

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

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## MEN'S HEALTH: NURSING WORK PROCESS IN PRIMARY HEALTH CARE

*Saúde dos homens: processo de trabalho do enfermeiro na atenção primária à saúde**Salud del hombre: proceso de trabajo de las enfermeras en la atención primaria de salud*José Antonio da Silva Júnior<sup>1</sup> Gisetti Corina Gomes Brandão<sup>2</sup> Kleane Maria da Fonseca Azevedo Araújo<sup>2</sup> Camila Mendes da Silva<sup>3</sup> Josefa Raquel Luciano da Silva<sup>4</sup> Tayná da Silva Brito<sup>5</sup> 

### ABSTRACT

**Objective:** know about the work process of the nurses concerning of men's health. **Method:** qualitative study performed by interview applied to ten nurses in Basic Health Units of a Brazilian Northeastern Municipality in October 2018. Data analysis was used the "Bardin's Content Analysis" which resulted in two categories of analysis: "Exhibiting the nurses work process on man's health" and "Knowledge and perspective of nurses about man's health". **Results:** it was evidenced that it is not currently the application of the work process in nursing for the health of man. However, there is interest of professionals to implement health strategies aimed at this public. **Conclusions:** needs greater attention from managers to the services for the training of professionals and effective infrastructure for men's health care.

**DESCRIPTORS:** Men's health; Primary health care; Nursing services.

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## RESUMO

**Objetivo:** conhecer sobre o processo de trabalho do enfermeiro acerca da saúde dos homens na atenção primária à saúde. **Método:** estudo qualitativo realizado por meio de entrevista aplicada a dez enfermeiras em Unidades Básicas de Saúde de um município do nordeste brasileiro, no mês de outubro de 2018. Para análise de dados utilizou-se Análise de Conteúdo de Bardin, que resultou em duas categorias de análise: “Desvelando o processo de trabalho dos enfermeiros acerca da saúde do homem” e “Conhecimento e perspectiva dos enfermeiros acerca da saúde do homem”. **Resultados:** evidenciou-se que não acontece na atualidade aplicação do processo de trabalho em enfermagem voltado para saúde do homem. No entanto, existe interesse dos profissionais para implementar estratégias de saúde direcionadas para esse público. **Conclusão:** necessita-se de maior atenção dos gestores aos serviços, para capacitação dos profissionais e infraestrutura adequada da assistência ao homem.

**DESCRIPTORES:** Saúde do homem; Atenção primária à saúde; Serviços de enfermagem.

## RESUMEN

**Objetivo:** conocer acerca del proceso de trabajo del enfermero acerca de la salud masculina. **Método:** estudio cualitativo realizado por medio de entrevista con diez enfermeras en Unidades Básicas de Salud de un municipio del nordeste brasileño, en octubre de 2018. Para análisis fue utilizado Análisis del Contenido de Bardin, con dos categorías de análisis: “Desvelando el proceso del trabajo de los enfermeros acerca de la salud masculina” y “Conocimiento y perspectiva de los enfermeros acerca de la salud masculina”. **Resultados:** fue evidenciado que no ocurre en la actualidad aplicación del proceso de trabajo en enfermería volviendo para la salud masculina. Existe interés de los profesionales para implementar estrategias de salud direccionadas para ese público. **Conclusión:** hace necesario atención de los gestores a los servicios, para entrenamiento de los profesionales e infraestructura adecuada de la asistencia al hombre.

**DESCRIPTORES:** Salud del hombre; Atención primaria de salud; Servicios de enfermería.

## INTRODUCTION

Primary Health Care (PHC) plays an important role in the Health Care Networks (RAS). This is based on the premise of health care in disease prevention, health promotion and recovery, treatment and rehabilitation at all stages of the life cycle, including the public with difficult access to the health system, such as the male population.<sup>1</sup>

The aspects that influence men's health are linked to gender concepts built over time.<sup>2</sup> There is an image of a man who is strong and virile, that is, one who does not get sick. This social conception hinders men's access to health services, especially when it comes to disease prevention and health promotion.<sup>3</sup>

There are also obstacles encountered by the male public regarding the structure of care in PHC services. The poor accessibility, reception, and insufficient training of professionals regarding the peculiarities of men's health distance them from these health services.<sup>3-5</sup>

Given this problem, the Ministry of Health (MH) created in 2009 the National Policy for Integral Attention to Men's Health (PNAISH), which has as one of its objectives the promotion of health conditions of the Brazilian male population. Thus, it aims to contribute to reducing morbidity and mortality of this specific population, focusing on addressing risk factors and optimizing access to actions and services of comprehensive health care.<sup>6</sup>

Considering that men are culturally less involved and less invited to participate in health activities, public health policies should be directed to expand and encourage the access of this audience in health actions and care.<sup>7</sup>

In this sense, the PNAISH encourages the creation of health strategies mainly in PHC services. This is because, in Brazil, the main form of care in PHC is done through the teams of the Family Health Strategy (FHS), which perform actions of health education, home visits, reception and accessibility, in addition to consultations and basic procedures.<sup>6</sup>

Nurses' understanding of the importance of activities aimed at health promotion and disease prevention in the context of PHC, as a component of the RAS, helps in the amplification of actions performed in PHC in the face of the various types of health determinants.<sup>8</sup>

It is noteworthy that the nurse's work process is essential for the development of the PNAISH, since this professional develops attributions related to care, focused on both the individual and collective spheres.

Considering the above, the following question arose: How does the work process of nurses working in the FHS teams of the city of Campina Grande, Paraíba occur in men's health care?

Therefore, given the importance of the actions observed in the PNAISH, as well as the fundamental role of nurses in the process of its implementation, the objective of this research was to know the work process of nurses about men's health in primary health care.

## METHODS

This is an exploratory, cross-sectional, descriptive study with a qualitative approach that had as its research scenario 10 Basic Health Units (BHU) in the municipality of Campina Grande,

Paraíba, Brazil. In total, there are 107 FHS teams divided into 10 health districts (DS).

The study population comprised nurses who work in the FHS. The sample was selected by random drawing in each SD. Thus, the empirical sample was made up of 10 nurses who work in the selected BHU.

The study included nurses who met the following criteria: both sexes, working in BHU, with more than a year of experience in these services, and excluded those who, for some religious reason, or due to income or disability, were unable to answer the questions.

It is noteworthy that the participants of this study were identified by bird names in order to preserve their anonymity.

Data collection occurred in October 2018 through a semi-structured interview, which lasted an average of 12.7 minutes. Nurses were oriented about the objectives, relevance, risks, and benefits of this study. Those who agreed to participate signed the Informed Consent Form.

A semi-structured collection instrument was used, with questions about the research participants' sociodemographic characteristics, as well as a script to guide the questions during the interview. To record the interviews, a portable recorder was used, with prior authorization from the people interviewed.

For data analysis we used the Thematic Content Analysis proposed by Bardin. This is "[...] a set of communication analysis techniques that uses systematic and objective procedures to describe the content of the messages"<sup>9:44</sup>

This type of method can be divided into stages, being basically: pre-analysis, exploration of the material, and treatment, inference, and interpretation of the results.<sup>9</sup> The first stage was the initial contact of the researchers with the interviewees, and then the transcriptions of the interviews were made. In the second stage, the speeches in the categories created were systematized according to their common content. And finally, in the last phase, the analysis of each thematic category was carried out.

The research complied with the recommendations of Resolution 466/12 of the National Health Council/MS. It was authorized by the Municipal Health Secretariat of Campina Grande/PB and approved by the Research Ethics Committee of the Alcides Carneiro University Hospital under Opinion No. 2,918,651.

## RESULTS

The participants of this study were all women, nine of whom (90%) had one or more graduate degrees, distributed in the following areas: collective health (2), family health (4), occupational health (1), public health (2), occupational nursing (2), hospital management (1), urgency and emergency (1) and nursing in Intensive Care Unit (ICU) (1).

The participants were on average 40.6 years old, graduated 14.2 years ago and had been working in PHC for an average of 13 years. When asked about their monthly income they said they received an average of R\$3.9 thousand at the time of data collection.

In order to achieve the resolution of the objectives of this study, the following thematic categories were built, according to the steps of Bardin's content analysis: "Unveiling the nurses' work process about men's health" and "Nurses' knowledge and perspective about men's health", to be described below.

### Unveiling the nurses' work process regarding men's health

In general, most of the participants reported not performing any type of specific activity in their daily care at the UBS, focused on the integral care of the male public. They reported that this care was integrated in the assistance programs for people with diabetes and hypertension and in leprosy and tuberculosis programs, besides the focus on campaigns such as "Blue November".

*We attend to men on a daily basis, right? Of spontaneous demand. But we do not have any specific shift for men's care. Generally we attend men during the Blue November, when we attend them at night and hold a [...] Day for men [...].* (Canário)

*So, I realize that they only go when they are sick. They already go in search of treatment, right? Few of them go in search of prevention.* (Nightingale)

The activities carried out with the male public in the UBS, according to the speeches of the participants, consist of scheduled appointments, lectures, active search, care to spontaneous demand, procedures, among others, always in a very punctual and isolated way.

*We do medical consultation, nursing consultation. Then, anthropometric evaluation, we order exams, routine exams, PSA, consultation with the urologist [...] we give lectures, right? We do health education. The activities are more or less like this in the Blue November.* (Canário)

*The men who come here today come for scheduled appointments or accompanied by their wives because they have some pathology that they want to treat, but preventive care is very difficult [...].* (Sparrowhawk)

Although most of the time there are specific and isolated strategies aimed at men's health in the PHUs, some nurses showed that they used different strategies throughout the year to approach and care for this public.

*It is a service [in a shift reserved for men's health], what he is feeling [...] we also schedule appointments, request exams, referrals to specialists. [...] I think that our night shift we receive much more care from men, who have already arrived home from work, have had breakfast and come at night. (Swallow)*

*Today I think we have about 40% adherence [of men in prenatal care]. And they do it right. We have rapid tests available, so in the pregnant woman's appointment we do a rapid test for them. We also give them the vaccination. So, we have no difficulty with those who come. (Juriti)*

According to the participants, some factors made more difficult the implementation of a comprehensive care to men, such as inadequate working hours, labor and social issues, and the stigmas related to gender and the way men see themselves in the care process.

*The sociocultural issues [...] they raise a lot this issue of working hours that are not compatible with the hours that we are serving. (Acaé)*

*We end up neglecting a little bit the health of men. As if he didn't also get sick, didn't need care, orientation. We end up dealing only with women, with children, with the elderly, and then we end up not seeing men as a whole. (Canário)*

In the scope of the RAS, the participants reported some impediments referring to its resolutivity and issues of counter-reference quality that influence in an important way the man's vision of the efficiency of public health services.

*And so, we also have difficulties with specialists, there isn't enough demand [...] of specialist doctors to attend to these cases. And also that story, it takes a long time to schedule, it also takes a long time to get the exams. And also the population, the community in general, right? (Andorinha)*

*Because, even with the regulated information system that we have today, we have access to specialists when we have a need for this individual in the service. But sometimes we still don't have the counter-references. (Carcará)*

### **Nurses' knowledge and perspectives about men's health**

Most of the participants reported not having been trained on the subject at any time during their academic and/or professional life, where health services need to adhere to PNAISH more effectively, giving due importance to its application in practice.

*As a professional I didn't receive any training on men's health. There is much more focused on women's health, now there is never any for men. (Canário)*

*[...] I know the National Policy on Men's Health, right? From the Ministry. I have a manual. But like this, training is always better, because it exchanges experiences with other units that are even doing differentiated work and that we can implement, right? (Juriti)*

In these statements it is possible to identify different opinions about the importance of training in health care for men, in which some nurses recognize its importance:

*For sure, you must have training, this is of great relevance because even then, it better prepares the professional to work with this population. (Nightingale)*

And another interviewee thinks that it is unnecessary to have a health policy specifically for the male public:

*[...] as it is already within the PSF Program I think that is why the Secretariat does not invest so much because it already encompasses, he is already within, there is no need for a Policy just for the man, because he is already within the Health Policy. (Graúna)*

Some nurses emphasize the importance of looking at men also as a subject of care within the health services, highlighting that when this is done, men also start to get involved within these activities provided and start to have better self-care.

*[...] when we start to work this way we see that men look for it more. But it needs to have a continuity of the process. When there is no continuity, it's back to square one. [...] But in general it is very good, so, the work and when all the professionals are involved. (Swallow)*

*[So we try to sensitize the issue of care, the practices of care, extrapolate that care is related to feminization, but work on masculinities, you know? To see men as subjects of care as well. [...] This self-care of men, their care for the people around them as well. Because he is the subject of care, he often doesn't see himself, but he is. (Carcará)*

Finally, some participants cited some possibilities and proposals to be implemented in the future through interventions both in the UBS itself and in the municipality's RAS, in order to achieve one of the main goals of PNAISH, which is the comprehensive care of men in the health services of the Unified Health System (SUS).

*[...] if the Ministry invested in providing adequate conditions really, I think it would improve [...] even if we had a way to actually open a space to make these hours more flexible, right? We have already thought about it and some units have already implemented it, but due to the violence there is no way we can attend at night. (Acaé)*

*Yes, it is a social change that will have repercussions on the culture of the people and that takes time, right? But in professional terms it is necessary to have this awakening soon, because professionals can generate changes [...] So this is urgent, it is imminent, it is for yesterday! (Carcará)*

*I think it would have to have a team from the Health Secretariat that would do this [...] So I think that prevention of men's health will be in the place where they are working. (Acauã)*

From the speeches it is possible to see that, although some of the nurses do not perform activities aimed at the specific comprehensive care to men's health, they recognize the need and importance of implementing strategies within the SAHR to expand access and care to men.

## DISCUSSION

The PNAISH advocates the promotion of men's health care in its entirety, which seeks to see the individual as a complex being who has various aspects of his health that deserve attention.<sup>6</sup> Given the results of this research, it was observed that the work process of nurses in BHU involves specific assistance to men in groups of hypertension, diabetes, tuberculosis and leprosy, focusing on the Blue November period. The nurses recognize the relevance of comprehensive health care for men, however, they claim that they were not properly trained to do so. It was also noticed that at the municipal level, there is no single work plan for men's health, and the assistance is provided according to the individuality and experience of each professional, in an isolated way.

A study showed that there is a deficit in the attraction of the male public by health care services, especially in PHC, because men do not seek the services.<sup>10</sup> Campaigns such as "Blue November" aim to attract and raise awareness of specific audiences about a particular issue. In Brazil, this campaign focuses more importantly on the prevention of prostate cancer, and it is recommended to work on other issues related to men's health in its entirety.<sup>11</sup> The approach should be avoided only from a diagnosis of isolated diseases, limiting the possibilities of nursing care.

Disarticulated forms of care hinder the creation of a bond between this public and the team, an essential characteristic of PHC services. The weakened bond interferes with men's access to the health service, hindering the care process. Thus, care is fragmented into body parts or conditions of illness.<sup>5</sup>

The difficulty of access and attraction of men by PHC occurs for various reasons and differently from what happens with the female audience.<sup>13</sup> The development of strategies for the insertion of men in health services makes these environments more welcoming for this audience, considering that they do not see these places as their own space.<sup>12</sup>

It is noticed that some difficulties are discrepant depending on the team, since some have shown to have easier access of men to medical specialists within the RAS.

It is important that professionals detect which are the main reasons that hinder the access of men to PHC services, and thus, use methods of approach.

It is noteworthy here the speech of Carcará when he reaffirms the importance of the health professional in changing social and cultural paradigms regarding men's health, showing the fundamental role in the vision of the population about the concepts related to health care. It is noted the need to include aspects related to ethnic-racial and gender issues in health agendas in the training of professionals, with regard to men's health issues.<sup>14</sup>

The quality of training and knowledge of health professionals about the care directed at the male public directly influences the formation of the link between men and health services, which is often fragile.<sup>15</sup>

Therefore, insufficient professional training leads to poor care, thus superficially addressing the needs of the male audience, not recognizing their particular needs.<sup>13</sup> The continuing education of SUS professionals is extremely important for the effectiveness of public policies.

As a possible strategy for intervention in professional qualification, the National Policy of Continuing Education, which seeks to encourage changes in professional practice within the SUS, can be an important tool for the process of disseminating knowledge about the PNAISH and men's health in PHC.<sup>16</sup>

Knowledge on the subject is closely linked to the promotion of health strategies aimed at the male audience in PHC, including their attraction to these services and the dissemination of actions and services offered for men in the face of their specific needs.<sup>18</sup> Quality training enables professionals to develop strategies that facilitate a qualified assistance focused on the needs of men.

When professionals begin to include men as subjects of care in health services, it is noticeable that they adhere to it. In one study it was observed that men involved in the prenatal care process began to give new meaning to the process of fatherhood, but also to that of being a man. The same study also highlights how the participation of men, in this case in prenatal care, encourages future fathers not only to take care of their partners and their future babies, but also self-care.<sup>17</sup>

## CONCLUSION

The work process from the perspective of care for the male population in PHC faces obstacles to be properly carried out. It could be evidenced that these difficulties occur due to factors related to historical and sociocultural characteristics that hinder the approach of men to PHCU, in addition to the very obstacles directly related to the structure of the services of the RAS and professional training.

The assistance provided to men in the UBS is mostly punctual and directed to specific diseases or health conditions, leaving aside other aspects related to men's health that should also be objects of care.

For the objectives of PNAISH to be achieved within these services, it is necessary that there is a significant change in the training and qualification of nursing professionals, so that they have greater ease and ownership to work on aspects related to men's health. It is also up to the managers to raise awareness about the need to implement strategies for men's health care in the UBS.

The results of this study help to disseminate strategies used by nurses regarding the approach to men in PHC. And, although there are difficulties regarding the implementation of PNAISH, it is clear that nurses have perspectives for future changes that can improve this scenario of men's care in PHCUs.

The study's limitation is the fragility of encompassing a theoretical framework that deals with the nursing work process in the context of men's health in PHC.

However, with the inclusion of men's health in this perspective, this study contributes to the scientific literature and encourages future evidence to relate and deepen nuances of the nursing work process in PHC, focusing on men's health.

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