and this too is a harmful aspect in the educational part... one of the difficulties is this, the system imposes us many duties as a nurse, we have to do service management, team management, unit management, community health agents management, do our assignments as a nurse within a unit, work extra-walls with programmatic actions and where are we going to have so much time available to have a qualified listener, because this also involves listening to be able to educate. (E2)

I even think a lot, like this, right now that we are computerized, in a way that we can do to equalize time, make better use of the time of that service, so we can take care of this demand that all have." (E1)

I think we have a problem here, it's a problem [...]. They (population) do not collaborate in what they could collaborate with, but I think it is sometimes because of misinformation [...]. One thing we need to do urgently is to have a diagnosis of who these people are from this neighborhood, the need they have and what we will prioritize, if we can also look at those priorities and meet the priority of that moment that she needs [...]. (E1)

However, there is knowledge about health indicators, and this tool is a way to get to know the reality and the health needs of the population and from this, favoring a better planning of health actions. Therefore, to understand the nurses' perceptions about the

influence on health indicators from the educational actions they develop is that we sought to share some data, such as the first indicator that was reported about the vaccination coverage in children:

One of the indicators that improved, [...] the coverage of childhood immunization, as soon as I came to the neighborhood we had many children not immunized or partially immunized, with many delayed vaccines. And soon, in the first months we tried to search for these children and we were updating the vaccination schedule. So that indicator has improved [...]. (E2)

The second indicator was the greater coverage in cytopathological collection:

An indicator that is not good, but that improved a lot was the cytopathological collection. Especially those beneficiaries of the family grant, so we created an internal strategy that when they come to weigh the scholarship, the social worker tries to make an evaluation of when was the last collection of it and already leaves fit a consultation of cytopathology. This indicator is improved, but it is also improved for those situations of women who have not collected their test for a long time. (E2)

Still related to women's health, the performance of prenatal care was another indicator pointed out as growing:

One indicator that I consider to be very good is the prenatal, the low-risk prenatal. So we have a good indicator, women do not miss prenatal appointments, very sporadically when this happens the active search is done through the community health agent. (E2)

Yes, I think so, I already see results, I think that since that mother who did the prenatal with us here, she has prioritized staying here with us, she follows the guidelines and you see in the care with the child when you look there. (E1)

DISCUSSION

The community's recognition of nurses' work on primary care and bonding mentioned by the interviewees are seen as strategies and considered as a potentiality of educational actions since they were built since the nurses began their activities with this community. This fact demonstrates that the ESF seeks to insert in its practice a humanized relationship in which there is an appreciation of the professionals' bond to the population and vice versa.¹⁰

Another potentiality in the execution of educational actions is related to the professional profile. In this case, it was mentioned the necessity of perseverance of Impacts of educational action on health indicators...

the professionals, since in the educational activities the results do not immediately. For the changes to happen, it is necessary to invest time, patience and knowledge of the reality with which one worked. In addition, they point out questions associated with the view of the nurses interviewed regarding the professional profile, and list numerous characteristics necessary for the development of educational actions, such as entrepreneurship and perseverance. These characteristics were discussed in a study which affirms that nurses' work in primary health care has provoked new modalities of care production, since this techno-care model requires differentiated approaches, based on light technologies. For that, it is necessary to detach, dispose and dedication by the professionals, to reach the objectives of the work in health in the ESF.¹⁰

Thus, one of the fundamental actions in the work process of the health teams of the ESF is health education, which has the objective of sharing information, knowledge and practices among professionals and service patients to stimulate self-care and critical awareness.¹¹

When observing the speech of one of the nurses interviewed, it is noted that he has an adequate understanding of health education and his role as a health professional and educator, since it ratifies the space for checking blood pressure as a moment of address educational issues and, consequently, empower the user to make decisions about their lives. This understanding is in line with another study, in which nurses understand the nursing consultation as the tool facilitates the creation of the bond with the patients, due to the dialogue and the individualized care provided and it is an effective strategy to carry out educational actions. 12

When they talk about the fragilities observed in their daily lives, one of the interviewees (E2) mentions the difficulty of the subject changing and compares it with the change of a society, a culture. In this sense, the paradigm shift refers to the previously identified potentiality, the need perseverance and patience, because the changes are not immediate. When the other interviewee (E1) emphasizes the need to establish a diagnosis of the population, it is in line with the claims of Arcênio, which places the need for territorial recognition as part of the organization of work in basic care, culminating in a social practice that allows us to look at different processes of interaction,

conflict, problems and needs of the population and teams.¹³

The second fragility observed was conflict in the team. Regarding this, some factors that can alleviate the problems of teamwork, among them are the valuation of health professionals through the encouragement and constant monitoring in their training and the constant evaluation of monitoring the results achieved as part of a process of local planning.¹

Regarding the great demand for work and the bureaucratic demands of the government agencies mentioned as fragilities in the speech, it is understood that a great part of this anguish is related to the implantation of e-SUS in the unit, which has now become computerized. The e-SUS Basic Care is a strategy of the Basic Care Department of the MS to restructure the information at national level, qualifying the health information systems in the country and its use can generate anguish since all the actions developed must be registered in the system.¹⁴ Regarding nurses' practices in primary health care, studies show that nurses are responsible for numerous activities, such as: supervision and training; permanent education; planning, and evaluation of supervision services; preparation of reports; administrative support; coordination of the service; provision and forecasting of materials; among others. 15

Concerning the knowledge of the local reality, which one of the interviewees pointed out as fragility, there was the need to carry out the situational diagnosis that is what guides the work and supply process of the health unit. Thus, actions need to be guided by the specificities of the community context, so they can define the practices appropriate to the needs of the population. Guaranteeing integral attention, access to health services and the set of actions of promotion, prevention and rehabilitation, recommended by SUS.16

Knowledge about the information of the health situation in the population is a crucial element for the analysis and decision making for the programming of actions in health.¹⁷ Thus, the Health Information System (SIS), according to the Organization World Health Organization (WHO) is the mechanism for collecting, processing, analyzing and transmitting the information needed to plan, operate organize, and evaluate health services. It is necessary for the analysis of the information to observe the three main indicators, provided by the SIS, being health determinants; indicators on health system and services and indicators of health situation. 18

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In this sense, the production of information must be precise and satisfactory to assist in monitoring, evaluation and knowledge about the health situation, besides supporting decision making. Thus, pointing to the adequate progress of the work process, stating whether it is responding to the proposed objectives, based on the health situation of the attached population.¹⁹

This study addressed some indicators such as vaccination coverage, cytopathology and Regarding prenatal care. infant immunizations, these could be followed during data collection, at this time it was noticed that the moment of immunization is also used to perform health education, and nurses always explain to those in charge the purpose of the immunobiological, possible reactions adverse effects and necessary care, always emphasizing the importance of keeping the immunization schedule up to date. addition, it was observed that the ACS were fundamental in this process, because in the moments of meeting in the unit, they always reported cases of the children that accompany and the progress of their immunizations. For this item, the multidisciplinary work was fundamental.

A study on immunizations contributes in the sense that the nurses direct the health actions in the promotion of the vaccination with the education in health next to those in charge of the child. Moreover, it contributes to nursing reflection in the vaccination room, as it requires the provision of care articulated with health education actions. Thus, nurses interviewed carry out health education actions in immunizations, which consequently vaccination coverage and the health conditions of this population.

Regarding women's health indicators, one of the nurses reports a breakthrough but makes a self-criticism stating that there is still much that needs to be done to achieve the desired results. To improve the indicators that refer to women's health, a review of the literature points to educational actions as the main promotion strategy that contributes to increase the coverage of exams. Thus, in order for them to be able to transform and improve the coverage of cytopathological examinations, nurses and other professionals must be qualified to make the evidence-based recommendations on the examination itself, focusing on the positive aspects of tracking and monitoring the changes.²¹

In prenatal care, the data indicate that the guidelines made during the gestational period on the health of the child are being followed. This data, besides being important for health

evaluation, is gratifying for the professional that works with this public. When the interviewees talk about improving the quality of care, this could be observed through the records in the medical records, in which the nurses performed more complete records about the care offered.

To corroborate this, a study carried out with pregnant women suggests that health professionals reflect on the forms of care related to prenatal care and promote health through educational activities, since the moment of follow-up is a rich space of contact, of bonding, needing to be humanized and to awaken integral care through dialogue and exchanges.²²

Through the analysis of the speeches, it is noticed that the interviewees understand the impact of health education in the community. According to Pedrosa, health promotion indicators are constructed based on the complementary relationship between quantitative and qualitative information, aggregating various data collection techniques compatible with the conditions under they can performed.²³ For the be author, information quantitative approaches relate to phenomena that express in each individual in community in objective an measurable way, and qualitative information refers to the groups that make up the community, the existing values that add or distance the people and the lived culture that impose their lifestyle.

CONCLUSION

Based on the understanding of the ESF as a model of primary care in Brazil, the promotion of health and the prevention of injuries were evident as a focus on care delivery. In this sense, it is considered the necessity to study and to know new educative practices that are developed. Therefore, this article understood as a relevant contribution, since it enabled a reflection about the potentialities and fragilities that nurses experience in their process to execute educational practices. Also, it was possible to visualize how health education interferes with health indicators.

With the results, it was verified that the participants have a knowledge about the importance of the execution of health education activities in the ESF, and for this reason, they seek to insert it in their daily work, in all spaces used in the office of their profession. However, they face problems in the work process, such as team conflicts, job demands, demands of government agencies, which hinders the quality of actions and their

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frequency in the case of structured groups. When they speak of potentialities, they refer to the space gained in the community, the established bond and the nurse's profile, which directly reflects the results presented in terms of health indicators.

The improvement of these indicators is a reflection of the dedication of the family health teams, based on health education, on the opportunities that each professional detects in their daily life and does the work in the best way. Thus, qualifying the indicators is a demonstration that the current model of care has been consolidated as public policy and guarantee access and citizens' rights, materializing the SUS in the territory in which they are inserted.

Thus, knowledge about the potentialities and fragilities of the educational process facilitates health work and, consequently, it favors the improvement of health indicators. Thus, nurses enrolled in the ESF must be motivated to work in the perspective of developing their functions in the most qualified way possible and recognize health education as an inherent part of the work. Also, investments in training processes are fundamental for health education to be seen as a powerful work tool and transforming local since it directly implies qualification of health indicators.

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