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Original Article

HEALTH PROMOTION IN THE PERCEPTION OF THE STRATEGY OF FAMILY HEALTH NURSING PROFESSIONALS

PROMOÇÃO DA SAÚDE NA PERCEPÇÃO DE PROFISSIONAIS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

PROMOCIÓN DE LA SALUD EN LA PERSPECTIVA DE PROFESIONALES DE LA ESTRATEGÍA SALUD DE LA FAMILIA

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We aimed to know the family health professionals' perception on health promotion; identify the practices adopted to promote health; and identify the easiness and difficulties to carry out such practices. This is a qualitative research, carried out in four Family Health Units in Fortaleza, CE, Brazil. 11 nursing professionals of the teams were subjects of study; the data were collected by interviews and analyzed through the Discourse of Collective Subject – DCS. According to the collected speeches, health promotion means the transmission of knowledge in educational sessions, the prevention and treatment of diseases, improving the quality of life. The used practices followed the programs recommended by the Health Department. Among the difficulties we verified the lack of interest both from the patients as well as from the nursing professionals.
Descriptors: Health Personnel; Health Promotion; Family Health.

Objetivou-se conhecer a percepção de profissionais de saúde da família sobre promoção da saúde; identificar as práticas adotadas para promover saúde e as facilidades e dificuldades em realizar tais práticas. Pesquisa qualitativa, realizada em quatro Centros de Saúde da Família de Fortaleza-CE, Brasil. Foram sujeitos 11 profissionais das equipes. Os dados foram coletados mediante entrevistas e analisados através do Discurso do Sujeito Coletivo. Segundo os discursos coletados, a promoção da saúde configurava-se como repasse de conhecimento em sessões educativas, com vistas a prevenir e tratar doenças, melhorando a qualidade de vida. Das práticas utilizadas, tem-se o atendimento em programas preconizados pelo Ministério da Saúde. Das dificuldades, o desinteresse tanto da clientela quanto de profissionais.
Descritores: Pessoal de Saúde; Promoção da Saúde; Saúde da Família.

El objetivo fue conocer la percepción de profesionales de salud de la familia acerca de la promoción; identificar las prácticas adoptadas para promover la salud y las facilidades y dificultades de tales prácticas. Investigación cualitativa, en cuatro Centros de Salud de la Familia en Fortaleza, Ceará, Brasil. Fueron sujetos 11 profesionales del equipo. Los datos fueron colectados a través de entrevistas y analizados a través del Discurso del Sujeto Colectivo. Según los discursos, la promoción de la salud es la transferencia de conocimientos en las sesiones educativas, para prevenir y tratar las enfermedades, mejorando la calidad de vida. De las prácticas, se tiene el cumplimiento de los programas establecidos por el Ministerio de Salud. De las dificultades, hay la falta de interés tanto para la clientela como para los profesionales.
Descriptores: Personal de Salud; Promoción de la Salud; Salud de la Familia.

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INTRODUCTION

The promotion of health can be comprehended as a strategy for the confrontation of several problems which affect the health of the populations, considering the widened conception of the process health-disease-care and the several determinant factors. Furthermore, it is one of the four essential tasks of the Medicine among the prevention of diseases, the recovery of the ill patients and the rehabilitation.

Being healthy represents having decent conditions of life, work, education, physical fitness and ways of leisure and rest; it needs a coordinated effort of the political, labor unions, entrepreneurial, educational and medical sectors. It is their responsibility to define rules and establish standards [1].

According to the classical model of the natural history of the disease of Leavell and Clark, three levels of preventive measures were described in which the promotion of heath was classified as the first level of attention [2]. *A New Perspective on the Health of Canadians*, also known as Lalonde Report, was the first document to use this terminology based on the concept of health field, and to introduce the health determinants. This concept considered four components: the human biology, the environment, the style of life and the organization of the services of health among them several factors that influence health are distributed [1-2]

Along the last 25 years, international movements have contributed for the advent of the concept and principles of the promotion of health, incentivating the development in an effective way, mediated by practice. Three important international conferences establish the conceptual and political bases on the theme: the ones which were held in Ottawa, 1986; Adelaide, 1988; and Sundsval, 1991.However, the ones in Bogotá, 1992; Jacarta, 1997; and Mexico, 2000, presented the theme for a formal and widened discussion. Since then, this term has influenced health worldwide [2].

The Letter of Ottawa defines health promotion as 'the process of ability of the community to act in the improvement of its quality of life and health, including more participation in the control of this process' [3:19]. So, it also makes the community responsible for health promotion. Promoting health is sharing the responsibility of care with society.

In this sense, the use of educational strategies is necessary, besides the inter and multisectorial cooperation, and providing education in health to enable the population to act as health promoter is fundamental. Health promotion is different from prevention, because it has as ideal target the permanent or, at least, lasting elimination of the disease, it reaches the basic causes and not just avoiding pathologies which are manifested in patients [4].

The concept of health promotion has been widened along the years. However, these questions are considered: do the nursing professionals follow this process, assimilating the meaning of health promotion in the public policies of health? Or, do they still understand this as a synonym of health prevention? What is the conception the health professionals of the Strategy of Family Health (SFH) have regarding health promotion? Do these health professionals see themselves as health promoters? What practices do they perform and consider being health promotion actions?

Therefore this study has as objective to know the perception of the health professional of the Strategy of Family Health regarding health promotion, to identify the practices adopted to promote the health of the population and the easiness and difficulties found in order to perform such practices.

It is considered important that the health professionals of the Strategy of Family Health recognize their responsibility regarding the repercussion of the health public policies and the conditions of life of the population. So, the health professional must be prepared to face reality, it is primordial to know the meaning of health promotion thus allowing reflection on the theme.

METHOD

Qualitative and descriptive research made in four Family Health Centers of the Família da Secretaria Executiva Regional VI-SER VI, in Fortaleza,CE, Brazil. The units were selected for being training areas for nursing students.

From 19 Family Health Centers, four were selected from that VI-SER VI using as criteria of inclusion: to have more than two teams of family health even if they were not complete but constituted by the doctors and nurses working for at least six months in the health unit and who accepted to participate in the research.

The subjects were 11 health professionals: 4 doctors and 7 nurses who made up the teams. The data collection was made in March and April, 2009, through interviews with guiding questions on health promotion. The subjects were classified according to their age range, how long they had been graduated, specialization work or residence in Family Health and to the time of work in the Strategy of Family Health (SHF). The information was registered using a recorder, after the permission of the subjects.

The data were obtained from the Discourse of the Collective Subject (DCS), a set of data presented through the speech synthesis, written from a first-person perspective, listing the linguistic manifestations of varied thoughts on one central idea. The DCS is faithful to what was collected in the interviews, which provides quality to the content, providing the development of the collective 'I' through the use of two methodological figures: the Central Idea (CI) and the Key Expressions (KE)[5].

Six steps of DCS were followed: organization of the material, when the answers of the subjects were transcript through the Instruments of Discourse Analysis (IDA) divided in two groups: KE e CI; identification and removal of the KE, that is, sections of the discourse which identified the central ideas ; transposition of the CI to the corresponding IDAs; labeling with the letters A, B e C for each group of CI with the same sense; denomination of each one of the groups of CI, conferring them a synthesis CI that expresses all the others; and elaboration of the DCS[5].

In order to preserve the anonymity of the health professionals, the initial 'P' for Professional was used in the IDA, followed by the order of the interview. Following resolution 196/96 of the Health Department of Brazil which regulates the researches involving human beings [6], this research was approved by the Research Ethics Committee of the University of Fortaleza, according to legal opinion no. 008/2009.

RESULTS AND DISCUSSION

Description of the Subjects of the Study

A brief presentation of the subject of the study for the visualization of the professional category (doctor or nurse of the FHS) was considered pertinent, as well as how long they had been graduated their specialization or residence in public health or family health. The description can contribute to the identification of the comprehension of the health professional regarding health promotion.

The subjects of this study were 11 professional who worked in the SFH, 4 doctors and 7 nurses with an

age range 25 to 60 years. 8 health professionals had worked in the SFH for more than 10 years and 3 for less than 5 years. Of the 11 professionals, 9 concluded the course of specialization in family health and 2 were taking medical residency course in family health.

The time of insertion in the SFH, as well the ability in this area, can contribute for the conceptions regarding health promotion.

Discourses of the Collective Subject– DCS

The analysis of the perception of health professionals (doctors and nurses) who worked in the SFH was emphasized.

Key expressions	Central ideas
P1: *Strategy of transmitting to our patients what to do to improve, to guarantee the permanence of health through educational sessions in a very practical and direct way. No more meaningless talk but a dialogue between the health professional and the community.*	Transmitting knowledge to improve health. (A) Educational sessions. (A) Dialogue between the health professionals and the community. (A)
P2*: Strategy to treat the diseases*	To treat the diseases. (B)
P3*: A set of actions taken to improve the quality of life of the people.*	Actions to improve quality of life. (C)
P4*: Actions we can develop so that the people can have a healthier life to avoid diseases and treat them too.*	Set of actions to have a healthy life. (C)
P5*: Avoid the disease, improving the general condition of the person.*	Prevention of the diseases. (B)
P6*: They are actions we must adopt to improve the quality of life of the users.*	Actions to improve quality of life. (C)
P7*: Prevention of the diseases*	Prevention of the diseases. (B)
P8*: Promoting is the part where the doctor promotes talks to the patients to prevent diseases; this is the basic concept of promotion.*	Promoting lectures for the patients to prevent diseases. (B)
P9*: We use a group of pregnant, hypertense and diabetic women. They are opportunities for us to know several patients of the unit to talk about the prevention of this disease, have a complete follow-up of prenatal procedures, to avoid problems of delivery, puerperium and some elderly patients asking how their health is to avoid possible complications.*	Group for the preventions of diseases and complications. (B)
P10*: Conditions to avoid the disease*	Conditions to avoid the disease. (B)
P11*: Promoting health is when you prevent the disease before it comes*	Prevent the disease before it comes. (B)

Figure 1 - Instruments of Discourse Analysis (IDA) – Perception of the doctors and nurses regarding health promotion. Fortaleza, CE, Brazil, 2009.

The Central Ideas (CI) presented the same sense: transmission of knowledge (A); educational sessions (A); dialogue between the health professionals and community (A), having as the Synthesis of the Central Idea the promotion of health as a transmission of knowledge in educational session and dialogue between the health professionals and the community.

The other CIs were also learned: treatment of diseases (B); prevention of diseases (B); Promoting lectures for the patients to prevent diseases (B); Group for the preventions of diseases and complications (B); Conditions to avoid the disease (B); Prevent the disease before it comes (B); whose Synthesis of the Central Idea was the promotion of health as prevention and treatment of diseases in the patient and in the family through lectures and groups.

Other CIs were obtained: actions to improve the quality of life (C); set of actions to have a healthy life, having as Synthesis of the Central Idea the promotion of health related to the actions that improve the quality of life.

From the synthesis of the central idea, the key expressions were grouped, forming the DCS which expresses the ideas of the subjects in this study, having the following Discourse of the Collective Subject: *Promotion of health is a strategy of transmitting the knowledge to our clientele through educational sessions in a very practical and direct way, with dialogue between the health professional and the community to improve and guarantee health. It is also understood as preventing and treating diseases through lectures, groups, improve the general condition of the person and to avoid possible complications. They are actions that we can develop so that people have a healthier life, actions which improve the quality of life of people.*

The first discourse of the collective subject reveals the comprehension of the subject regarding promotion of health associated to the transmission of information, prevention and treatment of diseases, it also refers to the quality of life.

The inadequate use of promotion, when used as synonym for prevention, comes from the emphasis given to the changes of individual behavior and the almost exclusive focus on the reduction of risk factors for specific diseases, effective in certain programs entitled promotion of health. This focus on the person and his behavior has origin in the tradition of clinical intervention and in the biomedical paradigm. The promotion of health is presented as a strategy of mediation between people and the environment, combining individual choices with social responsibility for health[3].

Solidarity, care giving, holistic approach and ecology, are essential things in the development of strategies in the promotion of health. Consequently, the person who is involved in this process must consider, as orientating principle, that women, men, adolescent and elderly must be treated as equal partners in all the phases of planning, implementation and evaluation of the activity of the promotion of health[2].

The perception of the health professionals in the research regarding the promotion of health was limited when they referred to promotions associated to prevention and to the treatment of the diseases, but they are closer to the concept of the promotion of health as adopted in the Letter of Ottawa when they highlighted the question of quality of life. So, it is necessary to reevaluate such concept with the health professionals so that it can be effectively understood, thus influencing the clientele assisted with the ideas of the promotion of health.

The promotion of health is considered a theoretical-practical-political field and its actions should permeate the levels of complexity of the attention to health, being an instrument for the actions of the SFH, in which the health professional must move the focus from the disease to health. In this perspective, it is

necessary for the health professionals to reevaluate their practices, coming closer to the precepts of the promotion of health, as defined in the public policies in the process of taking care and providing assistance to the user, involving strategies making the interaction between families and health professionals possible, in order to find alternatives that improve the quality of life of the people[2,7].

Key Expressions	Central Ideas
P1*: In all the programs all the age-groups of the programs: DM, SAH and pregnant women.*	Programs of DM, SAH and pregnant women. (A)
P2*: During clinical attendance orientating the patients.*	Orientation to the patients during clinical attendance. (B)
P3*: Talk to them clarifying doubts about actions they might have, self-care, care of the family, the environment, care with food and abusive use of medicine.*	Dialogues about the care with personal health, the family and the environment. (B)
P4*: Through educational lectures, theater involving the community, groups, get the social actors, develop this through theater place and provide the education of the community together with us, in the schools too. Through campaigns against the dengue fever, of immunizations, of actions in groups and individually too.*	Educational lectures, theater, groups involving the community (B) Campaigns against the dengue fever, of the immunizations. (A)
P5*: Vaccination, lectures for pregnant women, even a child with verminoses.*	Vaccination. (A) Lecture. (B)
P6*: Education in health.*	Education in health. (B)
P7*: Continued education, lectures, and nursing consults.*	Continued education, lectures. (B) Nursing consults. (A)
P8*: The practices used are groups, lectures and scavenger hunt, for the understanding of the population.*	They are groups, lectures, scavenger hunt. (B)
P9*: We develop more preventive actions, try to work in the FHP, in the strategy it self that is more prevention, assisting a free demand, more spontaneous, more curative, therapeutic*	Assistance to a free demand. (A)
P10*: We use programs for hyper tense, diabetic persons, STD, prevention of cancer, child welfare, home visits with elderly. We provide assistance related to Tuberculosis and Leprosy.*	Use of programs and home visit. (A)
P11*: Group and lectures of hygiene, family planning.*	Groups and lectures. (B)

Figure 2 – Practices used by the health professionals to promote the health of the users. Fortaleza, CE, Brazil, 2009.

Among the practices used by the health professionals to promote health, these CIs were outstanding: Programs of Diabetes Mellitus (DM), Systemic Arterial Hypertension (SAH) and Pregnant women (A); nursing consults (A); assistance to a free demand (A); use of programs and home visit (A); campaigns against the dengue fever, of the immunizations (A); vaccination (A). For these the Synthesis of the Central Idea was used: the practice used by the professionals related to assistant of free demand to the consults, to the programs of health preconized by the Department of Health and to home visit.

Others CIs were expressed by the subjects: orientation during clinical attendance to patients (B); Dialogues about the care with personal health, the family and the environment (B); Educational lectures, theater, groups involving the community (A); lectures

(B); Assistance to groups (B); educational lectures (B); education in health (B);continued education, lectures. (B); groups, lectures, scavenger hunt (B); groups and lectures (B). These ideas had as Synthesis of the Central Idea the education in health mediated by lectures, theaters, individual scavenger hunt or in groups, practices used by the health professionals.

The following DCS was developed regarding ideas A and B of Chart 2: *we developed more preventive actions, we work in the PFH and with prevention providing assistance to a free demand and consults through programs such as diabetes and hypertension, with home visits and also through campaigns against the dengue fever, of the immunizations, of actions in groups and individual professionals. I use lectures, scavenger hunt, to promote health through education in health with theaters involving the community, providing orientation regarding personal care, with the family and the environment.*

The discourse of the collective subjects confirms the idea of promotion of health as prevention of disease which is a wrong vision, once the prevention differs from promotion, the latter is related to the orientation of the actions which have more control on the weakening of the possible risk or cause factors of groups of diseases or a specific disease[2].

So, the health professionals being researched presented restricted vision regarding the promotion of health, highlighted in the discourse when they reported that they promoted health through actions of prevention and treatment of diseases in the attendance in units of health, according to programs pre-established by the Health Department.

The comprehension may be associated to the old paradigm of health whose preventive vision is still predominant and is assimilated by health professionals. Such perception is highlighted once most people understand that the protection against diseases is possible through individual measure such as, for example, the use of vaccination[5]. The acceptation adopted by the subjects of this study can result in the lack of achievement of a model based on the promotion of health, which values the way people perceive and want to be healthy.

Expression Keys	Central ideas
P1*: Difficulty is the lack of interest of the clientele they arise at the moment of the consultation, but when we schedule an educational session, they think it is non-sense. They are not interested.* *There is ease but, it has to be regarding the health professionals´ interest as well*	Lack of interest of the clientele. (A) To have professional interest. (B)
P2*: Difficulty is the big demand of the patients.*	Big demand of the patients. (C)
P3*: Certainly there are difficulties because we don´t always obtain the wanted result, we provide education in health and there is no feedback.*	No obtainment of the wanted results of the education in health provided. (A)
P4*: Difficulty is time we have a big demand of patients and short time to promote health. There is a lack of interest of some health professionals,*	Big demand of patients and short time to promote health. (C) Lack of interest of the health professionals. (A)
P5*: Difficulty is adhesion, we schedule the lectures and they don´t come, just a few people. School is a facilitator; the program of family income promotes prevention. Assistance of the programs.*	Lack of adhesion of the clientele (A) The school is a facilitator as well as the program of family income. (B)
P6*: Medicine addiction and consults are the bigger difficulties found.*	Medicine addiction and consults. (A)
P7*: Group dynamics where the community participates and interacts with the whole time.*	Group dynamics. (B)
P8*: What is difficult is the material, the publicizing. What is easy is motivation.*	Difficulties are the material and the publicizing. (A) Motivation. (B)
P9*: Difficulty is the patient thinking that he will only look for a doctor if he is sick, he hardly comes for prevention and he only comes during the healing part. Difficulty is really to make the patient understand the vision of the promotion of health.*	Patient thinks that he only looks for a doctor when he is sick. (A)
P10*: Difficulties: the population included in the program of diabetes for the diet because the social economic level is low.* *Eases: Five teams which provide assistance to the community of the area.*	Social economic level is low. (A) Five teams which provide assistance to the community of the area. (B)
P11*: Difficulty is generally the number of patients to be assisted, assist all the program, hypertension, closing of the schedules. It is easy to make the promotion of health in the waiting room in the health center.*	Number of patients to be assisted. (C) Waiting room. (B)

Figure 3 – Difficulties and eases found when the promotion of health is intended. Fortaleza, CE, Brazil, 2009.

The CIs that represented the difficulties for the achievement of practices of promotion of health were found, classified in A and C, as presented: lack of interest of the clientele (A); No obtainment of the expected results of the health education provided (A); lack of interest of the health professionals (A); absence of patients in scheduled lectures (A); medicine addiction of the users and consults (A); patient looks for the doctor when he is sick (A); Social economic level of the population is low (A). Big demand on patients (C); big demand on patients and short time to promote health (C); numbers of patients to be assisted (C). These CIs were synthesized as difficulties found due to the lack of interest, both of the clientele as well as the health professionals, to the excessive demand of the patient and medicine addiction and the consults. The

following DCS was developed for CIs A and C, Chart 3: *the difficulties are related to the lack of interest of the clientele, because they come for the consult, but, when an educational session is scheduled, they think it is nonsense, they are not interested, there is no adhesion, I Schedule lectures and just a few people come. The patient thinks that looking for assistance is only necessary if he is sick. So, we provide education in health, with no feedback; there is a big demand in patients and short time to promote health, besides the difficulty regarding material and publicizing.*

The discourse shows that the difficulties the health professionals face to developed activities regarding the promotion of health are concentrated in two points: the organization of the service when the subjects mentioned the excessive demand and the short time to provide assistance; the valorization of educational processes by the clientele or by the health professionals.

The organization of the services in the SFH should be considered advancement in the efficiency in the service of health by team work, once the home visit is highlighted in its organization, together with the companion of the user and families, the relation between these teams with other equipment of the community, the presence of the health community agent[8].

However, the organization of the service has not yet been presented as reality, it needs the organization between health Professionals and demand, having a partnership with the families assisted to focus the promotion of health, once the researched subjects showed the educational process as a way to promote the health of the population, but the insufficient organization of the service can be contribute for the actions not to occur permanently.

To promote health is necessary to recognize people and populations as a main resource of health, support and enable them to keep themselves healthy through educational sessions and to accept the community as the essential voice in health matters, conditions of life and welfare, therefore it is necessary to involve the clientele without the activities of the unit once the lack of interest to participate can be associated to the lack of the involvement of the clientele with the planning and execution of the actions.

Therefore, the actions of promotion of health must be set as priority by the health team, besides searching for strategies of involvement of the team, as well as the involvement of the assisted clientele.

The CIs related to eases were group in: having professional interest (B); the school is a facilitator as well as the program of family income (B); group dynamics (B); motivation (B); five teams which provide assistance to the community of the area (B); waiting room (B). This CI had as Synthesis of the Central Idea the achievement of actions of promotion of health as necessary in order to obtain professional interest, motivation, active teams and achievement of actions in waiting rooms, schools and in the family income program.

As Discourse of the Collective Subject*: in order to promote health the interest of the health professional is necessary, motivation, providing education in health, in the schools, in the waiting room, in the family income program. It is important that there are enough teams to provide assistance to the populations of the area using group dynamic, where the community participates and interacts with the whole team.*

The discourses highlight the need of motivations by the health professionals as well as the moving of the unit to other venues, like the school. The motivation is a positive mental process which stimulates initiative and establishes the level of enthusiasm and effort that the person applies in the development of his activities. The motivational process is responsible for the intensity, the direction and the persistence of these efforts[9]. So, it is pertinent that health professional SFH and users feel motivated to make the practice take place.

In this analysis, the health professionals showed motivation as a way to achieve practices for the promotion of health through activities of education in health in different places, such as schools and waiting rooms.

The actions of education in health must be taken by the health teams as an interdisciplinary activity, and its it more than just an activity, for this attitude implies joining in the same actions, functions and attention to health in order to reach common objectives, facing quality of life[10-13].

Education in health is any activities related to learning designed to reach health. It is generally developed through inter-personal counseling and places such as doctors´ offices, schools, churches, etc, and also impersonally, through mass communication, using several media. Both the mechanisms effectively contribute to implement knowledge, attitudes and abilities related to behavior regarding health[1,12-13].

An important aspect for the development of educational practices is the effective communication of the health professional, that is, the use of mechanisms of mobilization in the reality in which the health professional works.

FINAL CONSIDERATIONS

The promotion of health is a strategy to provide quality of life and health through the confrontation and the solution of health problems and their determinants. The promotion of health is a process of enabling the community, stimulating them to participate in the process of promotion of their health, so, promotion of life can not be understood as prevention of diseases.

With the perceptions of the health professionals, on one hand the promotion of health is turned to prevention and treatment of diseases; on the other hand, to promotion, associated to the transmission of knowledge in educational sessions with dialogue and interaction, related to the quality of life, shows approximation with the precepts of promotion of health as proposed in the letters of promotions of health. The argument that the health professionals must substitute the practice of healing of the diseases of the clinical model by another that enhances the capacity of autonomy of the persons, families and groups to reach personal objectives to be healthy and sociable and to act in the group towards social transformation.

Therefore, it is necessary to have the formation of groups of discussion regarding this theme in order involve health professionals and users in the construction of a process of teaching/learning regarding the practices of promotion of health with must be intersectoral and multidisciplinary.

The proposed questions should be re-analyzed with the health professionals in order to have more ability and mediation so that they can be closer to the concept of promotion of health in its essences. Once the use of the concept of promotion of health, as synonym of prevention may remove the focus of the health as a positive concept to an absence of diseases and above all modify the focus of action only for the health professionals, while the users must be active subjects of the strategy of promotion of health.

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