



COMMUNICATION WITH MEN IN THE FAMILY HEALTH PROGRAM: STRATEGIES OF ELUCIDATION BY NURSES

COMUNICAÇÃO COM OS HOMENS NO PROGRAMA SAÚDE DA FAMÍLIA: ESTRATÉGIAS DE ELUCIDAÇÃO PELOS ENFERMEIROS

COMUNICACIÓN CON LOS HOMBRES EN EL PROGRAMA DE SALUD FAMILIAR: ESTRATEGIAS DE ELUCIDACIÓN POR ENFERMERAS

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ABSTRACT

Objective: to investigate the strategies used by nurses to elucidate communication with users of the masculine gender. **Method:** qualitative study, based on the theoretical and methodological framework of referential social representations of Serge Moscovici and Denise Jodelet. The project obtained approval of the Ethics Committee, subject to the Opinion paragraph. 649/10. During data collection, we used a script semi -structured and a field journal in interviews with 24 nurses basic health units of subdivision of Mangabeira in João Pessoa (PB). After data collection, classification and identification of the profile of the subject of research, in addition to the interpretation of the data through the technique of content Analysis, proposal by Bardin. **Results:** found himself as a result a category and a core of central idea. The category was called thematically by: investigate the strategies used by nurses to the elucidation of communication with users of the masculine gender. **Conclusion:** it was evident during the interviews that there is a specific strategy, i.e. exclusive service adjusted and recommended by Ministry of health as effective for the occurrence of communication of nurses with these users. **Descriptors:** nursing; communication; gender; male; strategies.

RESUMO

Objetivo: investigar sobre as estratégias utilizadas pelos enfermeiros para elucidarem a comunicação com os usuários do gênero masculino. **Método:** estudo qualitativo, respaldado no referencial teórico-metodológico das Representações Sociais. Para a coleta de dados, nos meses de dezembro de 2010 a janeiro de 2011, utilizou-se um roteiro semiestruturado e um diário de campo nas entrevistas com 24 enfermeiros das Unidades Básicas de Saúde do bairro de Mangabeira em João Pessoa (PB), Brasil. Após a coleta de dados, realizou-se classificação e identificação do perfil dos sujeitos da pesquisa, além da interpretação dos dados pela técnica de Análise de Conteúdo. O projeto de pesquisa foi submetido e aprovado pelo Comitê de Ética em Pesquisa (CEP) do Hospital Universitário Lauro Wanderley (HULW/UFPB), mediante o Parecer nº. 649/10. **Resultados:** encontrou-se como resultado uma categoria e um núcleo de ideia central. A categoria foi denominada tematicamente por: O investigar as estratégias utilizadas pelos enfermeiros para a elucidação da comunicação com usuários do gênero masculino. **Conclusão:** ficou evidente, durante as entrevistas, que não existiu uma estratégia específica, serviço exclusivo ajustado e recomendado pelo Ministério da Saúde como eficaz para a ocorrência da comunicação dos enfermeiros com esses usuários. **Descritores:** enfermagem; comunicação; gênero; masculino; estratégias.

RESUMEN

Objetivo: investigar las estrategias utilizadas por enfermeras a elucidarem de comunicación con los usuarios del sexo masculino. **Método:** estudio cualitativo. Basado en el marco teórico y metodológico de referenciales representaciones sociales de Serge Moscovici y Denise Jodelet. El proyecto obtuvo la aprobación de la Comisión de ética, sujeto al párrafo de opinión. 649/10. Durante la recopilación de datos, usamos un script semiestruturado y un diario de campo en entrevistas con las unidades de salud básica de 24 enfermeras de subdivisión de Mangabeira en João Pessoa (PB). Después de la recolección de datos, clasificación e identificación del perfil del objeto de investigación, además de la interpretación de los datos a través de la técnica de análisis de contenido, propuesta por Bardin. **Resultados:** encontró como resultado una categoría y un núcleo de la idea central. La categoría fue llamada temáticamente por: investigar las estrategias utilizadas por las enfermeras a la elucidación de comunicación con los usuarios del sexo masculino. **Conclusión:** fue evidente durante las entrevistas que hay una estrategia específica, es decir, el servicio exclusivo ajustado y recomendado por el Ministerio de salud como eficaz para la aparición de la comunicación de enfermeras con estos usuarios. **Descriptor:** enfermería; comunicación; género; macho; estrategias.

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INTRODUCTION

The Unified Health System (SUS) was created in 1990 by the Federal Constitution of 1988. Idealized with the firm intention of reversing the inequalities of health of the Brazilian population, it has adopted six guiding principles: universality, integrality, rationality, equity, decentralization and social control.¹

Primary care is the level of health service system that provides entry into the system for all new needs and problems. It is noteworthy that this level aims to reorient the model of care from primary care, based on the tenets and operational SUS and the Family Health Program (PSF) as a strategic priority in the printing of a new dynamic in health services.²

Under this model, attention is directed to pre-established programs in public health policies and standardization while facilitating the development of the program ends up impoverishing its scope to disregard the protests of the health problems targeted specifically to men's health.

With the desire to solve the problem described, the Ministry of Health (MS) introduced the National Policy on Comprehensive Health Care Human (PNAISH), aligned to the National Primary Care. This aims to: promote health actions that contribute significantly to the understanding of reality singular masculine in its diverse sociocultural and political economy, respect for different levels of development, the organization of local health systems and types of management.²

Inside the context of PNAISH, the man should be seen as a unique being, returning the shares to the gender approach. Second, it is seen as virile, invulnerable and forte.³ Thus, the demand for health services, according to a preventive vision, could associate it with weakness, fear and insecurity, leading to suspicion about their masculinity is socially constructed.

Through comparative research between genders showed that men are more vulnerable to disease, especially when it comes to serious and chronic diseases, integrating the highest levels of mortality.⁴

Although the rates of male mortality in taking a significant morbidity and mortality profiles showed that the presence of men in the services of primary health care is lower than that of women.⁵ Thus, it is necessary that the Basic Health Units (UBS) fall in services

that build health care strategies to address the different needs of this clientele.⁶

In UBS is a team of professionals, among whom is the nurse, working in health programs for women, children, adolescents, elderly programs, hypertension, diabetes, tuberculosis, leprosy, and currently, human health. However, with the exception of human health, other programs have their strategy of pre-defined in their respective health policies, which the nurse provides more security and better quality in patient care. From this perspective, the nurse feels unsafe to meet men and it begins with the question about how to how to communicate with this patient as unique, assuming that every action and reaction will not happen without communication.

Nursing has technology as tools in basic care, which aim to establish the human relationship. Among these technologies, there is communication, seen as vital function and through it, individuals and organization relate to each other, the environment and their own share of their group, influencing each other and turning facts into information.⁷⁻⁸

The communication process is characterized as a way to understand and share messages sent and received in influencing people's behavior involved.⁹

Health professionals and theorists of the Communication Research Laboratory of Communication and Health (Laces), Institute of Communication and Information Science and Technology in Health, Fiocruz (ICICT), realized that communication has everything to do with health; what has been proven in that matter, the agenda of the latest national health conferences.¹⁰

Given this, one must consider the importance of communication with the patient's nurse. Studies say it is an instrument of care in nursing, considering his presence in all actions performed with the patient.¹¹

The communication is characterized as a mere instrument or means of dissemination and transmission of information, however, the nurse, when he can bring the care and realize that the affective and effective communication is part of this process, can understand the thinking, action, the feeling, the wish, choose the value of experience and allows the patient to continue to build your life story, featuring therapeutic communication.¹²

It is assumed in this study, the correlation of communication with the social representations (SR), since they come from

the communication between different social actors.¹³⁻⁴

Immersed in a continuous motion of the waves of communication, the RS are present at speeches where ideas and images materialize in ducts. Thus, the RS has a dual role: to make the strange familiar, the invisible visible and master reality by integrating cognitive novo.¹⁵

The RS as processes occur specifically in groups and societies where social discourse includes communication both shared and divergent. No such process is conceivable in orthodox and traditional ethnic groups, where principles of subjective of organization of experience match with frequency.¹⁶ This concept plays perfectly the relationship of communication with the user of nurses were male.

Through practical experience at work in primary care for health, as well as studies and discussions conducted within the research groups linked to human health and the theory of social representations. It is not unreasonable to assume that the nurse's therapeutic communication presents itself as a strong tool in care and care and uptake and adherence of man to the primary public health services.

From this experience, considering the functions of the RS, which are guided by the formation of identities and conducts orientation and communication stemming from shared awareness and justifying, it is believed in the importance of the seizure of the RS in determining changes in behavior the nurse and the user, for the establishment of strategies to get a more effective therapeutic communication between them.

Given the above, the question arises: What strategies are used by nurses to elucidate communication with these users?

OBJECTIVE

- To investigate on the strategies used by nurses to elucidate communication with users of males in the family health program.

METHODOLOGY

This article is part of the dissertation of one of the authors. This is a descriptive, exploratory study with a qualitative approach.¹⁷

It is emphasized that this study used the theoretical and methodological framework of social representations, the main author Serge

Moscovici and Denise Jodelet. The social representation was employed as a particular kind of knowledge which is to the development of behavior and communication among indivíduos¹³ and also for being a form of socially elaborated and shared knowledge, and practical guidance and contributing to the construction of a reality common to a set social.¹⁸

The research scenario is located in the city of João Pessoa. Given the complexity of this universe, the survey was conducted in the Family Health Units (USFs) from Mangabeira district, belonging to the Health District III, which is located in the southern city of João Pessoa. The aforesaid USFs have been chosen to host the research, because they are the Mangabeira considered by the Technical Men's Health to develop more targeted actions to male users, according to information acquired by that body.

The target population of this study was composed of nurses. For the selection of subjects adopted the criteria of inclusion and exclusion. However, respecting the ethical and legal nurses, designed a sample of twenty-six participants, which corresponded to 21% of the universe of primary care nurses in the city of João Pessoa. This sampling procedure was the criterion of intentionality. The projected from the sample was 24 nurses achieved a representation, because two of the participants refused to contribute to the study, which amounted to an exclusion of 7.7%.

As was recommended, this study meets the legal and ethical principles in force in Brazil, as determined by the National Health Council (CNS), which created the Committee for Research Ethics (CEP), University Hospital Lauro Wanderley (HULW), in the municipality of person and based on Resolution 196/1996, which regulates research in the country.¹⁹

The data collection occurred from December 2010 to January 2011. To achieve the objectives of this study, we used a semistructured interview by a previously elaborated with the objective and subjective questions, which contemplated the study objectives. This script was tested by three nurses who worked in promoting and Family Health Units actions directed at PNAISH.

The instrument was designed in two parts. The first contained personal data for the classification of the subject, such as gender, age, length of training and qualifications in the area of communication and/or human health. The second question that bridled

described strategies for the elucidation of the nurses' communication with users of the males in the family health strategy.

The purpose of this step was to describe the dynamics used to organize the information obtained in the research, learned through interviews and field journaling.

After collecting data, we can perform first the classification of research subjects, identify and delineate the profile of nurses who attended the UBS users were male.

Later, it was responded to the objective of the study, interpreting the data and employing the technique of content analysis, whose goal is to know it and make it clear in the statements of the participants of the study.

LITERATURE REVIEW

Communication is important for the growth of human beings and is part of the previous experiences and those acquired each day, because human beings are relations. This understanding leads to seek greater understandings of concepts, principles and skills to be acquired in the communicative process.¹¹

In terms of nursing, studies claim that the theories guiding communication established between professionals and patients are divided into four types. The theories of Interpersonal Communication, Communication in Small Groups, of Human Communication in Human Organizations, Communication Theory of Masses.²⁰

Given the exposed theories, it calls for attention to some robes present in communication, among which are: therapy, not therapeutic, interpersonal and competent.²¹ The communication therapy can be conceptualized as the professional competency of Health use their knowledge about human communication to help each other to discover and utilize their potential and ability to resolve conflicts, recognize personal limitations and adjust to what can not be changed and the challenges to self-realization, learning to live the healthiest as possible and with autonomy.^{9,22}

The therapeutic one also can be present, especially when professionals do not know how to listen reflectively, and when the patient uses an inaccessible language.^{9,22} With regard to interpersonal communication study claims to be one that occurs in the context of the interaction compared to face.¹⁹ While competent communication, another study

conceptualizes this as a process in which individuals grow supported interactions, know and perceive their own reactions, know the others and allow the others to know them.²³

Communication is seen as a process that can be used as a therapeutic instrument.²⁴ Therefore, nurses should have basic knowledge on the theoretical foundations and acquire interpersonal skills to act positively on patient care. Thus, the nurse will know to communicate with the user male, capturing it and seizing the services of primary health care.

Considering this approach, it would tell the male gender is socially constructed, bringing various effects on your health. Authors show that the way in which people construct and experience their masculinity is related to the particular modes of illness and death, however, this mode is multiple and variable such that the health-disease.²⁵

The concept of being male appears as a child when people are culturally, the difference between male and female. Thus, the acquisition of gender identity and global process of male socialization are intimately connected to the first experiences with people who perform the tasks of caring for the baby and child.²⁶⁻⁷

The man sees himself as socially fertilized family provider, is a powerful, dominant, masculine, hard, not sick and therefore do not need the services of this sphere is saúde.²⁶ lies the major problem, resulting in high rates of violence, chronic diseases, smoking and alcoholism, physical disabilities and death from external causes, circulatory disease, cancer, digestive diseases and respiratory.²⁸

The nosographic table, in general, shows that men do not seek health services, to explain in various ways: to be representative of the caring female task, work issues, difficult access to services, lack of specific units focused on human health and the fact that professional teams are formed mostly by women.³

Nursing aims to help in the fight to reverse the self-neglect of man in health services, coupled with the value assigned to male hegemony, whereas the deeper understanding of the discussions of the origin of science and gender allows us to see ways to understanding of social evolution and human coexistence, and to expand the perspectives of professional nursing seen as caregiver.²⁹

One of the areas where Nursing is most working with this man, with disease prevention and health promotion in primary

care is at primary attention, which is a gateway to Family Health Strategy (FHS). Family Health is based in a tactical model of reorientation of the assistance model, operationalized through the implementation of multidisciplinary teams in Basic Health Units.²⁸

All nursing actions related to public health policies are standardized and directed, except those equivalent to human health, among other factors, cause the user in the absence of UBS. For both, the Health Ministry creates PNAISH (Principles and Guidelines) in November 2008, the project still being completed, the plan of action determined in 2009-2011. The PNAISH is aligned with the National Primary Care Policy and strategies of humanization, in accordance with the principles of the NHS, having as main goals: to promote health activities that contribute significantly to the understanding of reality singular masculine in their diverse contexts sociocultural and political-economic and respect for different levels of development and organization of local health systems and types of management.²⁹

RESULTS AND DISCUSSION

In correspondence to the survey instrument used and its division into two parts, was originally recorded and discussed the characterization of the subjects (24 interviewed nurses), intending to identify the profile of these actors, their age, year of graduation, the performance in the current UBS, the existence of qualification in the area of communication and / or human health, and understand to what extent these variables age, social, cultural, training or otherwise interfere in their ways of representing the communication with the user looking for male service Primary Health then was the analysis of the discursive material from the interviews, with the aim of meeting the objective of the study.

To boost the reading, the data were presented and discussed in two threads: the characterization and identification of the subjects of the purpose of the study, which included the strategies used by nurses to elucidate the communication with the users of the male gender.

Table 1. Absolute and percentage distribution of nurses, according to age, time since graduation, qualification in the area of communication and / or human health, work experience in family health units from Mangabeira. João Pessoa, in December 2010 and January 2011.

Variable	Indicator	n	%
Age	20-30 years old	04	16,7
	31-40 years old	08	33,3
	41-60 years old	09	37,5
	>60 years old	03	12,5
Time of graduation	1-5 years old	04	16,7
	6-10 years old	04	16,7
	11-20 years old	10	41,6
	>20 years old	06	25
Time of acting in the actual health unit	<1years old	05	20,9
	1-5 years old	06	25
	6-10 years old	13	54,1
Qualification in the area of communication and / or health of men	Yes	01	4,2
	No	23	95,8

Source: Research data.

In relation to the age (Table 1), it was found that the amplitude group ranged thirty-one to sixty. It was therefore considered to have reached in the sample a heterogeneous group of people at the age, since this involves adults, young and elderly. This finding leads to the hypothesis of a non-uniform communication between nurses and male users, because the nurses are both young and old, therefore, consider concepts from the most globalized and current to the most ancient and individualized through all the experiences throughout his life.

With regard to the time of nurses graduating from the Family Health Units from Mangabeira (Table 1), almost half (41.6%) had

age between eleven and twenty, and a lower percentage (23.4%) were of the age between one and ten years old. These data explain that none of the respondents had in their curriculum, courses that addressed human health. Contemporaneously, some bachelor's in Nursing, in its political pedagogical project, based on the National Curriculum Guidelines, provide discipline that includes men's health in their training curricular.³⁰ However, the statement does not extend to communication, remaining in this context the space related issues.

Regarding the time of operation, more than half of the respondents (54.1%) have the time between six and ten years of experience in

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the current UBS. This mirrors a close bond of trust between professional nursing and the community, thus facilitating the communication of essential assistance. Corroborating the above, the authors claim that users who use the services of USF between five and ten develop a greater relationship with the professionals, reflecting in the expansion and effectiveness of health actions and encourages the participation of the user during the service.³¹

The universe studied, almost all (95.8%) has no qualifications in communication and / or human health (Table 1). For the majority of nurses, the meeting and discussion on the PNAISH with the coordinator of the Men's Health Group of the Secretary of Health of the city and supporters, did not characterize a qualification for the issues alluded to, however, correlated the specializations Occupational Health and Public Health with expertise in Men's Health, as well as graduate and teacher training with communication.

♦ **Thematic category:** The investigation of the strategies used by nurses to the elucidation of the communication with the users of the male gender.

■ **Nucleous of the Central Idea:** The strategies employed for communication between nurses and male users occurred through consultations linked to women's health programs, Hiperdia, tuberculosis, prenatal care, childcare, family planning, health elderly, ACS, flexibility in service hours or calendar free, create the D-Day of Man, health fairs; dynamics in attendance; therapies community, living space, educational activities, home visits.

[...] Takes us all the time, all queries [...], for example the issue of STDs for women, when we will make the treatment of wives and that she talks and says that the husband will not do, ask them to bring them [...] in consultation with hypertension, diabetes, TB, all the queries that we have the chance with this man [...] (Interview 1).

[...] During the consultations of Hiperdia, in prenatal consultations, we do not have here a specific timeline for the man. So when it comes to the unit, he's included in the programs of the unit [...] (Interview 2).

[...] Here the link of the people is the ACS. We pass the information pros ACS, to try to bring this man down here. [...] Since the consultation schedule and do not need to come to the reception. [...] We also have a flexible working hour for those working men. [...] Then yes, OK to leave the D-Day on Saturday or a Sunday [...] (Interview 3).

[...] In family planning, birth control I take

brings her husband to be able to talk about the issue of contraception. He also needs to track usage, trying to guide him [...] D-Day, as an initial action to call these men and become a thing of systematic [...] (Interview 4).

[...] So the host, the community care of people here that uses this strategy, the agent also has men involved, then agent may know a little more of that person's life [...] (Interview 6).

[...] Agent appropriately when these men have tried to bring their children for vaccination, for the weight of family allowance, then we're inviting them in the waiting room to measure pressure, to be doing blood glucose levels and even ask some routine tests [...] (Interview 7).

Facing the majestic social representation of the communication, is essentially the category III, which investigates the strategies employed by nurses in the communication process with the users were male.

It became evident during interviews, that there is a specific strategy, ie, an exclusive service tested and recommended by MS as effective for the occurrence of this communication.

It is by silencing that one can grasp the relationship of men with health because men intelligibility of this field is constituted precisely by the need for investment in this significant in favor of a subversion of the term productive men, on other grounds. Silencing of the echo, in this sense, problems reported by users, both in access to health services, such as the lack of identification with the institutions, radicalized by the absence of specific services for this population.³²

Formal structures for the recognition of social health needs of men, unlike women, children and adolescents are not identified or there are no specific activities for the male clientele. 33 Nevertheless, the MS supports program activities in primary care services for health, which are characterized as practices or actions constituted a form of organized collective work in a comprehensive care service, ensuring that responses to problems health more prevalent in a particular population group.³⁴

With the plan to address this gap, materialized in the absence of these specific actions, the witnesses are used, consciously, of appointments related to pre-existing programs in the ESF. It is quite a widespread idea that UBS services are designed almost exclusively for women, children and elderly, with respect to low male presence in primary

care services to general health.⁵

The presence of men in UBS occurs: in different age groups, without companions or associates, in the position of child, parent, spouse or partner; participation in episodic or continuous use of activities. In setting such a presence, is the predominant frequency of the elderly and children, as related to programs related to the segment and the mother and child chronic diseases such as hiperdia.³³

Nevertheless, this author adds that the male presence is still very shy and usually inserted in the adaptation of certain strategies, originally introduced as: the Program for Integral Attention to Women's Health, the Family Planning Program and Health Program the Child. This presence increases over certain activities, especially in medical, dental visits and activities available in some services, such as respiratory therapy, Tuberculosis and Leprosy Program, and Mental Health.

It was found in the statements that the nurses used to the flexibility in service hours, called by some as freedom agenda, to establish a communication strategy with the users were male. Studies claim that much of the difficulty men have in seeking health services refers to the hours of operation, since, during business hours most of these users are at work and reluctant to reorganize or ask the boss for exemption for the treatment or prevention.³²

The educational activities are also part of this range of strategies used by nurses. Health education is an important facilitator for community empowerment, contributing to the promotion of saúde.³³ Thus, health workers should develop, with knowledge of educational practices, actions for users considering meet the gaze of another, interact with it and rebuild, collectively, knowledge and practices of everyday life. In addition to educational activities, the nurses also reported the health fairs and D-Day of Man as important strategies. These realities are already present at the scenario of the city of João Pessoa, as well as in others all over the country.

According to the statements, the community therapies and the living space are considered as a great strategy to achieve communication with the users of male nurses. The community therapy appears as a care technology as a powerful tool for the installation, though the duration of a meeting, democratic practice where everyone feels the same trajectory defined by the competence

and experience of each one, plus the resources and group skills.³⁵

Finally, respondents alluded to the ACS and home visits as two key strategies taken to consolidate the searched communication. The ACS is the main link between the community and integrating ESF. They are aimed at: supporting the actions of health promotion and disease prevention, strengthen people's ability to cope with health problems, act as mediators between the health needs of people and what can be done to improve living conditions of the community.³⁶

The home visit is designed as an extraordinary means of rapprochement between the ESF and families and facilitates access to services, building new relationships, bonding between users and staff. Its purpose is to prevent those who need to have a particular need to scroll to the USF to be served, in situations where the person is or is unable to travel due to illness, lack of time, a deficiency, a situation of discomfort or cases considered of urgency.³⁷

FINAL CONSIDERATIONS

This study began with the assumption that therapeutic nursing communication is characterized by an instrument in care and care and uptake and adherence of man to the primary public health services, and the perception that nurses have doubts and feel insecure when communicating with the man, who seeks assistance in resolving and / or prevention of their health problems.

Throughout this study, we sought to explore issues related to the problem of communication of nurses with male users, particularly in primary care. In this sense, the objective was to investigate the strategies used by nurses to elucidate communication with users of males in the family health program.

Initially it was asked to the respondents, the data relating to their identification. These led to the conclusion that the variables age, social, cultural and training interfered significantly in the representation of communication with the users of these nurses were male, and thus the strategies they used for the elucidation of this communication.

The results of the interviewees' statements revealed that the strategies used by nurses to communicate with users of the males were the following: the queries related to women's health programs, HIPERDIA, tuberculosis, prenatal care, childcare, family planning, health of the elderly, the use of HCA as

integrating agents; flexibility in hours of operation, the creation of D-Day of Man, the health fairs, the dynamics in attendance; therapies community, the living spaces, educational activities and home visits. Therefore, it was evident, with this research, there is no specific strategy, ie a unique service set recommended by the MS as effective for the occurrence of the communication.

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