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RESEARCH

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PERCEPTIONS OF PHC NURSES: LH ASSESSMENT DURING THE NURSING CONSULTATION WITH THE CHRONICALLY ILL

percepções dos enfermeiros da aps: avaliação do ls durante a consulta de enfermagem aos doentes crônicos
Percepciones de las enfermeras de aps: evaluación de ls durante la consulta de enfermería con el enfermo crónico

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ABSTRACT

Objectives: to explore the perceptions of Primary Care nurses about the importance of assessing Health Literacy during the nursing consultation with the chronically ill. **Method:** qualitative, descriptive approach, developed with ten nurses from the Family Health Strategies of a city in the south of Minas Gerais. Data collection occurred through the focus group technique, under Bardin content analysis. **Results:** through the analysis of the participants' discourse, the perceptions and strategies arising from Health Literacy in the nursing consultation with the chronically ill can be observed. **Conclusion:** the participants demonstrated knowledge about Health Literacy, being able to identify influencing factors, impact generated by the level of Health Literacy, as well as facilitators and barriers that affect the development of nursing activities aimed at improving the level of Health Literacy of patients.

DESCRIPTORS: Health literacy; Nursing; Primary health care.

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RESUMO

Objetivo: explorar as percepções dos enfermeiros da Atenção Primária sobre a importância de avaliar o Letramento em Saúde, durante a consulta de enfermagem aos doentes crônicos. **Método:** abordagem qualitativa, descritivo, desenvolvido com dez enfermeiros das Estratégias de Saúde da Família de um município sul Mineiro. A coleta de dados ocorreu por meio da técnica de grupo focal, sob a análise de conteúdo Bardin. **Resultados:** através da análise do discurso dos participantes, pode-se observar as percepções e estratégias decorrentes do Letramento em Saúde na consulta de enfermagem aos doentes crônicos. **Conclusão:** os participantes demonstraram conhecimento sobre o Letramento em Saúde, conseguindo identificar fatores influenciadores, impacto gerado pelo nível de Letramento em Saúde, assim como os facilitadores e barreiras que afetam no desenvolvimento de atividades de enfermagem que visam melhorar o nível de Letramento em Saúde dos pacientes. **DESCRITORES:** Letramento em saúde; Enfermagem; Atenção primária à saúde.

RESUMEN

Objetivos: explorar las percepciones de enfermeros de Atención Primaria sobre la importancia de evaluar la Alfabetización en Salud durante la consulta de enfermería con enfermos crónicos. **Método:** abordaje cualitativo, descriptivo, desarrollado con diez enfermeros de las Estrategias de Salud de la Familia de un municipio del sur de Minas Gerais. La recolección de datos ocurrió a través de la técnica de grupo focal, bajo análisis de contenido Bardin. **Resultados:** a través del análisis del discurso de los participantes, se pueden observar las percepciones y estrategias decenas del Letramento en Salud en la consulta de enfermería a los pacientes crónicos. **Conclusión:** los participantes demostraron conocimientos sobre Letramento en Salud, siendo capaces de identificar factores influyentes, impacto generado por el nivel de Letramento en Salud, así como facilitadores y barreras que afectan al desarrollo de actividades de enfermería dirigidas a mejorar el nivel de Letramento en Salud de los pacientes.

PALABRAS CLAVE: Letramento en salud; Enfermería; Atención primaria de salud\.

INTRODUCTION

The Unified Health System (SUS) is organized based on Primary Health Care (PHC) as a consolidated care model, detaching from the fragmented and disease-centered model. This model consolidation, through the norms in force in Brazil, is done by the Family Health Strategy (FHS), the entrance door, where nurses develop their clinical and critical reasoning in nursing consultation and appropriate decision making, supported by protocols of the Ministry of Health.¹⁻²

In this scenario, nurses are an important tool for developing persuasive, systematized, and resolute educational actions. They play an increasingly decisive and proactive role in identifying the population's care needs, and must be prepared for health promotion actions.³

Currently, due to the exponential growth of Chronic Non-communicable Diseases (NCDs), which correspond to 70% of the causes of death in Brazil, multidimensional and multiprofessional approaches are necessary.⁴

NCDs are long-term diseases that increase the expenses of the health system with continuous therapies for control. These diseases require efficient monitoring and health promotion to increase the effectiveness of health education, aiming at the subject's autonomy over his/her care, as well as the prevention of diseases.⁵

For the resoluteness of the monitoring of NCDs, it is essential to evaluate the degree of understanding of the patient/client, named Health Literacy (HL), regarding the guidelines

and the possibilities of treatments offered. HL is the ability to access, understand, evaluate, and make decisions about health information, helping people become more capable in relation to health care, disease prevention, and health promotion.⁶

In this context, the nurse, through the nursing consultation, occupies an opportune space for the assessment and development of the individual's HL level, creation of a bond between the individual and the professional, as well as active and welcoming listening to demands, assessing the biopsychosocial and spiritual health conditions, and providing the necessary care.⁷

However, in an analytical cross-sectional study, they highlighted that nurses, despite recognizing the importance of the theme in their professional and personal practice, have limited understanding and difficulty in assessing HL during the nursing consultation, so that they cannot perceive the health risk behaviors to people who have inadequate HL.⁸

Similar findings were also identified in other studies, which showed that in the context of SUS, a great deal of acute illness among users, especially chronic ones, is observed due to lack of information and/or understanding of the information received during the nursing consultation.^{5,9}

In this perspective, due to the need to expand the knowledge related to this theme, as well as to contribute for professionals to subsidize interventions in the users' HL, this study aimed to explore the perceptions of Primary Care nurses about the importance of assessing Health Literacy during the nursing consultation with the chronically ill.

METHOD

This study is part of an integral project entitled "Health Literacy of users with chronic diseases and contributions to Advanced Practice Nursing in Primary Health Care", under Consubstanciated Opinion No. 5.136.913.

This is a qualitative, descriptive study developed with nurses responsible for the Family Health Strategies (FHSs) of Itajubá, MG.

The study population consisted of 10 nurses, with one coordinator of the municipality's PHC and nine nurses working in units with the highest number of users with chronic diseases in Itajubá.

After applying the selection criteria, which were: being a nurse working in the FHS of Itajubá, in which users with chronic diseases were registered, or being the nurse responsible for the health units, there were nine participants, with one excluded for not being present on the day of data collection in the Focus Group (FG). There was no refusal by the nurses to participate in the study.

Data collection occurred in a single meeting, at the Wenceslau Braz College in Itajubá-MG, through the FG technique, which, based on group interaction, promotes a broad problematization about a theme or specific focus, allowing participants to explore their points of view, from reflections on a particular social phenomenon, in their own vocabulary, generating their own questions and seeking pertinent answers to issues under investigation.¹⁰

The FG's data collection and analysis model is analogous to the Strategic Planning framework, more specifically to the S.W.O.T. Analysis,¹¹⁻¹² a structural tool used in the analysis of the internal environment and the external scenario of a given organization. The tool in question seeks to identify and analyze the strengths and weaknesses, as well as the related external opportunities and threats, for the delineation of strategies.

Chart 1 - Script for data collection from the Focus Group. Itajubá, MG, Brazil, 2022
What is Health Literacy (HL)?

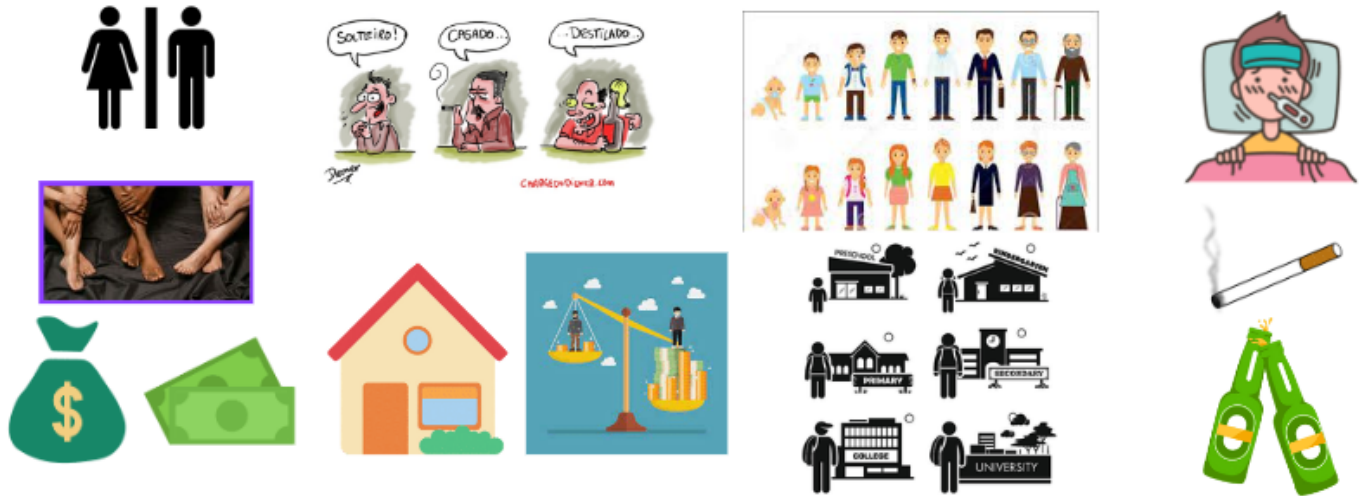


Could some intrinsic or extrinsic characteristics influence the level of HL of patients seen in PHC?

In this sense, the instrument used to collect the data in this research was seven questions punctuated in a script prepared by the researchers (Chart 1), with topics duly hierarchized, so that they were related to each other, containing images. The script was presented on the day of the Focus Group through slides for better viewing.

It is worth mentioning that the FG coordination team was made up of two researchers and two undergraduate research fellows from the Fundação de Amparo à Pesquisa do Estado de Minas Gerais (FAPEMIG), who acted as moderators and observers. It is worth mentioning that the FG coordination team was previously trained in the application of the technique, in order to qualify the development of data collection. The moderator guided the operation of the meeting, the proposed objectives, introduced the theme and some questions to deepen it, allowing the participants to elaborate their analysis and expose their perceptions.¹³ At some moments, there was intervention from the moderator to maintain / resume the focus of the discussions in promoting the exchange of knowledge in the group. At the end of the meeting, the moderator, together with the group, prepared a synthesis and validated the information presented.

The observers controlled the time of the meeting, the conduction, and monitored the recording device; also, the non-verbal manifestations were registered in a field journal with key words from the participants' speeches, in order to help with the transcription.



During the nursing consultation, is it possible to identify the patients' HL level? What strategies would you use?



Can the level of HL impact the treatment of patients with chronic diseases? What would be the benefits of HL in the treatment of chronic diseases in PHC



How can we adapt nursing activities according to the HL level of the patients? What strategies would you use in the unit where you work?



In day-to-day practice, what would be the facilitators and barriers to designing nursing activities to improve the patients' HL level



What strategies do you already use in your clinical practice that contribute to better health outcomes for patients with low HL seen in the units



The FG was audio-recorded using a smartphone (Samsung Galaxy A53), with the knowledge and authorization of the participants, lasting 61 minutes and 19 seconds. For the authorization of the participants, the Informed Consent Record (ICR) was given.

After transcription of the FG audio, the transcribed material was submitted to thematic content analysis, following the stages of pre-analysis, material exploration, and treatment of results.¹⁴ The pre-analysis stage consisted of organizing all the material collected in the FG and reading it. The material exploration stage was systematized by applying coding to identify the registration units, which were grouped by thematic affinity to create categories. In the treatment of the results, the findings were interpreted and discussed with the scientific literature pertinent to the theme.

In order to preserve their anonymity, the participants were identified by the codenames E1, E2, E3, E4, E5, E6, E7, E8, and E9.

The research is in accordance with the principles of the National Health Council Resolution (CNS) No. 510/2016 and was approved by the Research Ethics Committee (CEP) of the Faculdade Wenceslau Braz, filed under CAAE No. 53210021.6.0000.5099, Opinion Number: 5.136.913, on November 30, 202.

RESULTS

Nine nurses participated in the study, with an average time of training of 17.33 years, and only one was male. Eight of the nurses were responsible for the FHSs of Itajubá and one nurse was coordinator of the municipality's PHC.

Through the analysis of the participants' discourse, the perceptions and strategies arising from the LS in the nursing consultation with the chronically ill can be observed. In view of this, the results will be described below, based on the seven questions scored in the script prepared by the researchers, which integrate the synthesis of the focus group conducted.

What is HL?

It is the access to health information [...] how the information was explained to the user [...] user presentation of information, validation and feedback. (E1)

Ability to understand and comprehend, related to health issues [...] involves the nurses' problem-solving ability and the users' confidence. (E2)

Is to understand what language should be used with the patient so that he/she understands. (E3)

For me, it is the patient's autonomy about his/her health [...] it is a two-way street that involves multifactorial issues, and the nurse has to mediate all technical knowledge so that the user with difficulty can understand. (E4)

Awareness of the user about his disease (E5)

It is the way the patient can process and understand health information [...] it involves the nurse's sensitivity, empathy and professional attitude to clarify information for patients. (E6)

Could some intrinsic or extrinsic characteristics influence the level of HL of patients seen in PHC?

Yes, such as the level of hearing, physical structure, authority, presence of chronic disease, education, gender, financial situation, culture, income, religion and age. (E1, E7, E6, E4, E3, E5)

[...] family and marital status also influence [...] the married have a greater capacity for understanding, while the widower lacks care, because perhaps the woman who did everything. (E4, E6, E1)

During the nursing consultation, is it possible to identify the patients' HL level? What strategies do you use?

Asking the user to return to the information, if he understood or not [...] through expression, vocabulary, understanding about the medicine he uses and purpose. (E1, E2, E3, E4, E5, E6, E7, E8, E9)

Can the level of HL impact the treatment of patients with chronic diseases? What would be the benefits of LS in the treatment of chronic diseases in PHC.

HL influences the cost, more returns and frequency in the unit, hospitalizations. (E4)

Person comes back several times because he/she doesn't understand. (E1)

Impacts on resoluteness. (E3)

Work overload, cost, expense, professional time [...] if the habit is not changed, it generates cost. (E7)

[the level of literacy can have a great impact on the health of the chronically ill patient. (E1, E6, E4, E3).

How can we adapt nursing activities according to the HL level of the patients? What strategies would you use in the unit where you work?

Have patience [...] go in the patient's time and put yourself in his place [...] have empathy, welcome and offer an active listening [...] put the patient as the protagonist of care. (E6)

Accompany the process and offer support. (E1, E6)

Show and make the patient demonstrate to see if he/she understood [...] Case reports [...] (E1)

I put pictures, for the user to understand and show the illustration on Google. (E3)

Na prática, do dia-a-dia, quais seriam os facilitadores e barreiras para traçar atividades de enfermagem a fim de melhorar o nível do LS dos pacientes?

FACILITATORS

physical structure of the unit, favorable environment, accessibility, teamwork, communication at work, access to the unit. (E1, E2, E3, E4, E5, E6, E7, E8, E9)

BARRIERS:

As public health, with only one nurse for care and administration, what hinders the improvement of this access to information by the patient/client is that the nurse has to stay very much in the administrative part to meet goals [...] the companion is also a barrier, because he already brings his self-knowledge and what he wants the patient to do, and does not allow the patient to verbalize. (E1)

PHC coverage area, i.e., the patient can consult other units. (E6)

The team is barrier, doctors are automatic and technicians in the consultation [...] shared management would be strategy [...] work, group discussion of cases, team interaction and home visit. (E4, E6)

Excess of nurse attributions [...] Navigation / difficulties of the health system, network, time demand. (E7)

Delays in scheduling. (E2)

What strategies do you already use in your clinical practice that contribute to better health outcomes for patients with low HL seen in the units?

Group work, case discussions [...], surprise home visits: I come and ask: where is the prescription, how do you take this medicine? (E1, E4)

DISCUSSION

It was observed that the participants, when asked what is the HL, showed understanding on the subject, from the praise of multiple approaches, such as: access to health information; how the information was explained to the user; ability to understand and comprehension, related to health issues; patient autonomy over their health and the user's awareness about their illness. In addition, they expressed the role of nurses, as health professionals, in transmitting information to patients.

Therefore, the answers given by the participants of this study were satisfactory, converging with the results of other international studies, in which nurses adequately understand what health literacy is.¹⁵⁻¹⁶ However, they diverge from a cross-sectional study conducted in Taiwan with 430 nurses at different levels of hospitals and community health centers, in which the nurses' knowledge about health literacy is limited.¹⁷

In addition, it should be noted that the findings are consistent with a study that identified that HL has been related to autonomy and users' basic abilities to read, write, and understand health-related issues, associated with adequate access to and ability to attain accurate information for health care, involving the support of health professionals.¹⁸

Regarding the characteristics that can influence the level of HL of patients seen in PHC, nurses highlighted the level of hearing, physical structure, authority, presence of chronic disease, education, gender, financial situation, income, culture, religion, age, family and marital status. Similarly, another study found the same results with

2,303 Filipinos, identifying that these clinical and sociodemographic factors influence the level of HL.¹⁹

On the level of hearing,²⁰ one study found a correlation between low HL level with cognitive and auditory decline in the elderly. As for the presence of chronic disease,²¹ the literature exposes that inadequate HL in patients with chronic diseases is prevalent, being associated with low medication compliance, lack of appointment scheduling, and lower adherence to healthy eating habits.

Schooling,²² in turn, may interfere in therapeutic adherence, due to the difficulty in interpreting professional recommendations and understanding the complexity of the disease, caused by deficits in reading, writing, and speaking skills. Regarding gender,²³ the stereotyped culture of the male model, of strong, active men who do not get sick, still prevails in the Brazilian social construction, which can be an impediment to high levels of HL in this population, because men tend to complain less, deny pain, weakness, and hide their physical and psycho-emotional fragility.

Regarding the aspect of financial status,²⁴ it is possible to state that socioeconomic characteristics can influence the patterns of use of health services, since people with better socioeconomic conditions may have greater ease in obtaining health care and, consequently, better HL.

Regarding the variable age,²⁵ it was shown in a study to be associated with HL, but in an inversely proportional way, that is, the older the person, the lower the degree of HL.

Regarding family and marital status,²⁶ a study found that having a partner or a family member who helps with activities and questions about your health is essential to have a good HL. These activities and questions include simple things, and may include more substantial assistance such as taking you to an appointment, helping you take your medicine, and personal assistance such as helping you dress and bathe.

Thus, the level of HL of an individual is affected by conditions of his life, depending on the physical, cognitive, psychosocial, cultural, religious, authority, education, and language development.²⁷

Another aspect questioned to nurses was about the impact generated by the level of HL in the treatment of patients with chronic diseases in PHC, being contemplated the cost; frequency of returns in the unit and hospitalizations; resoluteness and work overload, as also shown by a study.⁹

In this sense, national and international studies have shown that HL is directly related to health promotion and prevention of diseases and that when it is insufficient, it contributes to inadequate use of services and provides poor health outcomes. It is also associated with adverse effects on the transition of care, increased prevalence of chronic diseases, and higher costs for health services.²⁸

It should also be noted that low HL in patients with chronic diseases is associated with reduced adherence to treatment and use of preventive services, an increase in the number of hospitalizations, decreased resolutivity, and work overload.²⁹⁻³⁰

Regarding the strategies to identify and adjust the nursing activities, according to the patients' level of HL, during the nursing consultation, the participants were stimulated three times to talk about the theme, addressing the return of information by the user; observation of expression and vocabulary; patience, empathy, welcom-

ming and active listening; support groups; home visits; case reports, figures and illustrations as methods frequently used by them, meeting the findings evidenced.^{22,31-32}

A qualitative, exploratory-descriptive study found that according to the language used by the user, the professional should modify his vocabulary, aiming at the user's access to health information. In addition, the authors found that understanding the needs and specificities of users and the insertion in the reality of patients through bonding and empathy are also important strategies to be used by health professionals in addressing HL issues.

In turn, it was evidenced that repeating explanations, questioning the patient to confirm if he/she understood the content, writing task lists at the end of the session, drawing pictures, and using real images and reports are other methods to contribute to better health outcomes for patients with low HL.³¹

Some studies conducted with health students on the development of skills that corroborate to HL also bring examples of practices that proved successful, such as: home visits and support groups, because they promote the interaction of professionals with users of SUS; development of active listening; adaptation to simple and culturally accessible language; use of various health education methods (visual, auditory, and practical resources); and use of teach-back (educating the person and asking him to explain in his own words what he learned).³³⁻³⁴

Moreover, the participants were motivated about facilitators and barriers to design the aforementioned nursing activities in order to improve the patients' HL level. As for facilitators, the physical structure and access to the unit, favorable environment, teamwork and communication at work were addressed.

Similar data were found in the literature, highlighting that to improve the users' level of HL it is necessary to have a clear and objective communication with the patient and the team, so that the professional is a mediator that respects the user's needs and feelings and facilitates conscious decision making. Another aspect that is valued is teamwork for user-centered care, with a view to improving the level of HL of the public that uses health services.^{18,35}

Added to this fact, it is emphasized that PHC can be considered a differential in the approach to HL, and it should provide a favorable environment for the longitudinal monitoring of users of the SUS.

As for the barriers, the participants mentioned excessive attributions of the nurse; the companion, because it does not allow the patient to verbalize; the coverage area of PHC, and the team (doctors are automatic and technical in the consultation). Studies have revealed the same results, arguing that poor doctor-patient communication, added to the work overload given to nurses, as well as the lack of time in health services are the main barriers to improving HL rates. In addition, they emphasize that although companions play an important supporting role, they often hinder and interfere in the patient's decision making.^{31,36}

As a limitation of this research, one should consider the study design, for not allowing the generalization of the results, as well

as the sample linked to the main study of units that had already been selected for data collection with NCDs.

The findings will allow reflections within the profession about the importance of HL assessment during the nursing consultation with the chronically ill. Under this perspective, PHC nurses will be able to develop self-care strategies for this population, taking into account the sociodemographic and clinical singularities, planning assistance and intervening effectively for these users' adherence to treatment by the multidisciplinary team and nursing care.

It will also contribute for the theme to be discussed in the curricular grid of undergraduate nursing courses and inserted in practical and extension curricular activities, through workshops, lectures and training.

It will also allow not only nurses to benefit from the outcomes of the research, but also the population using NCDs in the health system as a whole, through self-knowledge, self-care actions that will promote autonomy and co-participation in decision-making with the nurse and the multidisciplinary team.

CONCLUSION

The results of this study shed light on the perceptions of Primary Care nurses in Itajubá about the assessment of HL during the nursing consultation with the chronically ill, pointing out that the participants have knowledge about what HL is and can identify factors that can influence the HL level of patients seen in PHC, such as the level of hearing, physical structure, authority, presence of chronic disease, education, gender, financial situation, income, culture, religion, age, family and marital status.

This study also allowed us to observe the impact generated by the level of HL in the treatment of patients with chronic diseases in PHC, contemplating the cost; frequency of returns to the unit and hospitalizations; resoluteness and work overload. Moreover, it was possible to visualize the strategies to identify and adjust the nursing activities, according to the level of HL of patients, during the nursing consultation, such as the return of information by the user; observation of expression and vocabulary; patience, empathy, welcoming and active listening; support groups; home visits; case reports, figures and illustration.

Finally, the facilitators (the physical structure and access to the unit, favorable environment, teamwork, and communication at work) and barriers (excessive attributions of the nurse, the companion, PHC coverage area, and the team) that affect the development of nursing activities aimed at improving the patients' level of HL were detected.

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