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EDUCATIONAL ACTIONS DEVELOPED BY NURSES TO ADOLESCENTS IN FAMILY HEALTH STRATEGIES

Ações educativas desenvolvidas por enfermeiros aos adolescentes nas estratégias de saúde da família

Acciones educativas desarrolladas por enfermeras y adolescentes em estrategias de salud familiar

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ABSTRACT

Objectives: To know the educational actions developed by nurses, directed to the adolescent public, in the Family Health Strategies in a city in the central region of Rio Grande do Sul, Brazil. **Method: I**t is a research qualitative, descriptive-exploratory research developed with 10 nurses of Family Health Strategies. Data collection took place in May 2015, through a semi-structured interview. The data were analyzed in light of the content analysis. **Results:** With the results emerged two categories of analysis being: educational actions to the adolescents from the perspective of the nurses and characteristics of the educational actions developed with adolescents. **Conclusion:** The study made possible to notice that educational actions are developed collectively, from the planning and execution, in most Family Health Strategies, and in places where this does not occur, the nurses understand the need to start a team work. The nurse is perceived as responsible for coordinating the team, and guiding the process of preparation of educational actions.
DESCRIPTORS: Family Health Strategy; Adolescent; Health Education; Nursing.

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RESUMO

Objetivo: Conhecer as ações educativas desenvolvidas por enfermeiros, direcionadas ao público adolescente, nas Estratégias Saúde da Família em um município da região central do Rio Grande do Sul, Brasil. **Método:** Pesquisa qualitativa, descritiva exploratória desenvolvida com 10 enfermeiros de Estratégias Saúde da Família. A coleta dos dados ocorreu no mês de maio de 2015, por meio de entrevista semiestruturada. Os dados foram analisados a luz da análise de conteúdo. **Resultados:** Duas categorias emergiram para análise, sendo: ações educativas aos adolescentes na perspectiva dos enfermeiros e características das ações educativas desenvolvidas com adolescentes. **Conclusão:** O estudo possibilitou perceber que as ações educativas são desenvolvidas em coletividade, desde o planejamento e execução, na maioria das Estratégias Saúde da Família, e nos locais onde isso não ocorre, os enfermeiros compreendem a necessidade de iniciar um trabalho em equipe. O enfermeiro é percebido como responsável por coordenar a equipe, e orientar o processo de preparação das ações educativas.

DESCRITORES: Estratégia Saúde da Família; Adolescente; Educação em Saúde; Enfermagem.

RESUMEN

Objetivos: Conocer las acciones educativas desarrolladas por enfermeras, dirigidas al público adolescente, en las Estrategias de Salud Familiar en una ciudad de la región central de Rio Grande do Sul, Brasil. **Método:** Se trata de una investigación cualitativa, descriptiva exploratoria desarrollada con 10 enfermeros de Estrategias Salud de la Familia. La recolección de los datos ocurrió en el mes de mayo de 2015, por medio de una entrevista semiestructurada. Los datos se analizaron a la luz del análisis de contenido. **Resultados:** Surgieron dos categorías de análisis, siendo: acciones educativas a los adolescentes en la perspectiva de los enfermeros y características de las acciones educativas desarrolladas con adolescentes. **Conclusión:** El estudio posibilitó percibir que las acciones educativas se desarrollan en colectividad, desde la planificación y ejecución, en la mayoría de las Estrategias de Salud de la Familia, y en los lugares donde eso no ocurre, los enfermeros comprenden la necesidad de iniciar un trabajo en equipo. El enfermero es percibido como responsable de coordinar el equipo, y orientar el proceso de preparación de las acciones educativas.

DESCRIPTORES: Estrategia de Salud Familiar; Adolescente; Educación en Salud; Enfermería.

INTRODUCTION

The World Health Organization considers adolescence as the interval between 10 and 19 years old and the Child and Adolescent Statute (ECA), the period between 12 and 18 years old.[1-2] In Brazil, in 2016, 30.2% of its population was living childhood and adolescence, and in the year 2018, it corresponded to 33.0%, totaling 68.8 million children and adolescents.[3-4] Adolescence, considered a social-cultural category, is historically constructed based on multiple criteria that cover the bio-psychological, chronological and social dimensions. Living adolescence is living a period between biological maturity, physiological and anatomical changes, which result in changes in body image, sexual maturation, developing changes in psycho-motor and psycho-affective factors.[5]

In view of the complexity of care for adolescents, with regard to their experiences and manifestations, in addition to situations of vulnerability, especially those related to their health, it can be said that the Family Health Strategy (FHS) faces the challenge of working with adolescents understanding that this age group is the one that uses little health services. The importance of an organization and planning of educational actions are determining factors to develop strategies for prevention and health promotion with adolescents, the nurse then assumes a proactive role in the health care of the population.[6]

The social-educational support services play a fundamental role in the community, and can contribute to the promotion of the physical and mental health of adolescents.[7] It is necessary, therefore, that nurses become aware of the importance of developing not only managerial and care actions, but also loss-free educational actions for this public. Nursing professionals should seek an educational practice that favors interaction with the community through contextualized subjects, which represent the reality of the people involved, instigating reflective thinking in order to promote the practice of prevention and health promotion.[8]

Each subject in its biological, psychological and social-cultural dimensions constitutes an inseparable unit and, in this context, adolescents and young people constitute a population group that requires new ways of producing health, representing a challenge for health professionals who are dedicated to this population group.[9] It is evident the need for nurses who make up the FHS teams to develop health education practices, as well as the construction of privileged spaces, with differentiated and specific assistance to adolescents, through concrete actions based on the reality of this population.[10]

It is important to highlight educational actions in health care as an important prevention strategy related to learning in order to achieve the health of an individual or community. Therefore, it becomes necessary to aim at serving the population, according to their peculiarities, in order to cause conflict in individuals and create the opportunity to (re)think their culture, social insertion and life habits, aiming to transform their own reality. Based on these considerations, it was outlined as a research question: How are nurses developing educational actions with the adolescent public, in the FHS? In this sense, the relevance of this study is justified, which relies on the possibility of disseminating experiences that can support educational health actions aimed at adolescents, contributing to the advancement and improvement of the practices developed by nurses within the scope of the FHS, aimed at this audience. The objective was to know the educational actions developed by nurses, aimed at the adolescent public, in the FHS in a city in the central region of Rio Grande do Sul, Brazil.

METHODS

This is a qualitative, descriptive and exploratory research. The municipality where the research was carried out has 14 FHS units, located in the urban and rural areas, which total 16 health teams. Each team is composed of a doctor, a nurse, a nursing technician and community health agents (CHA).

It should be noted that the FHS provides services to the population of all age groups and carries out different group activities, weekly, to aid in assistance the elderly, hypertensive and diabetic, and pregnant women groups. However, when it comes to teenagers, this number is low.

For the selection of participants, the following inclusion criteria were used: nursing assistants who had worked for a year or more in the service. Exclusion criteria: being in a report, medical certificate, vacation or any form of leave. It was used as an inclusion criteria to have been working for a year or more due to the need for knowledge of the population served at the unit. It should be noted that there was no relationship established between the researcher and the participants before the research was carried out. And for approximation, the researcher visited all units and personally made the invitation to participate. In addition, the researcher/interviewer reported to the participants the reasons for conducting this research and their interests in it, at the time of inviting them to participate.

Of the 16 nurses working in the 14 FHS, two were linked to the service for less than a year, one was on sick leave and three refused to participate in the study without specifying the reason for denial. In view of the above, ten nurses participated in this investigation.

Data collection was carried out by the researcher in May 2015, at the FHS facilities, according to the availability of the nurses, on dates and times previously chosen by them, in spaces that maintained secrecy and confidentiality, therefore participating only the researcher and the participant. The semi-structured interview technique was used, which the researcher already had experience through the participation and collaboration in other studies. The questions were about definition, implementation and importance of educational actions and the scenarios in which they were developed. The interview guide used in the present research passed the pilot test, and did not require adjustments.

The interviews were audio recorded with the aid of portable equipment, being transcribed and recorded in alphanumeric codes (E1, E2... E10), repetitions were not necessary and they did not return to the participants for comments and/or corrections. The duration of the interviews ranged between 37 minutes and an hour and 22 minutes. In addition, a diary was used to record relevant aspects of the interviews that were considered important by the researcher. The data saturation criteria was not used.

Afterwards, they were analyzed according to Bardin's thematic content analysis, which focuses on three poles: pre-analysis, material exploration and treatment of results.[11] In this sense, two categories emerged: the development of educational actions by the FHS team; difficulties in the development of educational actions.

It should be noted that, according to the National Health Council, ethical principles were respected through Resolution no. 466/12.[12] The study was approved by the Research Ethics Committee of the Federal University of Santa Maria (UFSM) (opinion No. 934.238/2015), under CAAE: 40348314.7.0000.5346.

RESULTS

The research was carried out with ten nurses from the FHS, eight female and two male. Regarding the time of completion of the academic training of the participants, it ranged from three to 14 years and the length of service of each nurse in the FHS, linked at the time of collection, was one year and three months to four years. Through the analysis of the content of the interviews, two categories emerged: educational actions for adolescents from the perspective of nurses and characteristics of educational actions developed with adolescents.

Educational actions for adolescents from the perspective of nurses

In this category, the conceptions of the nurses participating in the research are presented, regarding the determination of the adolescent's chronological age and the constitution of the educational action.

The research participants showed disagreements regarding the determination of the adolescent's chronological age, sometimes based on WHO data, sometimes on ECA (Child and Adolescent Statute) data, or in no reference. Thus, the participants consider the adolescence phase in the following parameters:

> *[...] 10 to 19 years old.* (E1; E7; E10).

> *[...] 13 to 17 years old.* (E2).

> *[...] 12 to 18 years old.* (E3; E6; E8).

Nurses presented different conceptions about what constitutes an educational action, from the idea that actions trigger reflection or that they result in health promotion and prevention, to the mention that the actions aim to educate the community or person:

> *[...] it is any action that you will educate the person, it does not have to be in a group, it can be a joint or individual action.* (E4).

> *Educational action is an action that can trigger reflection and that is related to health education actions.* (E5).

[...] it is when you are able to promote actions that can result in health promotion and prevention, it can be a health education group, it can be an orientation, an activity at school, in the community, even campaigns. (E7).

Characteristics of educational actions developed with adolescents

In order to contemplate the demands from the adolescents, it is up to health professionals to stick to the places in which this population is inserted, directing their activities making a careful analysis of the context. In this sense, nurses pointed out the development of activities focusing on them individually and/or collectively, carried out within the scope of the FHS and in different scenarios of the community, such as schools, houses, streets and community halls.

From the presented, seven of the nurses develop educational actions for adolescents in schools and in the FHS, through nursing consultations. Two develop actions in homes, based on home visits, and one nurse performs actions on the streets, in the church and in the community hall:

We develop educational actions at school, at home, on the streets, because they are away from their parents and feel more relaxed to talk. And here at the clinic, through nursing consultations, when it is guidance and conversation. (E3).

[...] we do actions at the school, the nursing consultations themselves, the waiting rooms, group activities in a community hall as well. (E9).

As for the way of carrying out the educational actions, different approaches emerged, being them group conversations, lectures, theater plays, group dynamics, educational games and playful works:

[...] we usually give lectures. (E1). *We do actions in the form of theater plays, puppets, dynamics, discussion groups, playful works.* (E3).

[...] they are actions through conversations, and expository material, leaflets, recreational actions, posters, dynamics. (E4).

As for the time used to plan and carry out actions for adolescents, nurses pointed out different practices, which ranged from spending one shift per month to prepare and develop activities to not separating a period for planning and executing actions:

[...] I can't say why we didn't put anything into practice, I can't precise that. (E2).

[...] the planning takes place in one shift per month, it is very little, but it is what I use. (E6).

[...] I am not currently using any (time). (E8).

Regarding the choices of themes worked with adolescents, nurses reported that they were primarily demanded by schools and adolescents, with emphasis on the approach to sexuality. However, issues such as the prevention of the consumption of alcohol and other drugs, violence, bullying, dreams and expectations for the future and healthy eating emerged as proposals for discussion with adolescents:

[...] we work a lot on sexuality, bullying, alcohol and other drugs, self-image, self-esteem, future, dreams and family planning. (E3).

[...] we work with whatever the school asks us to. (E5).

[...] I usually like them to say the questions, because there is no point talking about topics they already have information about. So I like to make a diagnosis at the first moment. (E10).

DISCUSSION

Adolescence is characterized as a crucial stage in human life that varies between childhood and adulthood, being a period of occurrence of numerous changes in physical, psycho-social and emotional development.[13] In reference to the data in the present study, nurses presented clueless conceptions about what to consider a teenager. Therefore, based on the ECA, adolescence is defined as the age group between 12 to 18 years old, being perceived, in exceptional cases, between 18 and 21 years old.[2]

For the WHO, adolescence is defined as a period of 10 to 19 years old, being considered a stage of life in which the adolescent experiences intense physical, mental and social changes that will lead to the typical characteristics of an adult human being.[2] In view of the conceptions differentiated from the participants about the ages corresponding to adolescence, it is necessary to reinforce that the nurse must be attentive to this aspect, so to intervene with this population in an appropriate way to the evolutionary moment of life that they are experiencing.

Adolescence requires many interventions on the part of health teams and represents a challenge for professionals because it is a phase characterized by changes, concerns, discoveries and also bodily, psychological and mental development.

Nurses considered adolescence to be a chronological phase, ignoring the bio-psycho-social aspects that also characterize this phase. Considering adolescence according to their age group is important to assist this audience in a more specific way. However, it is also necessary for the nurse to consider the bodily, hormonal and psychological changes of each individual. Because adolescence is a peculiar period of development, not only the moment of

puberty of the individual, but a moment of social-historical development directly linked to biological, psychological, social and legal factors.[14]

When referring to the educational actions developed, the nurses showed an expanded understanding of the meaning of educational actions, however, none of them associated these actions as dialogical relations, nor did they show respect for the knowledge of the subjects involved in the actions. Furthermore, nurses' conceptions were close to the mere perspective of information transmission.

Although a nurse considered educational actions as everything that is information, another participant considered it as a process of reflection, that is, that an educational action is one that helps adolescents to grow, or that adds something to their lives, that makes them reflect about the universe they experience.

Educational health actions should be conceived as activities aimed at the development or stimulation of individual and collective capacities, which seek to improve the quality of life of the subjects. In summary, it can be said that there is a theoretical gap that hinders educational actions in practice. It is evident that FHS nurses are dissatisfied with the results achieved in the educational practices they develop, since the dialogic and participatory processes are not fully developed, being based on a traditional and hierarchical model.[15]

In order to get closer to the adolescents, the health teams outline different strategies, the place of development of educational actions within the community is an important factor for this. It is noteworthy that at home, actions are carried out through visits, where professionals base their activities on the daily lives of adolescents and their families, based on individual vulnerabilities. The street, on the other hand, is the place where teenagers are without their parents, and feel comfortable asking questions and asking the FHS team for guidance.

In addition, the nurse is occupying an important space, which is the nursing consultation to carry out educational action for the adolescent. When attending to the adolescent in the nursing consultation, individually, nurses can clarify several doubts and always seek the best form of intervention, in addition to clarifying various issues that become relevant to adolescents.[6]

The practice of nursing that has in its horizon of expectations the reach of an educational bias matrix can and should have a prominent place in primary health care, thus building a new way of organizing and facilitating health services that support its efforts with a multidisciplinary team. In addition, to the extent that their practice is based on competencies and skills within the scope of health education, a dialogic space and the construction of a critical-reflexive awareness in the subjects is promoted.[16]

In this follow-up, nurses use illustrative and expository materials, as well as develop playful actions, workshops and conversation groups. Playfulness contributes significantly to the adolescent's life, as it brings well-being and the ability to change their perspective of life, as well as to create bonds with team members.[17] In this sense, it is essential that nurses promote educational activities in health with the purpose of stimulating the participation of users, in accordance with their beliefs, cultures, representations and environments. This enables active participation in the educational process, including encouraging critical thinking in changing practices.[18]

Under this focus, playful learning is one that is oriented towards the cognitive, emotional, ethical, creative physical development of the student as a multidimensional human being. In addition, it is committed to the promotion of meaningful learning that can involve the student as a whole, therefore providing the harmonious integration of their thinking-feeling-doing.[19]

It was also found that educational actions are being prepared and executed in a limited time, and developed through demands established by the subjects themselves, that is, coming to meet basic and emerging needs identified mainly by schools and/or their collaborators. However, not all nurses seek to listen to adolescents, so they do not recognize their needs and weaknesses, developing actions that often do not correspond to the desires of this population.

It was also revealed a concern with issues related to sexuality. However, some nurses prioritize activities on different topics, such as self-image, self-esteem, professional future. When analyzing the subject in its cultural, historical and social context, we must, together with educational practices, observe the reality of the adolescent and bring him or her to contribute in the identification of his or her real needs.[20] Working with adolescents makes it possible to discover new experiences and share themes to develop a problem as a strategy in the health education process. The importance of this construction of knowledge enables the creation of spaces and the formation of groups that contribute to the approximation of the discussion between the nurse and the subject. [21] Therefore, it is clear that an educational action in health must be planned and executed under the real needs of the clientele, aiming to achieve the expected results.

CONCLUSION

It is concluded that nurses have dichotomous understandings about educational actions, from broad actions that result in reflection on the adolescent's life habits to a transfer of information, based on professional knowledge.

It is considered that there is a lack in the development of educational actions aimed at adolescents. It should also be noted that the realization of educational actions aimed at the comprehensiveness and resolution of needs requires an expanded look at adolescents, and not only related to issues of sexuality and drugs, as was evidenced by the participants.

Still, it is essential that nurses allocate time from their work to plan and execute educational actions, together with the FHS team, so that they broaden the vision of "being an adolescent", and include comprehensive and humanized care.

It is expected that this study will contribute to foster educational actions directed at the adolescent public within the scope of the FHS, encourage nurses as to the care practice directed at this population, corroborate the scope of research, teaching and extension in order to reduce the social vulnerabilities experienced by teenagers.

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