INTEGRATIVE REVIEW ARTICLE

NATIONAL POLICY ON HEALTH PROMOTION AND NURSING PRACTICE: INTEGRATIVE REVIEW

POLÍTICA NACIONAL DE PROMOÇÃO DA SAÚDE E A PRÁTICA DE ENFERMAGEM: REVISÃO INTEGRATIVA

POLÍTICA NACIONAL DE PROMOCIÓN DE LA SALUD Y LA PRÁCTICA DE ENFERMERÍA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific production about the National Policy on Health Promotion and its implementation in nursing practice. Method: this is an integrative review, carried out through the guiding question “what literature presents about the National Policy on Health Promotion in nursing practice?” with survey in the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDEnf), and Medical Literature Analysis and Retrieval System Online (MEDLINE), using the descriptors “nursing care”, “health policy”, and “health promotion”. Data were condensed into a figure, analyzed by means of descriptive statistics, and discussed having literature as a basis. Results: nurses play a key role for implementing the health promotion policy, making practice closer to scientific knowledge to deal with users’ needs. Conclusion: the actions of educator, the search for new technologies, and users’ reality were the main challenges for implementing the health promotion programs in nursing practice. Descriptors: Health Policy; Nursing Care; Health Promotion.

RESUMO

Objetivo: analisar a produção científica sobre a Política Nacional de Promoção da Saúde e sua implementação na prática de enfermagem. Método: trata-se de uma revisão integrativa, realizada a partir da questão-norteadora “o que a literatura apresenta sobre a Política Nacional de Promoção da Saúde na prática de enfermagem?”, com levantamento nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (Lilacs), Base de Dados de Enfermagem (BDEnf) e Medical Literature Analysis and Retrieval System Online (MEDLINE), utilizando os descritores “cuidados de enfermagem”, “política de saúde” e “promoção da saúde”. Os dados foram condensados em uma figura, analisados por meio da estatística descritiva e discutidos com base na literatura. Resultados: os enfermeiros exercem papel fundamental na implementação da política de promoção da saúde, efetivando a proximidade entre a prática e o conhecimento científico para lidar com as necessidades dos usuários. Conclusão: as ações de educador, a busca de novas tecnologias e a realidade dos usuários foram os principais desafios para a implementação dos programas de promoção da saúde na prática de enfermagem. Descriptores: Política De Saúde; Cuidados de Enfermagem; Promoção de Saúde.

RESUMEN

Objetivo: analizar la producción científica acerca de la Política Nacional de Promoción de la Salud y su implementación en la práctica de enfermería. Método: esta es una revisión integradora, llevada a cabo desde la pregunta guiadora “¿qué la literatura presenta acerca de la Política Nacional de Promoción de la Salud en la práctica de enfermería?”, con levantamiento en las bases de datos Literatura Latinoamericana y del Caribe en Ciencias de la Salud (Lilacs), Base de Datos de Enfermería (BDEnf) y Medical Literature Analysis and Retrieval System Online (MEDLINE), utilizando los descriptores “atención de enfermería”, “política de salud” y “promoción de la salud”. Los datos fueron condensados en una figura, analizados por medio de la estadística descritiva y discutidos con base en la literatura. Resultados: los enfermeros desempeñan un papel clave en la implementación de la política de promoción de la salud, determinando la proximidad entre la práctica y el conocimiento científico para hacer frente a las necesidades de los usuarios. Conclusión: las acciones de educador, la búsqueda de nuevas tecnologías y la realidad de los usuarios fueron los principales desafíos para la implementación de los programas de promoción de la salud en la práctica de enfermería. Descriptores: Política de Salud; Atención de Enfermería; Promoción de la Salud.

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BRAZIL HAS OBTAINED GREAT ADVANCES IN THE HEALTH FIELD, ESPECIALLY WITH THE PROCESS FOR CREATING THE UNIFIED HEALTH SYSTEM (SUS), WHICH IS FOUNDED ON UNIVERSALITY, COMPREHENSIVENESS, DECENTRALIZATION, AND POPULAR PARTICIPATION. THIS IS A RESULT OF STRUGGLES OF THE HEALTH MOVEMENT FOR CHANGES IN HEALTH. THE PROGRESS MADE DURING THE IMPLEMENTATION OF SUS IS UNQUESTIONABLE, ALTHOUGH THERE ARE STILL CHALLENGES TO BE OVERCOME FOR THE CONSOLIDATION OF A PUBLIC SYSTEM WITH CAPACITY TO ACHIEVE HIGHER QUALITY THROUGH ACTIONS.1

In 1986, in the International Conference on Health Promotion, 38 countries approved the Ottawa Charter, a milestone in the discussion and construction of a new care model. The Ottawa Charter “reaffirms the importance of health promotion and points out, especially, the influence of social aspects on the health of individuals and the population.”2 In this context, health promotion is presented by SUS as a strategy for producing health, where it is possible to connect to the other policies and technologies developed in the Brazilian health system. It contributes to the construction of actions that allow responding to social needs in health and focus on the aspects that determine the health-illness process in our country.3

We notice nurse’s importance to enable health promotion practices, where the relationship teaching/service/community provides us with tools to overcome the biomedical and hegemonic model in the scenario of health practices. This is supported on the health conception restricted to the biological and individual dimension that does not allow triggering mechanisms driven by multiple population’s health needs and demands.

Among the guidelines proposed by the Ministry of Health in the National Policy for Health Promotion, shows to be on the rise knowledge on development, implementation, and restrictions that permeate nursing actions. It is understood that intersectoral public policies must be aimed at improving quality of life, equity in the production and consumption of actions, health services, social inclusion, and affirmation of citizenship. This justifies the interest in conducting this integrative review.

Thus, the question is: “What literature presents about the National Policy on Health Promotion in nursing practice?”

INTRODUCTION

In the search for improvements in research and nursing competences in the public health area, this study aims to:

- Analyze the scientific production on the National Policy on Health Promotion and its implementation in nurses’ practice.

METHOD

For conducting this study, we adopted the integrative review, which includes the analysis of relevant researches supporting decision making and the improvement of clinical practice, allowing the synthesis of the state of the art of a certain subject, besides pointing out gaps in knowledge that need to be filled with further studies. This research method allows synthesizing multiple published studies and provides general conclusions about a particular study area.4

When operationalizing this review, we used the following steps: identification of the theme and selection of the guiding question; definition of descriptors adequate to the theme; establishment of criteria for selecting the sample; definition of information to be extracted from selected studies and categorization of studies; assessment of studies included in the integrative review; and, finally, the interpretation of results and presentation of the review.

The bibliographical survey was conducted in November 2011 in two databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDEnf), and Medical Literature Analysis and Retrieval System Online (MEDLINE). For surveying articles, we used the controlled descriptors of the Virtual Health Library “nursing care”, “health policy”, and “health promotion”. The criteria adopted for sample selection were: full papers available online, in Portuguese, English, or Spanish; articles addressing the theme nursing care, health policy, and health promotion (related to its implementation in nursing practice); researches conducted in Brazil on the theme and published within the period from 2005 to 2011; and those having among the authors at least one nurse researcher. The exclusion criterion was repeated articles.

In the initial search, 456 articles were found, 74 in the database LILACS, 64 in BDEnf, and 318 in MEDLINE. After reading the titles and abstracts, we excluded all duplicated article and those that did not meet the inclusion criteria. We selected 17 studies, which were fully read and provided an answer to the guiding question in order to be included into the final sample of this review.
The collection of information took place with an instrument filled in for each article in the final sample of this review; the following information was included: article identification; institution promoting the study; publication type; methodological characteristics of the study; evaluation of the methodological rigor. Data were analyzed through descriptive statistics and the literature by means of analytical categories:

- Health promotion as a determining factor to prevent health problems;
- Implementation of new technologies for promoting health and nursing practice;
- Health promotion actions interconnected to the actual population’s needs.

### RESULTS

Regarding the characterization of the 17 selected articles (Figure 1), most studies had a qualitative approach, corresponding to 11 (64.7%) articles, followed by 2 (11.8%) representing quantitative research and review research, and 1 (5.9%) representing qualitative research and experience report research.

<table>
<thead>
<tr>
<th>N</th>
<th>Database</th>
<th>Article title</th>
<th>Objectives</th>
<th>Authors</th>
<th>Journal</th>
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<tr>
<td>11</td>
<td>LILACS</td>
<td>The nursing scientific production and the protective policies for the adolescent</td>
<td>Present the approach to policies for protecting adolescence conducted by the authors of theses, aiming to contribute to the reflection by nursing professionals on the importance of knowing these policies during their clinical practice.</td>
<td>Corrêa ACP, Ferriani AGC</td>
<td>Rev Bras Enferm. 2005 July-Aug;58(4):449-53.</td>
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Regarding the characteristics of populations under study, the research subjects were: 7 (41.2%) for patients and nurses, 1 (5.9%) for PhD theses, graduate students in Nursing, and family context.

It was found that 12 (70.6%) articles had their objective clearly stated, showing researchers' interest to study aspects aimed at health promotion, contributing to meet the population's health needs and 5 (29.5%) did not clearly state the study objectives. The objectives constitute an indispensable step so that the study hypotheses are proven.

Concerning the origin of publications, papers from the Northeast Region predominated, 7 (41.2%), followed by the Southeast Region, with 5 (29.4%), the South Region, with 4 (23.6%), the Central-West Region, with 1 (5.9%), and no papers were from the North Region.

Analyzing the theme of studies, 9 (53%) focused on the prevention of health problems, 3 (17.7%) addressed the implementation of new technologies as a tool for health promotion and the nursing care modes, 1 (5%) presented the understanding of the conception of health promotion and the bibliographic survey of production in nursing.

Having the results as a basis, 12 (70.6%) authors provide recommendations, within this universe, 8 (66.7%) refer to the implementation of new actions in health promotion that meet the needs of the clientele under study, 3 (25%) mention the use of educational technologies to promote health, and 1 (8.4%) recommends the expansion of scientific production in nursing on the theme of health promotion.

**DISCUSSION**

- **Health promotion as a determining factor in the prevention of health problems**

Adopting primary health care (PHC) as a priority, in countries where the hegemonic model is aimed at the disease and focused on hospital care, constitutes a major challenge.
for deconstruction and reconstruction in the health industry.6,7 The implementation of the national health policy addressed in the studies 9-11,13,15, and 17 represent changes in attitude and reframing of the professional’s conceptions and practices, aimed at the needs of the individual as a holistic being.

We see in this context health education presented as an effective transforming instrument, in order to construct free subjects, who discover their power and potential to produce knowledge and generate new knowledge, having in mind to take measures that ensure an improved quality of life of the groups and individuals involved.8 Health promotion, by means of educational actions, can generate self-accountability, adoption of a healthy lifestyle, reduction of risk factors, reduction of the symptoms of chronic disease, and promotion of quality of life. However, the promotion strategies emphasize changes in the living and working conditions of people; appropriate measures for the health system must be interconnected to other knowledge areas and government policies responsible for the physical, social, and symbolic dimensions of the population.9

We emphasize that health professionals shall act as a social subject committed to equality, democracy, and human emancipation, whose practice allows a strategic mediation as for broader policies and the adoption of values sympathetic to life. Some features must be emphasized: ability to analyze the context with regard to practices performed; understanding the organization and management of the work process in health; exercising a communicative action combined to a strategic action; attention to health problems and needs; critical sense with regard to the effectiveness of ethics of the interventions proposed or performed; permanent questioning about the meaning and significance of their work and their own life projects.8

Thus, we observed the distance between nurse’s practice, social representations, and scientific knowledge; making this educational process often focused on national campaigns and more vulnerable groups. Nurse’s actions favoring specific groups in her/his reality of practical action was absent in the selected studies.

♦ Implementation of new technologies for health promotion and nursing practice

Studies 4, 12, and 16 show the implementation of new technologies in nursing practice, and they are: games, string literature, and music, used by nurses in health educational practice.

Technology must be used to favor the participation of subjects in the educational process, contributing to the construction of citizenship and an increased autonomy of people involved.10 Thus, they have to explore resources that meet the cultural meanings recognized and appreciated in the context of users and the community, so playful activities are increasingly are performed in the educational practice, such as theater, music, games, among other artistic and cultural manifestations.

In health, educators must understand the technologies as resources enabling the knowledge construction process, from a creative, transformative, and critical perspective.11 Thus, we understand that one role played by the nurse concerns her/his work as educators and that she/he is regarded as ideal to lead activities with an educational nature in her/his clinical practice. For this, the nurse must take advantage from opportunities in the internal and external care environments to facilitate the well-being of the community or client under her/his responsibility.

Playful practices help nurses in knowledge formation, as this kind of educational action, in addition to other benefits, appreciates the community according to its condition as human beings, as they are often among the only recreation forms in which the community participates.11 The appreciation of interpersonal exchanges, decreasing verticality in relationships, where the professional poses her/his values and scientific knowledge, failing to observe patient’s culture and beliefs also characterizes a benefit to be mentioned with regard to the way of inventing and recreating health promotion.12

Nursing care has proven to be a milestone in nurse’s practice, and this is coated with creativity. The visibility of care and the social appreciation of nurse creates a new look when accountability bonds and co-management are established, in order to improve the population’s quality of life.

♦ Health promotion actions interconnected to the population’s actual needs

When referring to health promotion, there emerges the idea of development and implementation of action plans to suppress the health problems of a community, and there is a need, first, to know the actual problems; second, to outline measures; third,
to implement the measures outlined; and fourth, to provide a systematic survey in order to assess whether the measures outlined reached their goals or whether there is a need to modify them.

The ways to prevent health problems fall into the health promotion perspective, being glimpsed in studies 2, 3, 9, 10, 11, and 17. In a general aspect, these papers aim to expand the view on prevention, bringing out realities experienced by certain groups that are subject to health problems and discussing the best ways to prevent these problems from becoming diseases. Therefore, health promotion means a strategy of common connection between management, care, and population in which the factors putting people’s health at risk are emphasized, as well as the territories and cultures in the different Brazilian geographic areas, aiming to create mechanisms that reduce situations of vulnerability and incorporate social participation in the development of health actions, emphasizing social empowerment as a determining factor to decrease health problems.2

Developing social empowerment means working from the perspective of health education, so that the organization of care involves at the same time actions and services that work on the effects of illness, focusing on living conditions and favoring healthy choices by individuals and communities in face of the reflections extracted from their own realities, where, after this understanding, the possibility of transformation is born.3

It is understood that health promotion actions must be directed according to the different realities, based on national programs, but emphasized at different times and situations. Unlike what is often portrayed in the national scientific works, where the emphasis is greater on the programs, leaving aside much of the needs experienced by the communities under study and generating data that do not correspond to the actual needs.

The studies analyzed that approached the health needs were numbers 2, 3, 5, and 7, calling attention to the fact that in the descriptions of studies, nothing is reported on an analysis to know whether the approaches must include the so-called health problems, spending study time that will not bring results able to impact the communities under analysis.

What may be emphasized with greater emphasis on this analysis is that the studies that are directed from a perspective of working with health problems must have a foundation, they must analyze whether the problem is hampering the improvement of quality of life and contributing to increased morbidity and mortality rates.

CONCLUSION

By analyzing the studies reviewed, we draw the panorama of nursing productions on the National Policy on Health Promotion and its relation to the implementation in nurses’ practice, extracting the idea that there is still a long way to go in order to reach a production level that covers much of the health problems.

It is seen that the productions at this level are restricted to national programs for health promotion, requiring a better interpretation of this information by understanding that Brazil has a territorial extension of large proportions and that in its varied sociocultural environments there are several ways to develop health, and its concepts must be applied according to each reality.

It is stressed through evidence taken from the articles analyzed that there is a need to use preventive strategies, educational technologies, and the nursing care modes aimed at promoting health, raising awareness of users of the public health care system on the responsibilities in face of their own health, because, by enabling a broaden understanding of prevention methods, there will emerge resources so that health policies and actions play the role of social transition. However, we do not observe the report in the implementation of health promotion programs with regard to the development, implementation, and restrictions that permeate the practice of nursing actions. This report could provide nursing with means as for the potential and weaknesses of strategies experienced that changed the being and acting of the professional and community.

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