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HEALTH EDUCATION IN THE PEDIATRIC HOSPITAL ENVIRONMENT

EDUCAÇÃO EM SAÚDE NO AMBIENTE HOSPITLAR PEDIÁTRICO

EDUCACIÓN EN SALUD EN EL MEDIO AMBIENTE HOSPITALARIO PEDIÁTRICO

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ABSTRACT

Objective: To analyze meanings attributed by nurses on the practices of health education in the pediatric hospital environment. **Method:** Qualitative approach was undertaken in a descriptive exploratory study, conducted by individual interviews with nurses working in the pediatric hospitalization unit of a public teaching hospital, from September to November 2017. **Results:** According to the thematic content analysis, three categories emerged: Importance of health education in hospitalized child care; Development of health education in the hospital environment, Difficulties and challenges in the development of the practice of health education in the pediatric hospital unit. The meanings revealed fragments related to educational actions for continuity of care in the network, resistance of the relatives or responsible for hospitalized children and the need for an increase in professional qualification. **Conclusion:** Although the research is limited to the only unit of pediatric hospital admission, the meanings can potentially be generalized to nurses in similar contexts.

Descriptors: Health Education; Pediatric Nursing; Hospital Care; Child Care.

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RESUMO
Objetivo: Analisar significados atribuídos por enfermeiros sobre as práticas de educação em saúde no ambiente hospitalar pediátrico. **Método:** Empreendeu-se abordagem qualitativa em estudo exploratório descritivo, conduzido por entrevistas individuais junto a enfermeiras atuantes na unidade de internação pediátrica de hospital público ensino, setembro a novembro de 2017. **Resultados:** Conforme análise temática de conteúdo emergiram três categorias: Importância da educação em saúde na assistência à criança hospitalizada; Desenvolvimento da educação em saúde no ambiente hospitalar, Dificuldades e desafios no desenvolvimento da prática de educação em saúde na unidade hospitalar pediátrica. Os significados desvelaram fragmentações relacionadas as ações educativas para continuidade do cuidado em rede, resistências dos familiares ou responsáveis pelas crianças internadas e a necessidade de incremento na qualificação profissional. **Conclusão**: Apesar de a pesquisa limitar-se a única unidade de internação hospitalar pediátrica, os significados potencialmente podem ser generalizados a enfermeiros em contextos similares.
Descritores: Educação em Saúde; Enfermagem Pediátrica; Assistência Hospitalar; Cuidado da Criança.

RESUMEN
Objetivo: Analizar significados atribuidos por enfermeros sobre las prácticas de educación en salud en el ambiente hospitalario pediátrico. **Método:** Se emprendió un abordaje cualitativo en un estudio exploratorio descriptivo, conducido por entrevistas individuales junto a enfermeras actuantes en la unidad de internación pediátrica de hospital público enseñanza, septiembre a noviembre de 2017. **Resultados:** Conforme análisis temático de contenido surgieron tres categorías: Importancia de la educación en salud en la asistencia al niño hospitalizada; Desarrollo de la educación en salud en el ambiente hospitalario, Dificultades y desafíos en el desarrollo de la práctica de educación en salud en la unidad hospitalaria pediátrica. Los significados desvelaron fragmentaciones relacionadas con las acciones educativas para la continuidad del cuidado en red, resistencias de los familiares o responsables por los niños internados y la necesidad de incremento en la calificación profesional. **Conclusión:** A pesar de que la investigación se limita a la única unidad de internación hospitalaria pediátrica, los significados potencialmente pueden ser generalizados a enfermeros en contextos similares.
Descriptores: Educación en Salud; Enfermería Pediátrica; Atención Hospitalaria; Cuidado del Niño.

INTRODUCTION

The nurse's activities have diversified and expanded, becoming a complex process, understood by caring, educating and managing. However, in practice, it has been observed a limited view of care by some nurses who develop it in a fragmented way, aimed at assistance focused on solving procedural problems.[1]

It is believed that education associated with care results in knowledge changing, in the construction and reformulation within the scope of individual and collective needs.[2] In this sense, health education permeates the nurse's daily life, regarding recovery, prevention and the needs of patient teaching. This reality

includes the hospital environment, where this professional is called to reconstruct his practice of direct care, for a more comprehensive model, in which education is part of the assistance.[1-3]

Health education stands out for the search for a dialogical relationship between professionals and the population, aiming at citizen participation and the formation of people with autonomy and committed to the community. As an example, the control and prevention of diseases, improvement of quality of life and treatment of diseases have being considered essential strategies in the process of individual and collective awareness of society.[3,4]

Health education plays an important role for nursing to achieve its goals in the hospital environment. This place is no longer an institution where the health of its users is restored, to have a more comprehensive function in the recovery, maintenance and prevention of diseases, and must be performed by the nurse in an articulated manner with the educational objectives proposed to improve health conditions. This highlights that these questions reflect the historical moment of the profession, which seeks, among other issues, to better understand the potentials of the educational act.[1,2,5]

In child care, there are spaces for the development of actions aimed at health education. The educational process must permeate all childcare practices and actively involve family members in the face of the practices of health professionals, developing educational actions that start from the reality experienced by them.[5-7]

In this sense, educational interactions seek to build a truly dialogical relationship, making this practice inherent and inseparable from hospital care, from an action-reflection-awareness-raising perspective. When developing educational actions from this perspective, nurses are encouraged to review their identity as an educator, helping in the transformation, autonomy and emancipation of the individuals.[6,7]

It is believed that this praxis is one of the ways of valuing the nursing profession and expanding the space for professional practice.[1,5,8] When it comes to assisting the child, the presence of family members generally promotes and maintains the inter-relationship child/family, neutralizes the effects resulting from the separation of its members, collaborates in comprehensive care for the child, improves their adaptation to the hospital, facilitates the acceptance of treatment, promotes a positive therapeutic response and eases the stressors of the disease, procedures and hospitalization.[1,5,6] With this in mind, this study has the guiding question: What is the meaning attributed by

nurses about health education practices in the hospital environment? To answer the question, the following objective was outlined: to analyze the meanings attributed by nurses about the practices of health education in the pediatric hospital environment.

METHOD

This is a descriptive exploratory study with a qualitative approach. This choice occurred since it is based on the interpretative approach of the observed reality, in order to access the individual subjective world for the understanding of meanings that people build based on what they experience.[9] With this, the qualitative approach best meets the research objectives and allows understanding of the opinions and motivations expressed by nurses in pediatric clinics.

The research was developed in a public University Hospital that is a reference for the high hospital complexity for the Southern Triangle macro-region of the State of Minas Gerais. The study was conducted at the Pediatric Inpatient Unit. The main characteristic of this unit is the admission of children and adolescents for diagnostic investigation and treatment. A multidisciplinary team of pediatricians, physiotherapists, speech therapists, psychologists, social workers, nurses and nursing technicians work in this unit. In this place, residency programs are developed: medical, nursing and multiprofessional and it even has the necessary technological resources for medium and high complexity care.

The study participants were nurses who worked in the pediatric unit on different work shifts. As inclusion criteria, care nurses who were full and active for over a year in the care of hospitalized children were listed. As for the exclusion criteria, those who were away or on vacation during the period of data collection.

The interviews were previously scheduled, according to the availability of the participants. After signing the Free and Informed Consent Term (ICF), nurses were interviewed individually and, in a previously reserved room, recorded on an audio device. The time for each interview was not limited. The number of participants was defined by progressive inclusion, being established by the saturation criterion, that is, when the opinion of the participants on the subject began to express regularity of presentation, in addition to responding to the objective of the study.

Data collection was carried out from October to December 2017, based on the development of the semi-structured

interview technique. The first part consisted of a survey of socio-demographic data: gender, age, time of training, length of experience, length of service at this institution, professional training, weekly workload at this institution, work shift. In the second part, the meanings of health education practices were questioned.

For the treatment of the narratives resulting from the interviews, thematic content analysis[9] was adopted, which consists of a grouping of techniques, going through the stages of pre-analysis, exploration of the material and treatment of the results, inference and interpretation. Consecutive readings were performed in order to systematize the data. In the first reading, exhaustive contact with the material was made, signaling the points of interest. Important data has been highlighted to ensure that they are not discarded.

In the following reading, the data was coded, organized according to units of meaning, with the purpose of visualizing them in a grouped way according to the research objectives. In the exploration phase, the data were categorized.

To guarantee the nurses' secrecy and confidentiality, it was decided to use the letter 'N', as it is the initial letter of the area in which this study is enrolled, Nursing, followed by a number, indicating the number of research participants, N1 , N2 ..., N5.

The study met the ethical requirements present in Resolution No. 466/2012 of the National Health Council, the project was approved by the Research Ethics Committee (CEP) with human beings from the Federal University of Triângulo Mineiro under CAAE: 65821617.7.0000.5154.

RESULTS

Five nurses participated in the research, aged between 33 and 61 years. The length of training was between 12 and 25 years and the length of service at the institution varied between 2 and 25 years. Of the participants, one has a master's degree, three have a specialization and one has not informed. The participants' weekly workload was 36 hours. One of the nurses works in the morning, three in the afternoon and one in the night.

From the analysis and interpretation of the interviews, three thematic categories emerged, namely: importance of health education in assisting hospitalized children; development of health education in the hospital environment; and, difficulties and challenges in the development of health education practice in the pediatric hospital.

Importance of health education in the care of hospitalized children

This category represents the importance of health education for nurses regarding this practice in the hospital environment. The reports show the relevance of this strategy as a resource for improving the service provided by the team and the continuity of care by the child's guardian after discharge.

Super important, [...] In all units I think, because each day there are different diseases and the care is different [...] (N2)

It is important to keep the staff always prepared [...] It is also important to guide mothers when the child is discharged, regarding the care they will take at home [...] (N5)

Guide mothers in care also in relation to diseases [...] Diseases with children [...] In relation to professionals so that they can do a better job, [...] more effectively. (N4)

Development of health education in the hospital environment

This thematic unit refers to the way nurses in the pediatric unit perceive themselves as developing health education in their daily work.

I see health education in two ways [...] the one that you guide and teach even the companions [...] the family that stays with the child all the time [...] in the guidelines, how you will lead the family the companion to the hospital environment [...] to make this family member, this companion see the guidelines and teachings offered during hospitalization, whether for care outside the hospital [...] that they get used to taking care of child appropriately. (N5)

The development of health education through permanent and in-service education was one of the forms evidenced in the nurses' statements.

So here we do a training with the nursing team every month [...] (N1)

I think that health education is to guide, teach and update professionals in relation to diseases, routines, procedures in the sector. (N4)

The development of health education would be more effective if it was a directive carried out at the unit, this in relation to professionals [...] This could be done with the participation of the entire team. (N4)

As for the guidelines offered to family members and companions, especially at hospital discharge, they were also referred to as health education practices performed by nurses.

You will guide the mother to take care of the child [...] talk about the disease what can be done [...] you can develop an individualized strategy for that child [...] that need for avoid [...] to avoid complications. (N1)

The development of health education could be focused on discharge. For me, this education starts when the child is admitted to the hospital [...] you are taught, guiding, supervising and so you plan the discharge [...]

When you leave the hospital and go home depending on what you are going to advise the mothers, you will be more prepared with regard to child care. (N4)

Difficulties and challenges in the development of health education practice in the pediatric hospital unit

Among the challenges mentioned by the participating nurses is the lack of time, material and adequate place for the development of health education.

So lack of time really (...) there is a lot for us to do, there is no time (...) (N1)

Regarding the technical part, we do not have a suitable place to do this education, we do not have adequate material, equipment. (N2)

I perceive some challenges regarding the development of health education in the pediatric unit [...] I think there is a difficulty regarding the interest of family members about the information that is passed on [...] I cannot tell you if it is a lack of preparation on the part of the professionals, if it is an inefficient communication process on the part of the team [...] because sometimes it does not value the information [...] the guidance that is offered. (N2)

The difficulty of understanding by family members or guardians, by the child, was also cited as a barrier in carrying out health education actions.

Because they have a hard time assimilating even basic guidelines. (N2)

The difficulty I often encounter and when talking to this family, they sometimes have very limited knowledge, right? (N3)

It seems that people don't learn, absorb or put into practice what you said. (N4)

The participants' statements demonstrate a vision of health education as an action that should be further elaborated. To be worked on by specialized groups created for this.

Regarding the parents, it is more of a clearing up of doubts, we do not do health education with them. (N2)

The idea is to have an education group with the mother [...] Even the question of humanization as well. (N2)

It is even doing a simulation with a doll, [...] we don't have this part of doing the simulation here. (N5)

DISCUSSION

In the interviews, it is noted that the perception of health education is important for the improvement of services and continuity of care in the hospital and at home. The participants pointed out that in the daily work of nurses, the use of health education as an assistance tool, however fragmented and carried out in a timely manner, developed separately from daily care. Thus, although the role of an educator is inherent in nurse work and health education is an important tool for care practice, it is observed that its development occurs in a reductionist way, with individualized, prescriptive guidelines and focused on the disease.[10-12]

Participants identified health education as an important tool for improving services and continuity of care at home, however they do not address the need for coordination with Primary Health Care (PHC). However, studies indicate that nurses must present knowledge and skills to

assist users in times of health problems, as well as guide and enable them to early identify changes that may arise at home.[12, 13,14] It is noteworthy that studies indicate that this articulation can be made possible through the referral and counter-referral system during hospital discharge planning.[14,15]

In this study, the participants understand that the moment of hospitalization is unique in the possibility of orientations through health education actions. They understand that parents and guardians of children value learning to care during hospitalization. However, they highlight the lack of didactic resources as a negative point, making the use ineffective during the performance of direct care with children, making it difficult for family members and guardians to understand these teachings.[8,15] Thus, the guidelines provided through educational processes goes through specific actions, such as the need to provide guidance on the health status of the children in order to ensure continuity of care after discharge.

Among the basic care associated with health education in the hospital environment, the participants stand out childcare, immunization, basic daily care of the child. Thus, the importance of practical actions to promote integration with the basic health care network is perceived.[17,18,19]

Regarding training, the nurses interviewed revealed that during graduation, content on health education directed to comprehensive care was offered as an attribution of primary care. However, studies indicate that education is not an exclusive attribute of primary care and that health education actions can and should be carried out and that the hospital, as this environment allows the construction, deconstruction and reconstruction of individual and collective knowledge.[3, 5,19]

In the testimonies, it was possible to highlight work overload as a factor that negatively interferes with health education practices in the workplace. This fact is linked to the constitution and historical organization of the hospital environment, maintained by rigid power relations, focused on technicality and medicalization of health, which have been naturalized in the hospital space by biomedical discourse.[3,12-13]

In this direction, starting from the premise that for information to be effective it must be based on the sharing of knowledge that favors a bond and trust relationship between the caregiver and the professional, so that there is a change; and that can be harmed when the professional puts himself in the condition of the

knowledge holder and adopts an authoritarian stance, which can result in the user's inhibition, making him passive and not participating in the care process.[13] Situations where the user is in prescriptive conditions and/or imposing discourage their learning.[5,10,12]

Concrete difficulties such as the lack of time, material, and an adequate environment in carrying out educational activities were also mentioned in the research. This fact is supported by other studies where health education actions are developed in the traditional model of teaching, characterized by specific, fragmented actions that face difficulties in infrastructure, material, management, resources and work overload.[17-19]

In the statements of nurses about the development of health education actions, it is observed that guidance and teachings to companions are decisive for overcoming home care, in the hope of contributing to the improvement of the quality of continuous care, favoring the activities of the daily life and the relationship between professional and user. Reflecting on comprehensive, humanized care that covers physical, mental, environmental, personal and social aspects.[15, 17-20]

It is worth noting that in the interviews, the nurses mentioned that the development of health education should be geared towards the training of team members. There is a mistake here that is conceptual, semantic and, therefore, practical. Educational actions with health professionals are in the sphere of permanent education. In other words, in practice when talking about health education, we talk about educational actions with users, clients, patients and not with health professionals.[4,10,12]

CONCLUSION

The meanings attributed by the nurses participating in this research focus on health education aimed at the family of the hospitalized child and permanent education; and how much it relates to nursing care practice, signaling the importance of institutional support and the interaction between health team.

It was found in a discourse of valuing health education actions, but there is disbelief in the acceptance of the child's family member regarding the guidelines on the condition and discharge. Conceptual errors are registered, lack of knowledge about the practice of counter-reference actions, aspects that may reflect the training and the hospital environment itself. There is a need to review the concepts on the scope of health education in order that nurses

expand their skills to assume this doing as an action of continuous care, beyond the hospital space.

The study has as a limitation regarding the fact that it was carried out in a pediatric unit of a general teaching hospital, potentially the method undertaken allows generalizations to nurses in similar contexts. The results support the identification of this reality, regarding the fragmentations related to the development of educational acts, experienced in this institutional routine. As for the method, it is important to emphasize, regarding the number of participants, that despite being only five nurses, they corresponded to almost all nurses working in the sector. However, the results presented, the approximation of meanings supports the unveiling of gaps and potentialities for the increase of educational practice in the pediatric hospital environment.

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