



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

HEALTH EDUCATION AS A MANAGERIAL COMPETENCE OF NURSES IN CHILD HEALTH SERVICES: AN INTEGRATIVE REVIEW

EDUCAÇÃO EM SAÚDE COMO COMPETÊNCIA GERENCIAL DO ENFERMEIRO NOS SERVIÇOS DE SAÚDE DA CRIANÇA: REVISÃO INTEGRATIVA

EDUCACIÓN PARA LA SALUD COMO COMPETENCIA GERENCIAL DE ENFERMERAS EN SERVICIOS DE SALUD INFANTIL: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyzing the production of nursing about the development of health education in services for child health care and its implications with the nurse case management process. **Method:** this is an integrative review whose question is << *What has been produced about health education in nursing management in child health?* >>. The search was conducted in LILACS, IBICS and MEDLINE. The research corpus is composed of 23 articles published between 2006 and 2011. After, underwent to thematic analysis, emerging three categories. **Results:** it was shown that the process of nursing work shows the care and management dimensions and that the predominant model of education in health is still vertical. **Conclusion:** it is necessary that the management process fosters a closer relationship between care, education, investigation and management. **Descriptors:** Health Education; Nursing; Management; Child Health.

RESUMO

Objetivo: analisar a produção de enfermagem sobre o desenvolvimento da educação em saúde nos serviços de atenção à saúde da criança e suas implicações com o processo gerencial do enfermeiro. **Método:** trata-se de uma revisão integrativa que tem como questão << *O que tem sido produzido acerca da educação em saúde no gerenciamento de enfermagem na saúde da criança?* >>. A busca foi realizada nas bases de dados LILACS, IBICS e MEDLINE. O *corpus* da pesquisa foi composto por 23 artigos publicados entre 2006 a 2011. Posteriormente, foram submetidos à análise temática, emergindo três categorias. **Resultados:** evidenciaram que o processo de trabalho do enfermeiro apresenta as dimensões assistencial e gerencial e que o modelo de educação em saúde predominante ainda é verticalizado. **Conclusão:** faz-se necessário que o processo gerencial propicie a aproximação entre cuidar, educar, investigar e gerenciar. **Descritores:** Educação em Saúde; Enfermagem; Gerência; Saúde da Criança.

RESUMEN

Objetivo: analizar la producción de la enfermería a cerca el desarrollo de la educación para la salud en los servicios de atención de la salud de los niños y sus implicaciones para los servicios de administración de casos de enfermería. **Método:** se trata de una revisión integradora que tiene como pregunta << *¿Que se ha producido a cerca de la educación para la salud en la gestión de enfermería en salud infantil?* >>. La búsqueda se realizó en LILACS, IBICS y MEDLINE. El corpus de investigación se compone de 23 artículos publicados entre 2006 y 2011. Posteriormente se sometieron al análisis temático, emergiendo tres categorías. **Resultados:** mostraron que el proceso de trabajo de enfermería se muestra las dimensiones de atención y gestión y que el modelo predominante de la educación en la salud sigue siendo vertical. **Conclusión:** es necesario que el proceso de gestión fomenta una relación más estrecha entre la atención para educar, investigar y gestionar. **Descriptores:** Educación para la Salud; Enfermería; Gestión; Salud Infantil.

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INTRODUCTION

Nursing is a knowledge area which covers activities such as care, management and education in the different scenarios of professional practice. Among the various forms of work of nurses in modern society, the educational practice is emerging as the main strategy for health promotion.

Health education is a process that contributes to the formation and development of critical consciousness of the people, stimulating the search for solutions and organization for collective action, and the practice of health and educational practice should be a process of empowering individuals and groups for the transformation of reality.¹

In the field of health education, is critical to rapprochement between the social and political context, educational process and power, taking into account the different ways of conducting the process of teaching-learning.² Educate is a work process directed to the transformation of individual and collective health consciousness, so that people can make their choices.

Nursing is a complex profession that combines three basic actions not separated: health education, care and management of nursing systems should be articulated.³ The nursing management corresponds to a tool of the labor process "care".⁴ In this sense, nursing management uses in its working process and seeks more effective means of adjusting administrative models without departing from its main focus care.⁵ Therefore, the management is in Nursing in hospitals or in the context of public health requires professional skills in the implementation of appropriate strategies to contemporary trends administrative.⁵ Thus knowledge is needed about the managerial responsibilities of the nurse to plan actions in health education.

In the scenario of full child health care nurses have specific and important functions at all levels of care. The work of the nursing team produces care that is consumed in the act of production which makes the nurse an important agent in achieving a comprehensive quality care to pediatric patients.⁶

Nursing activities that build your working process are guided by several interconnected sub processes that structure the practices of care, administrative or managerial.⁷ In this sense, it is essential managerial actions directed the nurse to practice in health education, Whereas care should be directed to the universe of the patient / client and pediatric this should be stoned.

Based on these, this study has the question << *What has been produced about health education in nursing management in child health?* >> To meet the goal:

- analyzing the production of nursing about the development of health education in health care of children and its implications for the management process of the nurse services.

METHOD

This is an integrative review, which aims to gather and synthesize results of research on a particular topic, in a systematic and orderly manner. This type of study allows a deeper understanding on the subject investigated, the synthesis of multiple published studies and general conclusions about a particular area of pesquisa.⁸ Integrative review must include sufficient information to allow the reader to evaluate the procedures used in drafting the review.⁹

It was used the six steps described below: The first step focuses on identifying select the topic and the research question. The second step in establishing criteria for inclusion and exclusion of studies. In the third stage studies concisely for categorization and summarization are extracted. The fourth phase will include a review of the studies included in the integrative review.⁹ This stage assessing the quality of pre-selected articles, consisted of a databank¹⁰ (Summary table) with the following information: the objectives, methodology, results and major conclusions. So we carried out a critical evaluation of studies using questions such as: what is the research question: what is the basis for the research question, why the issue is important, as were the issues of previous studies, the methodology the study is appropriate; selected for the study subjects are correct, what the research question answered, the answer is correct and what future research will be needed.¹¹ From the analysis of information studies were qualified or not for the next step.

In the fifth stage interpretation discussion of the main results is done in the research. Based on the results of the critical appraisal of included studies, takes place in this step, the comparison with the theoretical knowledge, the identification of resulting conclusions and implications of the integrative review.¹²

Finally, in the sixth stage presentation of the synthesis of knowledge consisting of the preparation of the document should include a description of the steps taken by the reviewer and the main results of the analysis

highlighted the articles included is performed.⁹

To survey items we used the keywords: "nursing", "health education", "child health", "management", "management "and " management" . To develop the search we used the grouping of keywords as follows: ["health education" and "child health"], [" health education" and "management"], ["child health" and "management" and" nursing" and "management"], the search was conducted in the second half of 2011.

Inclusion criteria for the productions were articles published in national and international journals and articles related to the topic health education, child health, management and management. There were indexed in the database of the Virtual Health Library (VHL), on the basis of Latin American Literature data and Caribbean Health Sciences (LILACS), Spanish Bibliographic Index of Health Sciences (IBECS) and International Literature Sciences Journals health (MEDLINE). Also included were articles in Portuguese and English, to make available full-text articles,

with time frame between the years 2006-2011.

In reviewing 21.256 articles were found, with 2.048 in LILACS database, 85 articles in IBECS and 19.123 in MEDLINE, being 2.227 of these productions that matched the theme of the study were selected. After applying the inclusion criteria previously established remaining 23 items that comprised the research corpus. They were analyzed in their entirety in order to characterize them, interpret them and discuss them.

Following the steps of the integrative review cited above⁹⁻¹² the 23 selected productions were organized through a documentary record containing the following information: title, authors, journal, and region, study approach, levels of evidence, and research design and year publication of articles. Subsequently, the productions were subjected to thematic analysis, following the sequential stages of pre-analysis, material exploration and processing of results.⁸

A summary of selected items is presented in Figure 1:

P1	Management and general skills of nurses.	Peres AM, Ciampone MHT.
P2	Nursing management: a critical look at the knowledge produced in Brazilian journals.	Jorge MSB, Freitas CHA, Nóbrega MFB, Queiroz MVO.
P3	Work process management and nursing process in the perspective of teachers of nursing.	Azzolin GMC, Peduzzi M.
P4	Relationship between managerial dimensions and work process of the outreach nurse.	Peduzzi M, Hausmann M.
P5	The benchmark of popular education in managerial and leadership action of the nurse.	Mendes I AC, Trevizan MA, Shinyashiki GT, Nogueira MS.
P6	Management skills of nurses: a new old challenge?	Cunha ICKO, Neto FRGX.
P7	Conception of health education of nurses in the care of the child in the hospital.	Góes FGB, La Cava AMA.
P8	Completeness, health education, health education and the proposals of the SUS - a conceptual review.	Machado MFAS, Monteiro EMLM, Quiroz DT, Vieira NFC, Barroso MGT
P9	Completeness of the care: health indications from the formation of the nurse.	Silva KL, Sena RR.
P10	Health education strategies and the quality of care and teaching in Pediatrics: interaction, the bond and the confidence in the speech of the professionals.	Queiroz MV, Jorge MS.
P11	Professional training of nurses of a hospital complex in the vision of its managers.	Ferreira JCOA, Kurcgant P.
P12	Quality management of hospital nursing service.	Rocha ESB, Trevisan MA.
P13	Situational planning in the family health strategy: integration-education activity in nursing service.	Vendruscolo C, Kleba ME, Krauzer IM, Hillesheim A.
P14	Challenges of humanization in the context of pediatric nursing care of medium and high complexity.	Alves CA, Deslandes SF, Mitre RMA.
P15	Hospital humanization: professional satisfaction of a children's hospital.	Lima FE, Jorge MSB, Moreira TMM.
P16	The actions of health education to children and adolescents in the basic units of the region Maruípe in the municipality of Vitória.	Oliveira CB Oliveira CB, Frechiani JM, Silva FM, Maciel ELN
P17	Facilitating change in school health: a qualitative study of schools' experiences using the school health index. Centers for Disease Control and Prevention.	Austian S B, Fung T, Bearak AC, Wardle K, Cheung L.
P18	N.Who sleeps under bednets in Ghana? A doer/non-doer analysis of malaria prevention behaviors.	Alder S, Cruz NDL,Crookston B, Davis R, DeardenK,GrayB,Ivins
P19	Infant feeding counseling in Uganda in a changing environment with focus on the general population and HIV- positive mothers-a mixed method approach.	Fadnes LT, EngebretsenIMS, MolandKM, Nankunda J, Tumwine JK, Tylleskåret T et al.
P20	Home visiting for intervention delivery to improve rural family asthma management.	Horner SD.
P21	The importance of education to increase the use of bed nets in villages outside of Kinshasa, Democratic Republic of the Congo. Malaria Journal.	Ndjinga JK, Minakawa N.
P22	Performance of a community-based health and nutrition-education intervention in the management of diarrhea in a Slum of Delhi.	Pahwa S, Kumar GT, Toteja GS.
P23	Knowledge, attitudes and practices (KAP) of Hygiene among School Children in Angolela, Ethiopia.	Vivasa A, Gelayea B, Abosetb N, Kumiec A, BerhanebY, Williams M.A.

Figure 1. Documentary records of nursing scientific production on the development of health education in health care services for children, 2006 to 2011. Brazil, Rio Grande do Sul, 2012.

◆ Characterization of scientific production

Among the items included in the survey 70% (n = 16) of publications prevailed in Brazil, followed by African countries 17% (n = 4) and the rest of the surveys totaling 13% (n = 3) were conducted in other countries. In Brazil there was a predominance of research in the Southeast 69% (n = 11), followed by the Northeast 19% (n = 3) and south with 12% (n = 2) of the publications.

The subareas were identified through a search of the curriculum of the authors in the Lattes Platform. Highlights were the publications in nursing subarea with 61% (n = 14); after the multidisciplinary studies, a total of 30% (n = 7), followed by medical publications with 9% (n = 2). It is noted that among the selected articles was not found publications of international research by nurses, however, in Brazil it was found that most studies was performed by nurses.

Regarding the type of research design of the articles evaluated, it was evidenced in the corpus of research: 9% (n = 2) were of experimental design, 14% (n = 3) were from studies with quasi- experimental design, 55% (n = 12) studies with non-experimental design, 23% (n = 5) reported experience and theoretical reflection, and a literature review. As to approach 61% (n = 14) qualitative; 17% (n = 4) quantitative and 9% (n = 2) used two ways of approach.

On the strength of the evidence, it was found: two articles with evidence level II, three with evidence level III, twelve with level IV evidence and five level of evidence VI. This indicates that most publications entered this integrative review has weak evidence. It is worth noting that literature reviews are not included in the hierarchical classification of levels of evidence, therefore, the literature review included in this study was not classified.

For the year of publication of the productions, it has that 2006 has the largest number of articles that match 35% (n = 8), followed by the years 2009 and 2010 with 22% (n = 5) for each year 2007 17% (n = 4) and finally 2008 with only 4% (n = 1) of all publications.

As for the research subjects, 39% (n = 9) were health professionals, teachers and nursing students, 26% had subjects: patients, children and community members (n = 6) and 22% (n = 5) included both subjects for their research. Thus 13% (n = 3) represent the two articles of reflection and an article of literature review.

After the careful analysis of the articles and thematic analysis, three categories emerged: The managerial process of nurses; management as a facilitator for health education and promotion of child health and nursing management actions instrument.

RESULTS AND DISCUSSION

Will be present and discussed the main results of this study, emphasizing the development of health education in health care of children and its implications in the management process of nursing services.

◆ The managerial process of nurses

It was found that the nurses' working process has two complementary and interdependent dimensions - caring and management - and that the teaching of nursing management to articulate both dimensions.¹⁴⁻² Thus, the assistance cannot be dissociated from the management.¹⁷

At present there are still many differences, similarities and difficulties related to the management process of the nurse. This is mainly due to lack of coordination between the assistance and managerial process where the nurse cannot put into practice the idea that these skills are complementary.

The nurses in the care process takes as the object of intervention demands of comprehensive care to patients/clients. Have the management activities the object of study is the organization and the nursing staff.

Studies show that in practice there are nurses with good performance on the tour and fragile administration or the reverse, denoting a difficulty of articulation between both.¹⁴⁻⁶ Is noticed that the nurse who is in the administration tends to value this practice as an action that supports the viability of caution, however, those working in care management attaches to exclusively bureaucratic activities. Many nurses do not recognize the importance of managerial processes, believing that nursing must deal only with the care practices.¹⁸

The nursing management practice has been changing and evolving in an attempt to adapt to the new demands presented according to every historical, social, political and economic context.¹⁷ It is noteworthy that nurses should combine management with assistance in health services. Nurses manage care plans when the delegates or does, and yet, when expected and provides resources, train its staff, educates the user interacts with other professionals, ie, all activities to be realized, improvements in care.¹⁴

Study conducted in Rio Grande do Sul in 2010 found that nurses in the design of management is an integral part of care and an instrument that favors the production of care.¹⁸ In this sense, we see the complementarity between the various specialized work of nurses with emphasis the managerial dimension of its activities, recognizing management as an activity coordinated nursing care.

It is perceived that the assistance is included in management when the nurse manages and/or develops direct or indirect care, delegate tasks through the development of bureaucratic activities whose purpose is patient care. So the management and administration are facilitators, based on science, so the nurses and their team develop a care efficiently and effectively.

The new conception of management favors interaction with the assistance where the promotion of a knowledge alliance between these two axes will be managing the care and manage caring, interpreted as a construct for Brazilian nursing and a new paradigm.¹⁵ However, whether the hospital or in primary health care levels, has been playing the traditional models where the hierarchical structures of control, submission, obedience to rules and patterns are reproduced.^{15,19-24}

The patient care is delegated to other members of the nursing team while the manager is limited to meet the requirements of the administration of health services. This is a dichotomy between what is expected of nurses in view of theoretical nursing and what occurs in practice.²¹ Thus, the nursing management greatly influences of classical administration, characterized by division of labor, hierarchy, legal authority, procedures and routines and impersonality in interdisciplinary relationships.^{15,16,19-24}

Evidencing this dichotomy vision of the healthcare team, especially nurses is directed to a new approach in which transformation of management practice is focused on the subject, not as object, but as the main agent of this action.^{4,20-3,25-6} the gap between managing and caring experienced in the daily work of nurses in health institutions is generating professional and personal concerns in order to rethink the practice focused on administrative assistance.¹⁵

The nurse is trying to modify their way of managing using the management in the process of work over the years, searching for the most effective means of adjusting administrative models so as not to turn away from their primary focus of attention, care for patient.²¹ Thus, it is essential that nurses

manage health services in order to improve the practice of patient care/customer as well as the sizing of the needs of the healthcare team for attention to be effective.

In view of this scenario changes in undergraduate education based on competencies is touted as one of the strategies for change, based on the National Curriculum Guidelines for nursing courses. The general skills proposed are: health care, decision making, communication, leadership, administration, management and continuing education.^{4,19,23,26} Thus, nurses should be able to accommodate the needs basic patient/client care by developing a qualified, be able to articulate with the interdisciplinary team with emphasis on nursing staff and their demands.

It is noteworthy that such powers are challenging, considering the change of the still prevalent approaches in nursing education and the transmission of knowledge prevails in a vertical fashion. The critical interventions and reflective about teaching nursing require interaction between theory and practice.^{4,14,21-22,25,27}

Besides teaching transmitted horizontally respecting cultural aspects and previous knowledge of the subject. Therefore, the managerial role of the nurse requires changes that depend both from professionals like nursing school. From this perspective, the nurse will be able to conquer your space through a management that provides assistance to qualified health based on the principles of comprehensiveness.

◆ Management as a facilitator for health education

Health education is a strategy with satisfactory results in population health and need for membership of health professionals at all levels of care. The concept of health education is grounded in assumptions of health promotion, which deals with processes that span the participation of the entire population in the context of your life and not just people on risk of illness.^{20,24,28}

However, some items that made up the corpus of the study showed that health education is not performed, as it is based on reductionist practices, focused on knowledge of professional.^{20,29,30} Moreover, the role of the nurse is the biomedical model, which focuses on the care of the sick body and the technology use.

Often the strategies used to work with health promotion for health education, fail to consider options, desires, needs, lifestyles, beliefs and values of individuals. Thus, it disregards that solutions to health problems

require sustained actions socially culturally, politically and economical.²⁰ In this sense, highlights the importance of linking the actions of health education as a producer member of a collective knowledge which reflects the individual's autonomy and empowerment to take care of themselves, family and their surroundings.²²

Users of health care services and communities should participate freely and the right to make informed decisions about their health. This is an aspect that requires professionals to acquire knowledge concerning the dynamics of "teaching" health care, critical, reflective and transformative mode.²⁴ The education grounded in conceptions of Paulo Freire³¹ health means a way to promote creative and critical care that can transform the current nursing practice, establishing a relationship guided in open channels of communication to allow the construction of joint assistance.³²

The educator's role is crucial, related to professional nurse's liability.² Educating health has become one of the tasks that it performs professional throughout the area of operations and therefore permeates all levels of health care, namely: promotion, protection and recovery.²⁰ From this perspective, health education and managerial competence of nurses is a major challenge in professional practice because of the context that has been developed in nursing care.

Among the assumptions advocated in nursing education, we highlight the orientation training to recognize health as a right, given the decent living conditions, working to ensure comprehensive care which is defined as a principle of the Unique Health System (SUS).^{19,26-33} Education needs to be comprehensive and interdisciplinary^{23,30} based on reflective critical benchmarks, allowing the acquisition of skills and abilities that ensure an act facing the human being in its subjectivity.

Thus it becomes important to exercise teamwork, since the process of training of health professionals. The education of nurses and the interdisciplinary team should stimulate work together to promote the collective definition of user assistance as a central focus of public health efforts.

The lack of training was demonstrated by professionals considered an obstacle to the development of health education.^{20-1,23,25,28,30} The inclusion of student nurses and other healthcare workers actually enables the NHS training professionals prepared to work in this logic.²⁷ Thus, in addition to health educators, many nurses are needed in their professional

practice skills and develop them is a challenge that must be shared among the various actors: teachers, nurses of health services and the learner's own.³³

◆ The promotion of child health and the management actions of the nurse

The children are still growing, toward a healthy adulthood and, therefore, changes in their process of growth/development have been used over time in the diagnosis of health conditions of the population.³⁴ There are indications that it childhood that prevents most chronic degenerative diseases. The child needs to become visible, on issues ranging from health care, considering its specificities.

In recent decades, interest in the development of children has grown worldwide as a result of the constant increase in child survival and recognizing that prevention of problems or pathologies that period exerts lasting effects on the human constitution.³⁵

The implementation of health education programs can reduce the incidence of diseases and accountability of individuals is effective since every member of the population may be a contributing agent in this process.³⁶⁻⁴⁰

The shares of education and health promotion as well as treating and/or preventing diseases, intended to promote child growth and development from the perspective of quality of life.²⁴ It is necessary changes in health care for the child, because the models hospital centered are no longer sufficient and challenges related to the treatment and prevention of diseases impose themselves as necessities for creating a new model of care for children's health.³⁴

The development of health education activities in pediatric care deserves to be prioritized and planned with the aim to change behavior.^{20,24,30} Furthermore, be appropriate to the identified needs always in conjunction with the family, which requires exchanges experiences and respect the experiences and culture of each individual.^{20,24,28-30} To this end, it is necessary to develop strategies to balance the demands of family and not just the child.⁴¹

The analyzed publications, actions must be driven by strategies that involve the community in general and the family as responsible for this child and as having a knowledge that cannot be discarded, but perfected and/or adapted to scientific knowledge of professionals.^{20,24,28-30} Furthermore, should stimulate relational process staff/patient/companion.^{22,28,30} Thus the nurse in managing the health care of child services, apart from scientific evidence that

support the assistance and care, must be supported by the provision of public health policies, as well as encouragements that enable specific care demands of children and their families.

CONCLUSION

The process of nursing work has two complementary and interdependent, the care and management dimensions. The teaching of nursing management should be enhanced and articulated since graduation between these two dimensions.

When polling the papers it was found that the shortage of productions converged with the education, management and health of the child; what denotes the fragility of studies that address the nursing management, and that this should be widespread in studies and in the academy.

The new conception of management guided by the curriculum guidelines favors the theory/ support interaction, but the research denote traditional models centered on control, submission to the norms and standards of the biomedical model.

There are many challenges to be overcome in building a new practice of nursing care, the deconstruction of this paradigm by broadening focus beyond the biological care. A child-centered care extended to the family context respecting their uniqueness and specificity, mediated by the actions of health education.

The management of care linked to the health education activities, when performed well, bring positive results on the tour. Thus education as managerial activity involves performing nursing actions through the use of technology, educational so that nurses can articulate knowledge in order to improve the quality of care activities.

It is emphasized that the management of health is a broad topic, this study makes some important points for reflection on the training of nurses responsible for managing health services, and, above all, assisted clients in a wider sense. Therefore, it is imperative that management processes conducive to rapprochement between care, education, investigation and management. Finally, it can be seen that the nurse develops managerial actions in their daily lives, administration and scalability personal, ongoing education in order to upgrade the team for the improvement of care, along with the responsibilities for communication, the ability to lead and manage the service. All these attributes contribute to improving the health of clients/patients, as well as the legitimacy

of the nurse as team leader and manager of health.

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Submission: 2013/01/31
Accepted: 2014/02/18
Publishing: 2014/04/01

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