

# NURSING EDUCATIONAL PRACTICE IN PRIMARY HEALTH CARE AIMED TO HEALTHY CHILD DEVELOPMENT

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**ABSTRACT:** The purpose of the present study is to identify the concept of health education that guides the educational practice of nurses who work in Primary Health Care, aimed at promoting children's healthy development. The data were collected from September 2012 to January 2013, through interviews with 10 nurses who work in the Family Health Strategy, in the city of João Pessoa-Paraíba. Thematic analysis was the technique used in the treatment of the empirical material. Some nurses were unaware of the importance of the health education process, keeping biologicist views of this process, while others reported developing educational practices only during child care consultation, which however did not include stimulation of neuropsychomotor development. Therefore, it is necessary to awaken the thinking/acting of these nurses, in order to broaden the concept of health education for including child development monitoring in their practices.

**DESCRIPTORS:** Health education; Primary health care; Child development; Pediatric nursing.

## PRÁTICA EDUCATIVA DE ENFERMEIRAS NA ATENÇÃO PRIMÁRIA À SAÚDE, PARA O DESENVOLVIMENTO INFANTIL SAUDÁVEL

**RESUMO:** O objetivo desse estudo foi identificar a concepção de educação em saúde que norteia a prática educativa de enfermeiras que atuam na Atenção Primária à Saúde, visando à promoção do desenvolvimento infantil saudável. Os dados foram coletados de setembro de 2012 a janeiro de 2013, por meio de entrevista realizada com 10 enfermeiras que atuam na Estratégia Saúde da Família no município de João Pessoa-Paraíba. O material empírico foi tratado a partir de análise categorial temática. Percebeu-se que há enfermeiras que desconhecem a essência do processo de educação em saúde, mantendo concepções biologicistas, enquanto outras referem desenvolver prática educativa somente durante a consulta de puericultura, porém, não contempla a estimulação do desenvolvimento neuropsicomotor. Diante disso, surge a necessidade de despertar o pensar/agir dessas enfermeiras, a fim de ampliar o conceito de educação em saúde e implementá-las na vigilância do desenvolvimento infantil para transformar suas práticas.

**DESCRIÇÕES:** Educação em saúde; Atenção primária à saúde; Desenvolvimento infantil; Enfermagem pediátrica.

## PRÁCTICA EDUCATIVA DE ENFERMERAS EN LA ATENCIÓN PRIMARIA A LA SALUD, PARA EL DESARROLLO INFANTIL SALUDABLE

**RESUMEN:** El objetivo de ese estudio fue identificar la concepción de educación en salud que norteia la práctica educativa de enfermeras que trabajan con Atención Primaria a la Salud, para la promoción del desarrollo infantil saludable. Los datos fueron obtenidos de septiembre de 2012 a enero de 2013, por medio de entrevista realizada con 10 enfermeras que actúan en la Estrategia Salud de la Familia en municipio de João Pessoa, Paraíba. El material empírico fue tratado con base en el análisis categorial temático. Se percibió que hay enfermeras que desconocen la esencia del proceso de educación en salud, manteniendo concepciones biologicistas, en cuanto otras afirman desarrollar práctica educativa solamente durante la consulta de puericultura, pero no contempla el estímulo del desarrollo neuropsicomotor. Delante de eso, surge la necesidad de despertar el pensar/actuar de esas enfermeras, para ampliar el concepto de educación en salud y implementarlas en la vigilancia del desarrollo infantil para cambiar sus prácticas.

**DESCRIPTORES:** Educación en salud; Atención primaria a la salud; Desarrollo infantil; Enfermería pediátrica.

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## INTRODUCTION

Child development is a process resulting from interaction between the phenomena of growth, maturation and learning, whose functions are identified in skills and behaviors in the physical, intellectual, emotional and social dimensions<sup>(1)</sup>.

Early childhood is a critical period because of intensive brain development, which makes the individual more vulnerable to the positive or negative influences of the experiences. Therefore, we stress the importance of health education actions, as they may help promoting healthy child development<sup>(2)</sup>.

Health education is a key factor in the promotion of healthy development, since it provides the child caregiver with the necessary elements for a critical understanding of the process of caring, focused on the wellbeing of the child<sup>(3)</sup>.

In child care, health promotion has a close relationship with the monitoring of children's growth, and can reduce vulnerabilities and risks, favoring early identification and early intervention for children with developmental problems and interventions<sup>(4)</sup>.

However, the lack of an appropriate environment and educational activities aimed to the promotion of childcare do not favor strong relationships and a more positive and open dialogue between caregiver/mother/health professional, which is necessary in a holistic approach to child care<sup>(5)</sup>.

Thus, health education, considered an essential tool of health professional, should focus on child care, so that in adulthood they are able to think critically about their role as citizens committed to their quality of life and health<sup>(6)</sup>.

It should be stressed that health education is one of the nurses' responsibilities in the monitoring of children's growth, especially in the services of Primary Health Care (PHC), when possible conditions associated with developmental problems can be early detected and early interventions can result in improved quality of life of this population<sup>(7)</sup>.

In this context, the justification for conducting this study is that it contributes to raise awareness of nurses to the importance of educational activities in the promotion of healthy child development, especially during the first two years of life, since this is a critical period for monitoring children in order to promote their potential, according to the

age range. Family Health Strategy (FHS) plays a key role in this process because of its focus on the prevention and promotion of health based on the concern with the individual considered as a whole, on respect and valuing of the family and on the implementation of health education practices.

Given the importance of the topic addressed here and the identification of weaknesses in some educational practices of nurses who provide care to children, we realized the need to think about these practices, in order to contribute to adequate and effective monitoring of children's development. The findings of this study will also provide elements to reflect on the routine of health professionals in child care.

Thus, the purpose of the present study is to identify the concept of health education that guides the educational practice of nurses who work in Primary Health Care, aimed to the promotion of healthy infant development.

## METHODOLOGY

Exploratory, descriptive field research, with qualitative approach, performed between September 2012 and January 2013, in Family Health integrated units of Sanitary District III (SD-III) of the city of João Pessoa, state of Paraíba. We decided to conduct the study in an Integrated Unit because of the easy access to the professionals, since all these units have complete Family Health teams.

The participants were 10 female nurses who performed their duties in the referred units providing care to the families of the registered children. Nurses on holiday or on leave during the period of data collection were excluded from the study.

Data collection ceased according to the sufficiency criterion, that is, when the empirical material gathered allows the researcher to draw a comprehensive picture of the object of study. To ensure anonymity of the participants, they were identified with letter "N", corresponding to the nurse category, followed by the Arabic number identifying the order the interviews were performed.

For the collection of empirical data, semi-structured interviews were used based on the following guiding questions: What do you understand by Health Education? Do you perform any educational practice with the

families of children under two years of age, for the promotion of healthy development? What educational activities do you develop?

The interviews were previously scheduled at the respondents' convenience, except for those participants who chose to be interviewed during the first contact with the interviewer, in the units. The interviews were recorded on digital media, following approval of the respondents by signing the Informed Consent Form, with anonymity and secrecy of information ensured to them. Subsequently, the interviews were transcribed in full in order to capture the information necessary to conduct the study.

Data interpretation was performed according to the steps of thematic analysis<sup>(8)</sup>, in which the collected material was first arranged in a given order and classified. Then, the data was mapped and, in the light of the proposed objectives, successive readings of the texts were made to provide understanding of the relevant structures. A classification was elaborated based on cross-referenced reading, and the most relevant themes were regrouped for the final analysis.

The study was approved by the Research Ethics Committee of Centro de Ciências da Saúde da Universidade Federal da Paraíba, under protocol no 0096/12, CAAE: 02584212.3.0000.5188.

## RESULTS

The 10 nurses had graduated between 10 and 30 years ago, and most of them possessed more than one specialization; seven nurses had specialization in Family Health, two in Collective Health, two others in Public Health, one nurse had specialization in Auditing and one in Intensive Care Unit (ICU); one nurse had residency in Family Health and only one of them had no specialization.

Based on data analysis, two empirical categories were constructed: Health education as a tool for health promotion; and Educational practices involving the families of children aged less than two years.

### Health education as a tool for health promotion

Based on the statements, it has been possible to explain the views of the respondents regarding health education in their daily activities. For some nurses, health education is a new way of consolidating the principles of the Brazilian Unified Health System, a way of promoting health,

either individually or collectively.

*Health education is also a way of promoting health, is the first and essential step to promote health because education is closely related to health, isn't it? This is the basis of health.... and health education in my workplace means promoting health through conversations, educational activities in the community, inside and outside the nursing office, that is, in the territory! Health education is promoting health. (E6)*

*We promote health education every day here, isn't it? And it is not only in our talks with specific, priority groups [...] it is also done in our nursing appointments, in our home visits, where we provide guidance to the people to promote collective well-being. (E7)*

*Well, we nurses are permanent educators... we cannot separate health from education. Our educational role is always present, especially in our preventive activities. (E8)*

*Health education is a set of actions aimed to the prevention of diseases, to inform the users on their health-sickness process, to make them aware of their health-disease process, of their role in the recovery of health, their rights, i.e. health education integrates all the principles of the SUS and provides users with information about their right to healthcare. (E3)*

*Health education provides users with guidance on a better quality of life, on disease prevention or on coping skills. (E10)*

*[Health education] actions developed with specific groups and/or community for health prevention and promotion. (E9)*

The respondents understand health education as a practice closely related to the promotion of health. Thus, as educators, nurses develop actions targeted to health prevention and promotion.

Although one of the nurses has said that health education is aimed to the prevention and promotion of health, her statement still expresses a relationship with the user based on the provision of care, not realizing that caring for others is permeated by health education of the individual and/or collectivity.

It should be stressed that for some health professionals, health education is more focused on hygiene promotion, which is, targeted only to the prevention of diseases, according to the testimonies below. Also, some nurses stressed the importance of the process of health education for the promotion of the individual's quality of life, emphasizing that the entire health care team



is responsible for promoting the well-being of users.

*Health education is then a set of actions, isn't it? We try to develop actions with the users, don't we? In order to prevent diseases. (E2)*

*It is the process through which health professionals, the health team is supposed to inform the users on practices on living a better life, with more quality (E1)*

### **Educational practices in Primary Healthcare to children developed with the families**

In the following statements, the nurses reported providing guidance to the mothers/caretakers of the children on subjects related to hygiene, immunization and nutrition, during individual (in the offices) and collective (waiting rooms, conversation circles, lectures) educational activities. However, they do not include monitoring of child growth and development among their routine activities, revealing the fragility of these actions when they are not addressed during childcare visits or other type of care .

*Yes, during child care, isn't it? Monitoring the child's development and growth.. We do this with the mothers, we guide them on hygiene and prevention issues, on the updating of child's immunization cards, healthy food, right? But health education activities occur in our office, I mean, we are not organized in groups for this purpose, we do not hold meetings with mothers to discuss health education issues. (E7)*

*Yes, we conduct many activities. Concerning this age range, we make rounds of conversations with the mothers to discuss immunization, healthy food, hygiene habits, etc.. We also conduct activities targeted to the children such as puppet shows,, that is, dramatizations, video presentations performed in the nursery schools. (E1)*

*Yes, we do. We talk to the childcare staff in the waiting rooms. We also hold talks in nurseries on various themes e.g. healthy food, immunization, right? The hygiene issue, child care, who cares for the child and how this care is provided. (E2)*

Based on these statements, we found that some nurses perform educational activities in various settings and even the time spent in waiting rooms is used for conversations and advice to mothers/caretakers, though without mentioning the promotion of healthy development.

One nurse reported having difficulty in conducting educational activities aimed to the promotion of child health because of the many responsibilities of nurses in primary care.

*Most of these counseling activities are performed in the office. We do not have time to do this at other times. That's why we decided to promote collective activities on healthy child development with the college students. These educational activities are jointly conducted in the nurseries with the doctor and other health professionals, but also in our office when we provide advice to the mothers, in individual appointments. (E6)*

### **DISCUSSION**

After the implementation of the Family Health Strategy (FHS), in 1994, the Brazilian health care systems included actions targeted to the prevention of diseases and health promotion, with emphasis to health education that can transform the general habits of life of the population<sup>(9)</sup>.

The FHS emerges as a new care model in which education plays a key role to ensure a more humanized and comprehensive care<sup>(10)</sup>.

This is corroborated by a study<sup>(11)</sup> that found that for most health professionals and local FHS managers health promotion is composed of health practices that include advice/guidance to individuals and families during appointments, in home visits and in groups, that is, activities closely related to health education.

Health education is a strategy aimed to empower the individuals and improve their quality of life, in a process that involves the participation of the entire population, contributing to favorable attitudes towards health care<sup>(12)</sup>. Thus, the promotion of health involves a process of empowerment through which people gain greater control on the health-disease process, which is very beneficial<sup>(13)</sup>.

For one nurse, health education is restricted to some specific groups, which highlights the need to broaden the views about this tool, since this practice can be performed in any individual's life cycle, as well as during any contact between professionals and users.

For some nurses, health education is based on the biomedical model, which is totally focused on activities of disease prevention. A study<sup>(14)</sup> aimed to shed light on health education in the context of the FHS, based on the relevant Brazilian literature, and focused on nursing activities corroborates this finding. The results showed the nurses' views of the Brazilian a prescriptive model of decision-making in health, stressing the monitoring of diseases and the ability to intervene and modify

behaviors of the population considered harmful to health.

This view can be complemented by other scientific evidence<sup>(15,11)</sup> that emphasized the difficulty experienced by health professionals to distinguish health promotion from health prevention, since they regard them as synonyms.

Perhaps the explanation for this is that, although the nurses recognize their roles as educators, the educational practices tend to be seen as technical actions, separated from their professional activities, rather than an inherent and essential dimension of professional practice. Sometimes, this dimension is considered as another responsibility or task to be included in the work process, and reproduces the hegemonic biomedical model<sup>(16)</sup>.

Health education is of utmost importance in childcare, in order to provide improved quality of life and ensure healthy growth. Some nurses reported performing health education activities that involved guidance on childcare practices during the visits for monitoring of child growth both in individual appointments and in collective spaces before the appointments.

From the perspective of child development and educational practices involving the families, only one nurse provided counseling to the mothers on neuropsychomotor development. All the other respondents reported guidance on general care in childhood.

Regarding the monitoring and stimulation of the neuropsychomotor development of children, this study demonstrates the lack of actions targeted to the monitoring of child development. This fact corroborates a study<sup>(17)</sup> on the difficulties and non-difficulties faced in the process of implementation of knowledge acquired in a training program in the monitoring of child development, targeted to FHS nurses. The referred study showed that most respondents did not monitor the development of the children and those who performed this activities were not adequately prepared to execute them.

This finding is a cause for concern and highlights a gap in the training of nurses, since early childhood is a critical period for the development of the individual's potentialities; the health professional must be aware of this fact and stimulate and regularly monitor the neuropsychomotor development of children. Although healthy and well nourished, some children do not fully develop their potential

because of the lack of stimulation (quantity, quality and diversity)<sup>(18)</sup>. Thus, careful monitoring of child development by nurses in primary health care is necessary<sup>(19)</sup>.

The monitoring of development of children less than two years of age is a strategy that can meet the global needs of children, as it makes it possible to assess the parameters of development by age range and the risk factors for developmental delay. The nurses are expected to assist the parents in this process of stimulation of the neuropsychomotor development of children because the earlier the detection of developmental deficit, the greater the chances to reverse this situation<sup>(17)</sup>.

The lack of educational practices targeted to the promotion of healthy development is a concerning finding, because the nurses are apparently neglecting their role as facilitators and promoters of a more humanized, comprehensive care that includes the monitoring of child development.

An intervention study<sup>(20)</sup> conducted in Taiwan aimed to train families in the stimulation of children at risk for developmental delay reported improvement in these children, confirming the importance of raising the awareness of the families on the promotion of healthy development.

The activities in waiting rooms mentioned by the respondents are considered a dynamic and important space that favors the exchange of experience between users, consolidating the educational potential. Moreover, it generates humanized care, bringing the community closer to health services, and assisting in the prevention of diseases and in the promotion of the population's health<sup>(21)</sup>. So, it is recommended that this setting is used for the promotion of healthy child development, through educational practices that provide the discussion of the issue and collective monitoring.

In this regard, a study<sup>(22)</sup> aimed to describe the process of implementation and development of collective monitoring of the growth and development of children by the nursing staff stressed the collective activities as a valid innovative learning tool, which however is facing some obstacles to be implemented.

Thus, the educational process conducted through group activities is a significant challenge faced by FHS health professionals because it proposes new health situations to the community and requires the active participation of the entire

team. These collective activities deserve special attention as they address health monitoring, involving the promotion, assessment and recovery of health at all levels of care, in an integrated and multidisciplinary approach<sup>(23-24)</sup>.

In addition to the difficulties faced by nurses related to inadequate work conditions, some professionals are unprepared to conduct health education activities, as well as actions related to the monitoring of child development. This fact highlights the need for lifelong education, an important tool that should be used to meet the needs of family health teams<sup>(13)</sup>.

## FINAL CONSIDERATIONS

Some nurses have a view of health education, which is consistent with the principles proposed by the Ministry of Health. However, other nurses that participated in this study reported the use of traditional health practices focused on the curative, disease model. Given the importance of health monitoring in childcare, nurses should be aware of their role in the promotion of health in the health-disease process.

Therefore, asked to describe their actions in health education many nurses focus on their guidance on immunization, food and hygiene issues, but do not report the educational practices that involve the families aimed to the promotion of the neuropsychomotor development of children, which is recommended by the relevant public policies.

Therefore, this study showed that some nurses are still unprepared to include activities targeted to the promotion of healthy child development to their routine activities. This is probably due to improper training, to a hygiene and disease-centered health conception, as well as to the growing demands in health care services. Because of this growing demand, changes in the routine work process are required, with priority given to quantity over quality.

In this context, we identified a simplified concept of health education regarding the monitoring of child development. Providing guidance and counseling alone, is not sufficient to improve the quality of life of the child population. It is necessary to effectively monitor child growth and development and provide the mothers with the necessary tools to detect any possible problems that may impair the neuropsychomotor development of their children.

In view of the aforementioned, raising awareness of nurses to the importance of the skills involved in the promotion of healthy development, especially in child growth and development, is essential within the scope of primary health care.

One limitation of this study is that the interviews were recorded in tapes, which may have interfered in the natural behavior of the participants. Another limitation was the small sample size (research conducted with a small group of professionals. Ideally, the entire city should be covered). However, it is expected that this study contributes to a reflection about the educational activities targeted to healthy child development within the FHS and stimulates new research the area.

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