

PERSPECTIVE OF NURSING PROFESSIONALS AND ACADEMICS ON HEALTH PROMOTION

PERSPECTIVE ON HEALTH PROMOTION OF PROFESSIONALS AND NURSING ACADEMICS

PERSPECTIVE OF NURSING PROFESSIONALS AND ACADEMICS ON LA PROMOCIÓN DE LA SALUD

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ABSTRACT

Objective: to understand how different perspectives and practices of health promotion and disease prevention are used by professionals in Primary Health Care and nursing students. **Method:** Descriptive, exploratory research with a qualitative approach, carried out with 11 nursing students and 12 primary care professionals. Data were collected through recorded interviews and analyzed by content analysis. **Results:** interviewed conceptualized health promotion according to its broader perspective, although some crossed with the concept of disease prevention. Team collaboration is the main facilitator for carrying out actions, while low community adherence is the main difficulty. **Conclusion:** There is no consensus among professionals regarding the effectiveness of the actions developed. Academics play a key role carrying out activities for the community in primary care.

Descriptors: Health Promotion; Disease Prevention; Primary Health Care; Health Personnel; Students, Nursing.

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RESUMO

Objetivo: compreender as diferentes perspectivas e práticas de promoção da saúde e prevenção de doenças utilizadas por profissionais da Atenção Primária à Saúde e acadêmicos de enfermagem. **Método:** pesquisa descritiva, exploratória de abordagem qualitativa, realizada com 11 acadêmicos de enfermagem e 12 profissionais da atenção básica. Os dados foram coletados por meio de entrevistas gravadas e analisados pela análise de conteúdo. **Resultados:** os entrevistados conceituaram a promoção de saúde de acordo com uma perspectiva ampliada da mesma, embora alguns amalgamem com o conceito de prevenção de doenças. A colaboração da equipe é o principal facilitador para a realização de ações, enquanto a baixa adesão da comunidade é a principal dificuldade. **Conclusão:** não há consenso entre os profissionais quanto à efetividade das ações desenvolvidas. Os acadêmicos desempenharam um papel fundamental na realização de atividades para a comunidade dentro dos ambientes da atenção básica.

Descritores: Promoção da Saúde; Prevenção de Doenças; Atenção Primária à Saúde; Pessoal de Saúde; Estudantes de Enfermagem.

RESÚMEM

Objetivo: Conocer las diferentes perspectivas y prácticas de promoción de la salud y prevención de enfermedades utilizadas por los profesionales de Atención Primaria de Salud y estudiantes de enfermería. **Método:** investigación exploratoria descriptiva con enfoque cualitativo, realizada con 11 estudiantes de enfermería y 12 profesionales de atención primaria. Los datos fueron recolectados a través de entrevistas grabadas y analizados por análisis de contenido. **Resultados:** entrevistados conceptualizaron la promoción de la salud de acuerdo con una perspectiva más amplia, aunque algunos lo fusionaron con el concepto de prevención de enfermedades. La colaboración del equipo es el principal facilitador para llevar a cabo acciones, mientras que la baja adhesión de la comunidad es la principal dificultad. **Conclusión:** No existe consenso entre los profesionales sobre la efectividad de las acciones desarrolladas. Los académicos desempeñaron un papel clave en la realización de actividades para la comunidad en atención primaria.

Descriptor: Promoción de la Salud; Prevención de Enfermedades; Atención Primaria de Salud; Personal de Salud; Estudiantes de Enfermería.

INTRODUCTION

The economic, political, social and cultural changes that have taken place in the world since the 19th century have produced significant life modifications in society. Furthermore, the epidemiological, demographic and nutritional transitions produced significant alterations and included new elements that determine the health-disease process.¹

With regard to the expanded concept of health, since the creation of the Unified Health System (SUS), it has become necessary to develop public policies to promote and guarantee it. In this sense, the National Health Promotion Policy (PNPS) was published, which includes the debate on the conditions and social determinants in the health-disease process.²

PNPS defines health promotion actions as a set of strategies and ways to

produce biopsychosocial well-being at the individual and collective level, characterized by intra and intersectoral articulation and cooperation, by forming Health Care Networks. Based on that, it establishes the creation of effective means of communication with the other social protection networks, aiming at improving the population's conditions and ways of living.³

The gaps related to the development of health promotion and disease prevention actions are diverse. Among the factors that represent obstacles in carrying out these actions, the inability to differentiate the aforementioned concepts is evident.⁴

It should be noted that acting in health promotion and disease prevention, among other activities within the scope of Primary Care (AB), is a common assignment for all members of the Family Health (eSF) and Primary Care (eAB), established in the National Primary Care Policy (PNAB).⁵

It is noteworthy that, among the competencies and skills proposed by the National Curriculum Guidelines for the Nursing Course (DCENF) in 2001, the professional nurse is responsible for the development of health care actions and, during the undergraduate course, must develop skills to perform them.⁶ However, studies point to difficulties in the development of these actions.^{7,8}

The knowledge generated about the characterization of educational actions that are developed in PC and in the training of new health professionals may improve the development of active educational strategies that stimulate and encourage the promotion of the quality of life of the individual and family. Therefore, the question is: what is the perspective of PC academics and professionals in relation to the development of health promotion actions?

To answer this question, the present study aimed to understand the different perspectives and practices of health promotion and disease prevention used by Primary Health Care professionals and nursing students.

METHOD

Exploratory research, with a qualitative approach, developed with health professionals who worked in Basic Health Units (UBS) and with Nursing students from a public higher education institution in the northwest region of Paraná.

The municipality where the research was carried out had 17 UBS, five of which were selected for convenience to carry out the study, resulting in 45 professionals eligible for data collection. Those who worked at PC for more than six months were included and those who were on vacation, medical certificate or leave during

the data collection period were excluded. In total, 12 collaborators, after applying the inclusion and exclusion and acceptance criteria, made up the sample.

In turn, for the selection of academics, inclusion criteria were adopted for those who had already completed a mandatory curricular internship in some health service and were duly enrolled in the fourth year of the Nursing course in 2018, as it was believed they would already have greater contact with health promotion and disease prevention actions developed during graduation. No exclusion criteria were established, resulting in 29 students eligible for data collection. Of these, 11 voluntarily agreed to participate in the research.

Data collection took place through audio-recorded interviews, with an average duration of 15 minutes, which were conducted through an unstructured questionnaire with sociodemographic questions and guided by the guiding questions mentioned in the following. For professionals: talk about health promotion actions and disease prevention that you and/or your team carry out; and for academics: talk about your experience in health promotion and disease prevention actions as a trainee in the Nursing course in health services.

Support questions such as “What is your perception of the effectiveness of the actions developed by the team?”, “What is

your perception of community participation in the actions developed?” and “What do you understand by health promotion and disease prevention?” were also designed to aid in the interviews. They were performed until there was repetition of the answers and consequent saturation of the data.

Data collection with academics took place in November 2018, at the educational institution, at times when students attended the campus and could answer the questions without compromising their tasks. The students were approached in the classroom, with an explanation regarding the objectives of the study and ethical principles of confidentiality; then, they were invited to participate and sent individually to a reserved room, if they were interested.

With regard to health professionals, they were approached in their work environment, after prior appointment by the researcher with the head of the unit. If they agreed to participate, they were directed to a reserved room on site. Data collection took place from March to April 2019.

The interviews were transcribed in full and submitted to content analysis, thematic modality, followed by the phases of pre-analysis, exploration of the material, treatment of the results and interpretation.⁹ In the pre-analysis, floating and exhaustive readings of the speeches were performed to raise the relevant points towards the

objectives of the study. In the material exploration phase, coding took place, a process by which the raw data were systematically transformed and aggregated into units. In the last phase, categorization was carried out, which consists of classifying the elements according to their similarities and differentiation, with subsequent regrouping according to common characteristics, giving rise to thematic categories.

The study was approved by the Ethics Committee in Research with Human Beings of the State University of Maringá, under opinion number 3,910,456, in 2018. For this study, all participants were informed about the research and the ethical precepts according to the Resolution of the National Health Council n0 466/2012 and n0 510/2016. After reading and agreeing to participate, they signed the Free and Informed Consent Term (FICT) in two copies of equal content. Only after these procedures did the interview begin.

In order to guarantee the confidentiality of the interviewees, the servers were renamed with the word “professional”, followed by the Arabic number in order of the interviews carried out, for example, “professional 1”, “professional 2”, “professional 3”, etc. The same was done with the students, being renamed with the word “academic”,

followed by an Arabic number, for example, “academic 1”, “academic 2”, etc.

RESULTS

As for the students interviewed, 90.9% were female and the mean age was 24 years (± 2.5). Among the participating professionals, 91.7% were female, with a mean age of 43.5 years (± 11.6). Of these, 75% were community health agents, 16.7% nursing technicians and 8.3% nursing assistants. With regard to training, 33.3% had completed higher education, 16.7% had a technical course, 41.7% had completed high school and 8.3% had incomplete high school.

The interviews, after being analyzed, resulted in two categories as in the following.

Health promotion and disease prevention

In the first category, it was evidenced the speeches that expressed the understanding of the concepts of the research topic and the contribution that the undergraduate course provided, so that they could understand, theoretically and technically, how health promotion and disease prevention activities were applied, especially through the strategies used in health education.

Through speeches, it was observed that the concept of health promotion

involved an expanded understanding of it, as recommended by the Ministry of Health:

Health promotion would be for us to work on what we understand by health, not just the absence of diseases, but it is for us to value and expose what in fact is health, which is well-being [...] knowledge, what is health and how to be healthy. (Academic 9)

[...] it's you promoting an improvement in the quality of life, it's you looking for methods to be promoting and improving this quality of life. (Academic 4)

[...] we are talking about the quality of life, promoting health [...] that one has from birth, his development, to old age, a life not only free from disease, but that would guarantee that one has a good time through all stages of life. (Professional 5)

However, they sometimes linked the concept of health promotion instantly to disease prevention:

[...] we learn as health promotion all actions that promote, that educate both our team and the public, that educate so that the incidence of new diseases or aggravations of chronic diseases do not occur... (Academic 1)

[...] be showing this population this promotion, a better way to be preventing these diseases. (Academic 2)

Be careful not to get sick. Like that? Vaccinate whenever necessary [...] Take care of the backyard so you do not get sick, dengue and those things. (Professional 3)

Preventing diseases... (Professional 7)

When asked specifically about disease prevention, they highlighted the importance of this strategy to avoid the occurrence of pathologies, as well as complications in cases where they are already installed:

They are methods and strategies that you create from a problem you find so that you can prevent it from getting worse, so for example if you have a chronic disease you have to prevent other patients from having this chronic disease [...] (Academic 4)

It is working on a specific point of what we are trying to avoid, so prevention is working on what we do not want, it is working on how we can avoid injuries or diseases. (Academic 9)

The academics highlighted the importance of graduation, especially in internship experiences, in preparing for the development of health promotion and disease prevention actions:

The graduation helped a lot, that even now in the health unit we identified the needs of that unit, according to the needs that we went to prepare the educational actions, we saw what that population needed and then we would assemble accordingly to try the decrease [...] many things we get in college, many experiences from here that we take there [internship field]. (Academic 2)

It was also noticed that, sometimes, as a result of the accumulation of demand by professionals, the activities developed during the internships helped in the development of the work process:

I believe that many activities were developed, but today it still has to be more due to the short time they (professionals) have to apply, so today this faculty-intern relationship and the eSF can carry out more promotions in this area. (Academic 9)

During the internship I witnessed some health promotion actions, I think there is still a very large deficit in this regard, but this may be linked to the great demand for activities that the primary care

nurse is responsible for, so maybe that's the reason. (Academic 10)

Furthermore, during the interviews, the students reported a perceived weakness when experiencing educational practices in the internship fields. The strategies adopted by the health teams were repeated, always using the same traditional means to carry out the actions:

[...] I felt that this part of the educational actions was very out of date [...] they distributed pamphlets and it was great, and they always call people from outside to give lectures. (Academic 3)

This perception was reinforced by the professionals' speech:

I believe it is the work we do, right, from house to house, guiding the patient so that he does not have a health problem. (Professional 1)

Family health came to prevent diseases, because we would have to be there in the house preventing many things; diarrhea, vomiting, fever, if the mother did it properly he would not have to go to the health center. (Professional 7) [...] we promote health. We give lectures, we guide. (Professional 9)

Carrying out health promotion and disease prevention activities from the perspective of professionals

Guidance in home visits predominated in the education of the community by the team. However, there were divergences regarding the perception of adherence by the population: some professionals believed that the activities were successful, while others saw them as

not very useful and undervalued by the community:

I think they are good, they have a good effect on the community, and everything that is done is valid. (Professional 10)

Great, when we do it in my area I find it very interesting; I think they really need it. (Professional 12)

Sometimes it leaves much to be desired, it is not a total accomplishment. (Professional 3)

I think it is very weak. If I had more encouragement, more support. (Professional 7)

When asked about the facilities and difficulties in carrying out the actions, the team's human resources were identified as a facilitating factor in carrying out these activities, while most customers made it difficult, not attending and not adhering to the guidelines. On the other hand, the material resources provided by health management, for some professionals, were not offered in an adequate way, making it difficult to carry out some idealized actions, while for others the state was satisfactory and contributed to the performance of health promotion and prevention of diseases:

The biggest difficulty is the adhesion of the client himself. Sometimes his own lack of awareness is what hinders him the most, that the actions really have an effect. (Professional 5)

Sometimes we say there will be a quick test and there is not, sometimes we will have a diabetes test and we do not have that blade, so

sometimes we are missing some things [...] Resources. (Professional 2)

We have the support of the team, without it we would not be able to. We are in two teams here and one helps the other. (Professional 11)

We find it easy to get materials, our boss is very committed. (Professional 10)

DISCUSSION

Currently, the definition of health promotion that best expresses the idea and supports public policies is guided by the Ottawa Charter, resulting from the First International Conference on Health Promotion, in November 1986, in Canada, which has the following characterization: [...] the process of empowering the community to act to improve their quality of life and health, including greater participation in the control of this process [...] health is a positive concept, which emphasizes social and personal resources, as well as physical capacities.¹⁰

The concept of disease prevention aims at the non-appearance of specific conditions and proceeds from knowledge about the natural history of the disease to carry out specific interventions focused on points related to the conditions responsible for the incidence of this pathology or deterioration.¹¹

The definitions of promotion and prevention must be worked out since graduation, guaranteeing their singularities

and consequent reliable and effective performance. In the case of undergraduate Nursing courses in the national territory, they must prepare students for professional practice according to the concepts, principles and guidelines of the SUS.⁴

It was noted, in the present study, that there were differences in the conceptualization of promotion and prevention by the academics, which demonstrates a weakness in their training in relation to the demands of the SUS.⁶ Support in a humanistic, critical and reflective education during graduation enhances the development of attributions that respond to the demands of the health system.¹²

On the other hand, a study carried out with coordinators of undergraduate courses in Nursing identified that training in Brazil prepares students to work in health promotion and disease prevention actions, in addition to managerial and technical activities, corroborating the recommendations of the DCENF and in the demands of PC, thus responding assertively to population demands.¹³

Research presented in Poland, summarizing an innovative pilot initiative in health literacy, suggests that public health students may serve as health educators in activities aimed at developing health literacy skills in individuals in primary care. This study noted that

healthcare professionals are well positioned to support health promotion and disease prevention initiatives.¹⁴

A similar context to the study in Poland¹⁴, in the speeches of the interviewees in this investigation, it is understood that during their experience in BHU, they realized that the teams have difficulties in carrying out promotion and prevention actions, so that academic collaboration was indispensable. Health education actions carried out by teams from universities benefit both the population involved and the academics, allowing them to develop different skills. Furthermore, student participation adds constructive values to the actions already developed in the health units, confirming the interviewees' statements.¹⁵

It is noted the difficulty in carrying out popular education actions by the health team, mainly due to the excess of tasks, deviation of function and consequent lack of time. The bureaucratization of work and the accumulation of work make the ACS not perform their duties as recommended in the PNAB, which can have negative consequences in actions aimed at promoting health.¹⁶

In line with the findings of this research, it appears that the eSF still has characteristics of a traditional model of banking, biomedical and reductionist education, which may sometimes lead to the

devaluation of the biopsychosocial context of individuals and their prior knowledge.^{2,17} The use of active methodologies in the learning process for health education is also not common to the teams, which added to the previous findings suggests that professionals are unprepared to perform these activities.¹⁷

An integrative review carried out with a focus on educational actions with hypertensive patients showed that the use of different approaches with students may provide a better understanding and adherence to the recommendations made.¹⁸ The use of active methodologies in the educational process stimulates an effective transformation of the participants' reality, since they are characterized as interactive education processes, which seek to develop the ability to observe and solve issues in which the individual is inserted, considering the acquired knowledge and previous experiences, making him autonomous and stimulating action-reflection during interaction with the professional.^{12,17,18}

Differences in opinions regarding the perception of the population may be the result of the lack of an activity evaluation process. The critical analysis of the educational process has as its intention the search for improvement of actions, as well as the reorientation and renewal of the processes. This investigation about the perception of the population involved in the

activities is fundamental in the interpretation of the results obtained, placing educators and students on the weaknesses and potential of educational proposals. The information from the evaluations, primarily, may support new pedagogical/methodological propositions.¹⁹

An article carried out with FHS nurses addressed the perception they had about carrying out education actions for health promotion. The professionals reported, as in the research project in question, the lack of community collaboration and the low availability of material resources as factors that hindered and discouraged the implementation of activities at work.²⁰

The dichotomy in opinions regarding the view of management as an obstacle or facilitator may be a consequence of different local administrations. Even with the coordination of municipal Primary Care, the health team is managed directly by a coordinator from each basic unit⁵, who will guide activities in the coverage area according to the population's health needs and prioritizations, which are influenced by the peculiar characteristics of each region.

Therefore, it is important that academics and health professionals demonstrate constant learning during experiences in the context of public health, its principles and guidelines, since there are still several learning scenarios regarding the

complexity of the health-disease process to be explored. Thus, there is a need to maintain engagement during work management and the identification of health needs and person-centered care in an integrated manner.

CONCLUSION

It can be said that, although some academics and professionals have an expanded view of the concept of health promotion and its practical development, others still confuse it with disease prevention, which can generate misunderstandings in their professional practice and that of the teams, in which they will be inserted. In addition, the performance of students as trainees in health services drives and contributes to the performance of these activities, which, according to them, are not commonly performed, mainly due to the lack of time of the service team.

As for the facilities and difficulties in carrying out health education actions aimed at promoting the well-being of the population, we found the team's human resources as the main facilitating factor in carrying out these activities, while the clients, for the most part, make it difficult, not attending and not adhering to the recommendations. In turn, the material resources made available by health management, for some professionals, have

a precarious supply, while for others the current state is satisfactory and contributes to the realization of health promotion and disease prevention activities in their work. .

A limitation to this research is the absence of participation of servers belonging to other professional categories working in the PC, such as doctors and nurses. It is essential to carry out further studies focusing on these populations so that, in this way, the entire context and perspectives of the actors of the PC teams are understood and effective interventions implemented.

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