

PRIMARY CARE NURSES' VIEW ABOUT EDUCATIONAL ACTIVITIES FOR ADOLESCENTS

Discurso dos enfermeiros da atenção básica acerca das práticas educativas aos adolescentes

Discurso de los enfermeros de la atención básica acerca de las prácticas educativas a los adolescentes

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ABSTRACT

Objective: The study's main purpose has been to analyze the primary care nurses' statements concerning the educational activities for adolescents. **Methods:** This descriptive study with a qualitative approach was performed in basic health units from the municipality of *Cajazeiras, Paraíba*. State, Brazil. Data were obtained through semi-structured interviews and submitted to Discourse Analysis. **Results:** The registered nurses reported the incorporation of actions directed to sexuality and drugs with the use of verticalized methods. Nonetheless, the need to use new methodological resources capable of attracting young people's interest, and considering their social context begins to emerge. The purpose of education is not to control people but liberate them. **Conclusion:** The health education methodologies used by nurses to work with adolescents are still limited to lectures. Hence, further research, especially using an interventionist approach, needs to be conducted. Such research might help to provide adequate guidance on how to perform education activities targeted at adolescents.

Descriptors: Adolescents, nurses, primary health care, health education, education technology.

RESUMO

Objetivos: analisar os discursos dos enfermeiros da Atenção Básica acerca das práticas educativas voltadas para os adolescentes. **Método:** estudo descritivo com abordagem qualitativa realizado com enfermeiros das Unidades Básicas de saúde da cidade de Cajazeiras. Os dados

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foram obtidos através de entrevistas semiestruturadas e analisadas por meio da Análise do Discurso. **Resultados:** os enfermeiros discursaram a impregnação de ações voltadas para sexualidade e drogas, com métodos verticalizados, no entanto começa a emergir a necessidade de utilizar novos recursos metodológicos, capazes de desenvolver o interesse dos jovens, e observar o contexto social ao qual o sujeito está inserido, com o objetivo de educar não para controlar, mas educar para libertar. **Conclusões:** as metodologias utilizadas pelos enfermeiros na educação em saúde para os adolescentes ainda estão fincadas na utilização de palestras, deste modo torna-se necessário novas pesquisas de cunho intervencionista que apontem uma orientação adequada para práticas educativas direcionadas aos adolescentes.

Descritores: Adolescentes; Enfermeiras e enfermeiros; Atenção primária à saúde; Educação em saúde; Tecnologia educacional.

RESUMEN

Objetivo: analizar los discursos de los enfermeros de la Atención Básica acerca de las prácticas educativas dirigidas a los adolescentes. **Método:** estudio descriptivo con abordaje cualitativo realizado con enfermeros de las Unidades Básicas de salud de la ciudad de Cajazeiras. Los datos fueron obtenidos a través de entrevistas semiestruturadas y analizadas por medio del Análisis del Discurso. **Resultados:** los enfermeros discursaron la impregnación de acciones dirigidas a la sexualidad y las drogas, con métodos verticalizados, sin embargo comienza a emerger la necesidad de utilizar nuevos recursos metodológicos, capaces de desarrollar el interés de los jóvenes, y observar el contexto social al que el sujeto está inserto, con el objetivo de educar no para controlar, sino educar para liberar. **Consideraciones finales:** las metodologías utilizadas por los enfermeros en la educación en salud para los adolescentes todavía están clavadas en la utilización de conferencias, de este modo se hacen necesarias nuevas investigaciones de cunho intervencionista que apunte una orientación adecuada para prácticas educativas dirigidas a los adolescentes.

Descriptor: Adolescentes; Enfermeras y enfermeros; Atención primaria a la salud; Educación en salud; Tecnología educativa.

INTRODUCTION

Adolescence is a transition phase characterized by several transformations and peculiarities, which raise insecurities and many questions. In this sense, health services and professionals must be prepared to deal with these changes to improve adolescents' health. It is still possible to highlight nurses as the essential providers of this care. To this end, sometimes they use educational practices as the main tool.

Adolescents are people aged 10 to 19 years. They experience the greatest life changes, including the physical, psychological, and social ones, and have to make important decisions. Brain changes also happen during adolescence, mainly in areas linked to decision systems that can change behaviors in certain situations.¹

Hence, it becomes indispensable to implement educational practices focused within the context of collective health. Such practices should incorporate methodologies aimed at overcoming the traditional model, which focuses on the transmission of knowledge, and consider the complexity

of these transformations and their impact on adolescents' lives. The purpose is to promote health in a way that adolescents go through this phase unharmed so that they receive integral care.

The Brazilian Ministry of Health published the National Guidelines on Integral Health Care for Adolescents and Youth regarding Health Promotion, Protection, and Recovery in 2010 as part of National Policy on Comprehensive Health Care for Adolescents and Youth. These guidelines address different ways that health professionals can work to improve care and adolescents' quality of life. They also propose to associate different sector policies of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] that meet the demands of this public.²

Registered nurses working in Family Health Strategy (FHS) units need to know what they are doing and understand the relevance of promoting educational activities. Health is a public heritage, whose access cannot be denied to people as it should be made universally available. However, studies reported that adolescents are not included in the priority group that receives primary care.³ This may be related to young people's lack of attendance at health care units.⁴ In this context, schools can be seen as important spaces for health education since health care workers can provide service for this public. The reason is that adolescents do not often seek care and information directly in health care units.

Given the aforesaid, one can perceive the need to use educational practices as tools for promoting health, especially if they are carried out by nursing professionals, since it can build a constant link with the population, including adolescents. This practice overcomes the biomedical model while attracting this public to health care units, thus making it possible to provide complete care by avoiding working on fragmented issues that address only a few aspects of adolescence.

The way registered nurses address this issue is considered relevant due to the urgency of providing care for adolescents, considering the specific difficulties that they face during this emblematic phase of life. Therefore, the objective of this study was to analyze the primary care nurses' statements vis-à-vis educational activities for adolescents.

METHODS

This descriptive study with a qualitative approach took place in basic health units from the municipality of *Cajazeiras*, *Paraíba* State, Brazil.

Primary care nurses who were members of the 23 Family Health Teams participated in this study. The inclusion criterion was nurses working in the health unit for at least one year were included. Exclusion criteria were nurses on vacation or leave and those absent from work.

Data collection was performed through semi-structured interviews, whose objective was to obtain relevant information and understand the participants' perspectives and experiences.

Each interview was recorded with the participant's authorization in a private room within the health unit. Subjective questions were used to guide the interviews respecting the participants' opinions and representations.

The statements were submitted to Discourse Analysis (DA), which offers important methodological contributions toward analyzing health data. The DA's subjective aspect allows analyzing not the content of the text itself, but the senses produced by it, making it possible to deeply understand the interviewees' experiences.⁵

Considering the theoretical basis for the construction of an analytical device, three stages were followed to analyze the participants' statements: (1) passage from Linguistic Surface to Discourse Object; (2) passage from Discourse Object to Discursive Process; and (3) Ideological Formation.⁵

This study complied with legislation that regulates research involving human and started after being approved by the Research Ethics Committee of the campus of *Universidade Federal de Campina Grande* located in the municipality of *Cajazeiras* under the Legal Opinion No. 1.707.072 on August 31st, 2016.

RESULTS

Seventeen primary care nurses working in the municipality of *Cajazeiras* participated in this study. Of these, five were working in rural areas. The sample was composed of 16 women and one man.

During the interviews, the participants were asked about their understanding of the concept of education and health, what methodologies they used while conducting activities with adolescents, and the aspects that should be considered during these activities.

With regard to the educational activities in the health units, they were focused on sexuality and drug use with verticalized methods and little participation. These findings can be observed in the following paraphrased statements:

"Health education is giving guidance, guidance on what... guidance, prevention of diseases, not only diseases but what may affect the adolescent's body*... Talking about sexual health and everything in general. Focusing on something they have or want to know". (N1)*

*"So, in the case of health education, we try to promote the prevention of diseases and illnesses with quality and/or reduce the rates, you know. Of those illnesses that arise and... * health education, you know. We try to promote them so that we can prevent diseases". (N8)*

"Passing on information about sexuality, about drugs, you know, which are very common nowadays. Information about pregnant women, teenage pregnancy, sexually transmitted diseases [STDs]. We pass on all this". (N13)

One of the participants' statements about health education was mostly paraphrased. It presented different meanings, allowing us to perceive that while vertical health education predominated, it was necessary to use new methodological resources attractive to young people, such as unique educational technologies:

"It can be a game activity, it can be any playful activity focusing on adolescents' prevention in order to make them aware that they can contract illnesses, what are the means to prevent that type of problem, which can be an illness, but it can also be family planning, you know" (N2)

"So, we try to get as much attention from them as possible because they are very difficult to deal with, so we try in every way to draw their attention, especially to these two things, which are more frequent and affect more teenagers". (N3)

"Uh, dialogue circles, we play, we... We do everything, and group dynamics, especially at the beginning and at the end, we use group dynamics a lot". (N15)

It is also necessary to observe the social context in which the subject is inserted, with the aim of educating not to control, but to free. Considering these aspects, a polemic paraphrased statement about the definition of health education was found among many others:

"It is to educate young people considering their traditions and culture, accepting their culture, trying to understand them in a general way, that is not very easy, so I think that it is to try, to try to help them and to educate them in the best possible way, in relation to certain, many other things...* about culture, about religion... In relation to the parents, it is education for parents, what is allowed in their culture, and what it is not allowed, what their reality is like, and so we, we...* Mainly their religion that we have to accept a lot, some of them are very complicated to deal with, but we try to educate them all like that". (N3)*

DISCUSSION

It is relevant to address the definitions, which will be used for the interpretation of the participants' statements. The reported paraphrases were characterized according to what was said by the participants and established in their

memories, in their solid thoughts, in what was repeated even if it was done differently, in what was said or produced, and in their consolidated speech. The polysemy portrays rupture, exchange, variation; it works on imagination, equivocation, rupture, and symbolic elements' multiplicity of meanings. The origin of meaning derives from the alternation between paraphrastic and polysemic processes, in which one can affirm that discourse is organized into what is maintained and what is distinguished, following transformations.^{5,6}

Health education is an important tool for collective health since it consists of a method capable of promoting health and proposes to encourage users to be autonomous and perform self-care. Consequently, health is improved in communities. Accordingly, health care workers are responsible for empowering adolescents by using this tool.⁷

The study findings showed that nurses only prioritized the act of informing during educational activities, which cannot be defined as education. This condition is considered a verticalized form of teaching because the interaction between educators and students is not possible and the subjects are planned and chosen before the classes. As a result, this way of providing health education is ineffective in promoting behavior changes to achieve a healthier life.⁸

The study findings agree with a study conducted with nurses working in the FHS units of *Crato* city, *Ceará* State, Brazil. The interviewees reported understanding health education as merely passing on information with the aim of changing risk behaviors and performing health and prevention actions.⁹

Similar findings were pointed out in another study conducted with primary care nurses in a municipality of *Minas Gerais* State, Brazil. In this case, health education activities were based on knowledge transfer, in other words, the traditional teaching model was employed.¹⁰

The participants' statements also revealed that only certain subjects, such as drug use and sexuality, were worked on with adolescents. This fact corroborates the verticalized process of health education. Nevertheless, studies pointed out that it is necessary to understand what the target audience wants before carrying out health education activities. In other words, a situational diagnosis consistent with the real needs of the target audience should be made.¹¹

Concerning the need for using educational technologies, the participants' statements highlighted the importance of using these resources since they allow adolescents to be empowered through the construction and sharing of knowledge. However, it was perceived that the health care workers did not always know which or how to use them.

The use of educational technologies fosters the formation of learning spaces. Also, they are characterized as opportunities to increase the population's access to knowledge playfully and interactively.¹²

Considering that educational technologies guarantee the strengthening of the autonomy of the subjects involved, studies reported that games, group dynamics, workshops, and role-plays are technologies capable of stimulating young people's interest through activities. The reason is that such methods are presented playfully and interactively, making them less exhaustive. Consequently, adolescents are more likely to seek and participate in the health education activities promoted by such methodologies. Hence, it is essential to use methods that ensure effective educational actions.¹³

Given this framework, other authors also view educational technologies as valuable pedagogical tools for improving health education. Subjects can be learned dynamically through the use of these technologies, making it possible for young people to become more autonomous and view themselves as beings responsible for their health.¹⁴

Additionally, the use of educational technologies is intended to improve or strengthen health promotion skills and make social actors involved in this process become action multipliers. It is necessary to create and adopt informative and educational methods that enable the dissemination and expansion of knowledge so that the users of this methodology can be able to put into practice what has been learned.¹⁵

Hence, educational technologies expand and enhance the empowerment of people, that is, they expand knowledge and skills. In addition, they promote attitudes essential for success and responsible health actions and decisions.¹⁶

Adolescence is sometimes marked by carelessness and negligent practices that can put health at risk. Nonetheless, the study results made it possible to comprehend that the use of educational technologies by primary care workers while providing health education contributes to adolescents' participation in personal health practices.

The participants' statements also revealed a distinct view of the principles involving integral health education in accordance with evolutionary and modern education. To this end, it is necessary to overcome the organic view of things (which is limited), consider social, economic, and cultural factors and change the meanings in order that the performed actions can be focused on the subject's integrality.¹⁷

This way of educating provides new orientation on how to carry out a continuous and functional plan, which demands that nurses reassess their actions and consider

the apprentices' reality and needs. Nothing is concrete, inflexible, invariable and premeditated within the context of health education because human behavior is shaped by the specificities and particularities of each situation.¹⁸

None of the participants reported aiming to understand and involve the subject's completeness. A possible contributing factor for this finding was the lack of discussing this issue during undergraduate education. This was corroborated by a study conducted with nurses working in Family Health units of *Santarém* city, *Pará* State, Brazil. They pointed out that lectures on health education were held during the undergraduate period. Nevertheless, discussions about the educational process, methodology, and socioeconomic and cultural factors did not happen. This study concludes that to be a nurse it is necessary to have the capacity to be an educator in order to involve the students considering their peculiarities and reality.¹⁷

CONCLUSIONS

The objective of this study was achieved and presented the results of the analysis of the primary care nurses' view about educational activities targeting adolescents, providing an understanding of what was reported and its relationship with what was not reported and how it was produced.

The methodologies employed by nurses to approach adolescents are still based on the traditional way of teaching, which devaluates all adolescents' aspects. It also focuses merely on lectures by depositing information into students while they barely participate in the process. As a consequence, practices aimed at promoting curiosity and coparticipation in the construction of knowledge become less frequent, which makes young people less likely to participate actively in health care activities because the received information has an insignificant impact on learning, weakening the process of empowerment.

As a limitation, this study was carried out only in one city located in the countryside of *Paraíba* State, and therefore cannot be compared to other scenarios due to local particularities, including social and cultural issues that influenced the nurses' work, especially within the education context.

Hence, it is necessary to carry out further research, especially using an interventionist approach with primary care nurses, based on active methodologies, which can provide adequate guidance on how to perform education activities targeted at adolescents in light of the Freirean philosophy. As a

result, educators and students achieve the objective they wish, and the care is successfully provided through both sensitive and liberating educational practices with the empowerment of the actors involved.

REFERENCES

1. Organização Mundial de Saúde (OMS). Saúde para os adolescentes do mundo: uma segunda chance na segunda década. Geneva, 2014. 20 p.
2. Brasil. Ministério da Saúde. Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas. Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde. Brasília: Ministério da Saúde; 2010.
3. Forte PAC, Ribeiro H. Saúde Global em tempos de globalização. *Saúde Soc.* 2014; 23(2):366-75. Available from: <http://www.scielo.br/pdf/sausoc/v23n2/0104-1290-sausoc-23-2-0366.pdf>
4. Alves MJH, Albuquerque GA, Silva AS, Belém JM, Nunes JFC, Leite MF, et al. Fatores envolvidos na adesão de estudantes adolescentes à estratégia de saúde da família. *Sanare.* 2016; 15(2):37-46. Available from: <https://sanare.emnuvens.com.br/sanare/articulo/view/1036/582>
5. Orlandi EP. Análise de Discurso: princípios e procedimentos. 11 ed. Campinas: Pontes Editores, 2013.
6. Gomes AMT. O desafio da análise do discurso: os dispositivos analíticos na construção de estudos qualitativos. *R Enferm UERJ.* 2006; 14(4): 620-6. Available from: <http://www.facenf.uerj.br/v14n4/v14n4a20.pdf>
7. Salci MA, Maceno P, Rozza SG, Silva DMGV, Boehs AE, Heidemann ITSB. Educação em saúde e suas perspectivas teóricas: algumas reflexões. *Texto Contexto Enferm.* 2013; 22(1): 224-30. Available from: http://www.scielo.br/pdf/tce/v22n1/pt_27
8. Junqueira MAB, Santos FCS. A educação em saúde na Estratégia Saúde da Família sob a perspectiva do enfermeiro: uma revisão de literatura. *Rev. Ed. Popular.* 2013; 12(1): 66-80. Available from: <http://www.seer.ufu.br/index.php/reveducpop/article/view/20301/12514>
9. Oliveira MB, Cavalcante EGR, Oliveira DR, Leite CEA, Machado MFAS. Educação em saúde como prática de enfermeiros na Estratégia Saúde da Família. *Rev Rene.* 2013; 14(5): 894-903. Available from: <http://www.redalyc.org/html/3240/324028789005>
10. Oliveira DM de, Santos AMX dos, Paula AM de, Silva EA, Ribeiro L, Mendonça ET. Concepções e práticas de educação em saúde: perspectiva de enfermeiros da estratégia saúde da família. *Rev enferm UFPE on line.* 2016; 10(11): 3901-10. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11471/13313>
11. Miranda CPV, Mororó RM, Rocha SMBS, Teodósio TBT, Silva MAM, Viana RS. Educação em saúde e sexualidade: experiência com adolescentes do programa de erradicação do trabalho infantil. *Sanare.* 2017; 16(02): 103-108. Available from: <https://sanare.emnuvens.com.br/sanare/articulo/view/1184>
12. Ferreira MA, Leandro GB, Fernandes MC, Rolim ALG, Andrade ME de. Educational Technologies in adolescent empowerment about depression. *Journal of Nursing UFPE on line.* 2019; 13(1): 25-280. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237881>

13. Lemos ICS, Miranda MLF, Matias LVR, Lédio MF, Alves ACP, Marques SF, et al. Tecnologia educativa para trabalhar a sexualidade de adolescentes no contexto escolar. *R. Interd.* 2015; 8(3): 110-118. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/738/pdf_242
14. Silva DML, Carreiro FA, Mello, R. Tecnologias educacionais na assistência de enfermagem em educação em saúde: revisão integrativa. *Rev enferm UFPE on line.* 2017; 11(2): 1044-51. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13475/16181>
15. Silva APS, Alexandre HG, Almeida PC de, Ximenes LB, Fernandes AFC. Efeitos da aplicação de uma tecnologia educativa na detecção precoce do câncer de mama. *Rev Rene.* 2017; 18(3): 404-11. Available from: <http://periodicos.ufc.br/rene/article/download/20074/30723>
16. Carvalho AT, Oliveira MG, Nietsche EA, Teixeira E, Medeiros HP, organizadores. Tecnologias cuidativo-educacionais: Uma possibilidade para o empoderamento do (a) enfermeiro (a)? Porto Alegre (RS): Moriá; 2014. *Rev Rene.* 2014; 15(1):185-6 Available from: <http://periodicos.ufc.br/rene/article/download/3114/2388>
17. Figueira MCS; Leite TMC.; Silva EM. Educação em saúde no trabalho de enfermeiras em Santarém do Pará, Brasil. *Rev Bras Enferm.* 2012; 65(3): 414-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672012000300004&lng=en&nr m=iso&tlng=pt
18. Acioli S, David HMSL, Faria MGA. Educação em saúde e a enfermagem em saúde coletiva: reflexões sobre a prática. *Rev. enferm. UERJ.* 2012; 20(4): 533-6. Available from: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/5695/4152>

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