

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

# The nurse's protagonism in health education actions in the family health strategy

O protagonismo do enfermeiro nas ações de educação em saúde na estratégia saúde da família

El papel del enfermero en las acciones de educación en salud en la estrategia de salud familiar

## RESUMO

Objetivo: Compreender a atuação e o protagonismo do enfermeiro nas ações de educação em saúde na Estratégia Saúde da Família (ESF). Método: Estudo descritivo de abordagem qualitativa. A Coleta dos dados foi realizada entre novembro de 2018 e abril de 2019, através de entrevistas semiestruturadas. A Amostra foi composta por 08 enfermeiros da ESF. Critérios de inclusão: ser enfermeiro da ESF, está presente no dia da coleta e assinar o TCLE. Resultados: A partir da análise emergiram três categorias: As rodas de conversas nas ações de educação em saúde; Entraves na execução das ações de educação em saúde; Lacuna na Educação Permanente dos enfermeiros da ESF. Conclusão: A educação em saúde é instrumento essencial para melhoria dos indicadores de saúde da população, através da mudança de comportamento do usuário. As ações de educação permanente são fundamentais para empoderar os enfermeiros nesse processo de participação do usuário no cuidado de sua saúde.

**DESCRITORES:** Enfermeiro; Educação em Saúde; Estratégia Saúde da Família

## ABSTRACT

Objective: To comprehend on the performance and protagonism of nurses in health education activities in the Family Health Strategy (FHS). Method: Descriptive study with a qualitative approach. Data collection was conducted between November 2018 and April 2019, through semi-structured interviews. The sample was composed of 08 FHS nurses. Inclusion criteria: To be a nurse of the FHS, to be present on the day of collection and signing the ICF. Results: From the content analysis of the interviews three categories emerged: The conversation wheels in health education actions; Barriers in the execution of health education actions; Gap in the Permanent Education of FHS nurses. Conclusion: Health education is an essential tool for improving the health indicators of a population, by changing the user's behavior. The actions of continuing education are essential to empower nurses in this process of user participation in their health care.

**DESCRIPTORS:** Nurse; Health Education; Family Health Strategy.

## RESUMEN

Objetivo: Comprender sobre el actuación y el protagonismo de la enfermera en las actividades de educación para la salud en la Estrategia de Salud Familiar (ESF). Método: Un estudio descriptivo con un enfoque cualitativo. Los datos se recogieron entre noviembre de 2018 y abril de 2019 mediante entrevistas semiestructuradas. La muestra estaba compuesta por 08 enfermeras del ESF. Criterios de inclusión: ser enfermera de la ESF, estar presente el día de la recogida y firmar el TCLI. Resultados: A partir del análisis del contenido de las entrevistas emergen tres categorías: Las vías de conversación en las acciones de educación en salud; Entraves en la ejecución de las acciones de educación en salud; Lacuna en la educación permanente de los enfermeros del ESF. Conclusión: La educación sanitaria es una herramienta esencial para mejorar los indicadores de salud de una población, mediante el cambio de comportamiento del usuario. Las acciones de formación continua son esenciales para capacitar a las enfermeras en este proceso de participación de los usuarios en sus cuidados sanitarios.

**DESCRIPTORES:** Enfermera; educación sanitaria; estrategia de salud familiar.

RECEIVED: 30/06/2021 APPROVED: 18/10/2021

### Yris Luana Rodrigues da Silva

Nurse, graduated by Paraíba 's State University, effective teacher at State Technical School Arlindo Ferreira dos Santos (Sertânia-PE). Master in Education at Health Teaching Area (FPS) - Expert in Public Health (FIP).

ORCID: 0000-0003-2184-1151

### Juliana Monteiro Costa

Psychologist, Doctor in Clinical Psychology by Pernambuco 's Catholic University. Permanent Teacher at Professional Mastering in Education for Health Teaching area from FPS and Permanent Teacher at Professional Mastering in Psychology at Health

area from FPS.

ORCID:0000-0002-6976-8670

## INTRODUCTION

**T**he SUS (Brazilian Public Health System) creation and the movement of health reform have strengthened the Basic Care Policy. The Brazilian National Basic Care Policy delimitate the duties of the basic health care services and, between them, the attention to responsive solutions. For that matter, this policy guarantees that this level of attention must be capable of satisfying most Brazilian population health needs, by using appropriate technologies in a efficace and convenient way.<sup>1</sup>

The health care guideline, proposed by the Family's Health Strategy (ESF), have as basic constitution the foundation of a primary care centered system with activities and services focused on health, agravations and risks promotion and prevention, beyond rehab and cure. In that way, educational practices are considered an important action line for the community's participation, not only for the ESF consolidation, but the SUS strengthening by itself.<sup>2</sup>

In front of those constant reorganizations of health services, the ESF have been consolidating as a support for the restructuring of the basic care, collaborating for care output by bond establishment between the health team and the users, by qualified listening and user's participation at the planning and intervention of the actions, contributing with their autonomy through the use of health technologies.<sup>3</sup>

For that matter, the nurse's action at Basic Care goes beyond the assistance actions, because education is essential in its work process, mainly in health prevention and promotion actions. The health education concerns all the nurse's actions, being that with the health equipe or the user, not being possible to disassociate the assistential, managing and educational practice from this professional, for in all of his

**Health education is present at the major priorities of the Life 's Defense Agreement (Pacto em Defesa da Vida). This document emphasizes health education relevance as a health promotion strategy.**

actions, the nurse is considered a guide, a aducator<sup>4</sup>

It is present at the nurse's professional practice, governed by its art.11, that concerns the nurse, as a health equipe integrant, to make health's education an intent to increase the community, family and individual's health in general. It is important to mention that this attribution it's also found at the ESF pursuits guideline<sup>5</sup>

Health education is present at the major priorities of the Life 's Defense Agreement (Pacto em Defesa da Vida). This document emphasizes health education relevance as a health promotion strategy. In this way it is a resource that offers subsidies to new conducts and habits adoption in health matter. Health education actions are considered, in all of the care levels, a big relevant instrument for health promotion and prevention. This is quite evident at the ESF, for in it space the strengthening of actions for improving the users life quality is a major goal.<sup>6,7</sup>

The Permanent Health Education (Educação Permanente em Saúde - EPS) is a tool proposed for the Brazilian Health Ministry and the World Health Organization (WHO) for health care professional's qualification. The EPS has as its main objective the work-learning made at the health services daily routine, and at this process, learning and teaching are incorporated to work to decrease the distance between the professional formation and the health work practice reality<sup>8</sup>.

In view of the above, the present study has as its main objective understanding the nurse's role in health education actions at the Family's Health Strategy (Estratégia Saúde da Família).

## METHOD

Descriptive study of quality abordage. The ethical principles established by 510/16 Resolution of the Brazilian Natio-

nal Health Council were preserved. This research was approved by the Human Being Research Ethical Committee of the Pernambuco's Health College, n° 3.033.526.

It is about qualitative research, which provides a profound understanding model of connections between elements, aimed at the studied object manifestation comprehension<sup>9</sup>. The study's population was composed by nurses of both sexes, with more than a year temporary or effective employment relationship with the health unit at ESF, allowing a minimum time for the professional to have enough knowledge at his territory's district area.

The data collection was made between the months of november 2018 and april 2019, through semi structured interviews. 08 nurses who worked at the ESF of the city participated; the size of the sample was determined by the content's saturation criteria. Inclusion criteria: nursing professionals with more than a year employment relationship at the health unit; It's present at the data collection's day at the ESF and have signed the Free and Elucidated Consentment Term - TCLE. For the interview's review, a technique of Analysis content at thematic review modality was used. The interviews were made individually at the health institution after the TCLE's signing.

At this study, the ethical principles established by 510/16 Resolution of the Brazilian National Health Council were preserved.<sup>10</sup> The data collection has begin only after the research project's approval at Human Being Research Ethical Committee of the Pernambuco's Health College, (CEP/FPS) through the CAAE n° 02317418.0.0000.5569 and assent n° 3.033.526.

A semi-directed interview was the instrument used for the data collection, organized through a previously made script, composed by open questions which allows the discursive elaboration of the participants. The participant's sociodemographic data were collected for a deeper understanding about the studied population profile. The interviews were made individually at the health institution nursing office, with hours previously scheduled with each participant.

When the TCLE was delivered, the researchers informed the research objectives and clarified eventual participant's doubts, informing at them that the interviews would be audiotaped, preserving their anonymity. For that, during the presentation, the respondents will be named by Enf01; Enf02; and so forth. The data was analysed by Minato's Thematic Con-

tent Analysis technique, which through it is possible to find answers to the formulated questions and confirm or not the established affirmations before the investigation's work (hypothesis). Beyond that, another function says about the discovery of what is behind the shown content, going further than the external appearance of what was communicated.<sup>11</sup>

## RESULTS

Eight nurses from ESF were interviewed, of those, six were from feminine sex. The participants' ages varied between 28 and 52 years, with an average age of 38,3 years. Most of them were married. Regarding the time of graduation, most of them had more than ten years. All of the nurses had some quality *latu senso* specializing in many health areas and only three of them were in the public health area. It is important to say that two of those nurses had master degrees in the education's area. Concerning at work conditions, five were effective and three were temporary employed. In regards to the time in actuation at ESF, five professionals were at the Health Unit for more than five years and the others were there for less than three years. All the participants affirmed having job experience in another

Table 1- referring to research participant's sociodemographic collected data

Participant	Sex	Civil status	Age	Religion	Academic degree	Time of graduation	Employment relationship	Time of acting at ESF
ENF 1	F	Single	42 y	Catholic	Master	15 years	Effective	>5 years
ENF 2	F	Single	37y	Catholic	Especialist	5 years	Temporary	>5 years
ENF 3	F	Married	28y	Catholic	Especialist	3 years	Temporary	1 year
ENF 4	F	Single	34y	Protestant	Especialist	10 years	Effective	>5 years
ENF 5	F	Married	41y	Protestant	Master	12 years	Effective	>5 years
ENF 6	F	Married	42y	Protestant	Especialist	15 years	Effective	>5 years
ENF 7	M	Married	52 y	Catholic	Especialist	28 years	Effective	>5 years
ENF 8	M	Married		Catholic	Especialist	< 5 years	Temporary	1 year

Source: da Silva, YLR; Costa, JM, 2021

levels of health care, beyond identifying as crhistians.

## DISCUSSION

### The discussion groups at health education area

At the first category the nurses have related the potentialities and successful actions in their health education actions, highlighting the promotion of actions with positive results at the community with the Community Health Agents (ACS) participation and the use of strategies as a discussion group that inserts the user as an active participant at his own health care.

*“Our activities are made here at the unit, with the community, through discussion groups” (ENF 01, 42 years).*

*“We arrange with an ACS and go to his area that day, we all go, i go to. I plan with them a theme, and then we make a discussion group, we take some paper material or a banner and there we do... We explain. It is profitable.” (Enf02, 37 years)*

*“We make a group discussion because we think it is very important, it involves the community and in this system we see that the result is better than in the lectures.” (Enf07, 52 years)*

These parts of the nurses speeches brought at the present research are in accordance with what was found in other studies previously done. A research made with eight ESF nurses at the Paraíba city that had as its main objective analysing the nurses' perception in what concerns their educational practices has shown that even before challenges and difficulties, it may imply that ESF has a scenario that eases the intersectional actions.

Nevertheless, it is necessary that the professionals have a new look beyond the barriers and health promotion actions for, in that way, build new knowledge. Fur-

thermore, a study made with ESF nurses at Ceará city, has identified the importance of public places utilization inside the community for educational activities realization.<sup>12-13</sup>

### Challenges in the execution of the health education actions

At the second category, the nurses has listed the fragilities found at their ESF educational practice execution. The need of physical space, materials and supplies were pointed as the major difficulties challenged at the nursing-professional's quodiane.

*“The main challenges are: physical environment, for i don't have a lot of space. Sometimes I go to that back area that catches Sun most of the time, my rooms are too small, sometimes they're being used for service.” (Enf03, 28 years)*

*“Lack of material, it is absolutely one of the principal challenges. Missing supplies, also, for us to change and run out of that same-lecture-thing.” (Enf06, 42 years)*

A study made at Paraná<sup>11</sup>, with the objective of identifying the challenges and perspectives lived by the ESF nurses at educational actions, has found in its results many difficulties by the nurses at their actions execution, between them: lack of physical resources, financial and material, that agrees with the present research findings. The authors point, yet, that the professional have to search for alternatives for realizing and prioritizing the health teaching as a necessary practice for reorientation of the Basic Health Care.<sup>14</sup>

### Gap at the permanent education of the ESF nurses

Permanent education is considered an essential element for theoretical embassament of the health professional. That fact allows the encouragement for their practical realizations in a effective way, impacting at the users health. The lack of permanent education investment was pointed by the

**A research made with eight ESF nurses at the Paraíba city that had as its main objective analysing the nurses' perception in what concerns their educational practices has shown that even before challenges and difficulties, it may imply that ESF has a scenario that eases the intersectional actions.**

participants as something negative, as it can be observed at the following relates:

*“As it is a thing that I've never been capacitated for, I have not the interest of doing something that I don't know how to approach”. (Enf08, 28 years)*

*“Because like that it is very hard. Me coming here and throwing everyone in a reception and start talking and shooting photos it is too practical. But I want to know if that population has understood, if i'm going to touch that person... That transforms behaviors, that understands the need of changing”. (Enf04, 34 years)*

*“Capacitation, majorly for you to deal with the dynamics of a group of conversation”. (Enf05, 41 years)*

The health permanent education has as its major goals to generate reflection about

the work process, the self-management, the institutional changings and the professional's practice transformation.<sup>15</sup>

A study made at Goiânia-GO, with the main objective of verifying the meaning of the permanent education contribution under the optic of the Family's Health Strategy actuating nurses, have constate that permanent education allows the empowered professional to planning, organizing, developing and evaluating the actions that attend to that population's needs. For that, it makes necessary a continuous interaction with the users, under the finality of mobilizing them and stimulate their participation at this process.<sup>16</sup> This study data have also agreed with the nurses discourses that participated at these research at the Pernambuco's hinterlands (Sertão), while the participants sinalized that the lack of capacitation generates insecurity to think about innovations.

## CONCLUSIONS

The study's results point that, even be-

fore fragilities and challenges, the nurses have made activities that involve the users in an active way at the educational process, majorly, through group conversations and actions inside community's public spaces.

Health education emerges as a care re-orientation strategy, which reflects at the population's health indicators improving. In this way, for that goal to be reached, the investing at permanent education is important, as well as the incentive by the public managers for those health educative actions may be successful and the professionals to desenvolve a new point of view before the users, valuing their knowledgement and understanding their social and cultural contexts in which they are inserted.

It is noteworthy that the found data can not be generalized, once that the study was made with a specific population of an specific place. Thus, it is recommended that other study lines inside this qualitative and mixed approach should be developed, viewing to lightning the fenomen complexity.

## REFERÊNCIAS

1. Cookson R, Mondor L, Asaria M, Kringos DS, Klazinga NS, Wodchis WP. Primary care and health inequality: Difference-in-difference study comparing England and Ontario. PLoS ONE.2017; 12(11).
2. Oliveira LC, Ávila MMM, Gomes AMA, Sampaio MHL. Popular participation in health education initiatives: challenges for primary healthcare professionals. Interface (Botucatu).2014; 18 Supl 2:1389-1400
3. Silocchi C, e Junges JR. Equipes de atenção primária: dificuldades no cuidado de pessoas com doenças crônicas não transmissíveis. Trab. Educ. Saúde, 2017;15( 2): 599-615.
4. Lubini, V.T.; Willrich, J.Q.; Pickersgill, M.F.; Portela, D.L. A educação em saúde como estratégia de cuidado de enfermagem na atenção básica. saúde coletiva 2019; 47 (09):
5. Roecker S, Nunes EFPA, Marcon SS. O trabalho educativo do enfermeiro na estratégia saúde da família. Texto Contexto Enferm, Florianópolis, 2013; 22(1): 157-65.
6. Ministério da Saúde (Br). Política Nacional de Promoção da Saúde. Brasília: Ministério da Saúde; 2010.
7. Andrade ACV, Schwalm MT, Ceretta LB, Dagostin VS, Soratto MT. Planejamento das ações educativas pela equipe multiprofissional da Estratégia Saúde da Família. Mundo da Saúde, São Paulo - 2013;37(4):439-449.
8. Oliveira, A.M.F.; Lourenço, M.P.; Labegalini, C.M.G.; Benedetti, G.M.S.; Soares, J.P.R.; Costa, M.A.R. Educação interprofissional na atenção primária à saúde: perspectivas e vivências. saúdecoletiva ■ 2021; 64(11).
9. Minayo, MC. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo, 2007.
10. BRASIL. Conselho Nacional de Saúde. Resolução nº 510, de 7 de abril de 2016. Diário Oficial da União:Seção 1. p. 44-46.
11. Fontanella BJ, Ricas J & Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad. Saúde Pública, 2008; 24(1): 17-27.
12. Oliveira MB, Cavalcante EGR, Oliveira DR, Leite CEA, Machado MFAS. Educação em saúde como prática de enfermeiros na estratégia saúde da família. Rev Rene.201314(5):894-903.
13. Trigueiro JS, Silva ACO, Góis GAS, Almeida SA, Nogueira JA, Sá LD. Percepção de enfermeiros na educação em saúde na tuberculose. Cienc Cuid Saude 2009 Out/Dez; 8(4):660-666. <http://dx.doi.org/10.4025/ciencucidsaude.v8i4.9697>.
14. Roecker S, Budó MLD, Marcon SS. Trabalho educativo do enfermeiro na Estratégia Saúde da Família: dificuldades e perspectivas de mudanças. Rev Esc Enferm USP [Internet] 2012 [citado 2019 jul.7]; 46(3):641-9.
15. Ministério da Saúde(BR). Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? / Diário Oficial da União: República Federativa do Brasil; 2018. Jul 13, Seção 1: p.59.
16. Paulino VCP, Bezerra ALQ, Branquinho NCCS, Paranaguá TTB. Educação permanente e saúde da família. Rev. enferm. UERJ, Rio de Janeiro, 2012 jul/set; 20(3):312-6 2012. <http://dx.doi.org/10.4025/ciencucidsaude.v8i4.9697>.