

HEALTH EDUCATION FOR THE CHILD/ADOLESCENT/FAMILY: NURSES' TRAINING NEEDS

EDUCAÇÃO EM SAÚDE PARA A CRIANÇA/JOVEM/FAMÍLIA: NECESSIDADES FORMATIVAS DOS ENFERMEIROS

EDUCACIÓN EN SALUD PARA LOS NIÑOS/JÓVENES/FAMILIA: NECESIDADES FORMATIVAS DE LAS ENFERMERAS

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Objective: to identify nurses' training needs in Health Education for the child/adolescent/family. **Method:** quantitative survey applied to a sample of 311 nurses who performed Health Education for the child/adolescent/family in two hospital centers and two primary care groupings in the province of Trás-os-Montes e Alto Douro in the second half of 2018. **Results:** among the respondents, 84.9% (n=264) did not follow any model/theory of health education; 66.2% (n=206) did not attend any training in the context of Health Education in the past five years; 98.7% (n=307) considered that the training in Health Education is important for their professional development; and 93.6% (n=291) reported the need for specific training in the field of Health Education, particularly in "communication techniques" (50.5%; n=157) and "technical-pedagogical strategies" (50.5%; n=157). **Conclusion:** the nurses felt the need for training in models/theories, communication techniques and technical-pedagogical strategies of intervention in Health Education.

Descriptors: Health Promotion. Health Education. Nursing. Child Health. Adolescent Health.

Objetivo: identificar necessidades de formação dos enfermeiros em Educação em Saúde para a criança/jovem/família. *Método:* pesquisa quantitativa aplicada a uma amostra de 311 enfermeiros que realizavam Educação em Saúde para a criança/jovem/família em dois centros hospitalares e dois agrupamentos de atenção primária da província de Trás-os-Montes e Alto Douro no segundo semestre de 2018. *Resultados:* entre os inquiridos, 84,9% (n=264) não seguia nenhum modelo/teoria de Educação em Saúde; 66,2% (n=206) não frequentou nenhuma formação no âmbito da Educação em Saúde nos últimos cinco anos; 98,7% (n=307) considerou que a formação em Educação em Saúde é importante para o seu desenvolvimento profissional; e 93,6% (n=291) referiu necessidade de formação específica no âmbito da Educação em Saúde, nomeadamente em "técnicas de comunicação" (50,5%; n=157) e

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“estratégias técnico-pedagógicas” (50,5%; n=157). Conclusão: os enfermeiros sentiam necessidade de formação em modelos/teorias, técnicas de comunicação e estratégias técnico-pedagógicas de intervenção na Educação em Saúde.

Descritores: Promoção da Saúde. Educação em Saúde. Enfermagem. Saúde da Criança. Saúde do Adolescente.

Objetivo: identificar las necesidades formativas de las enfermeras en la Educación en Salud de los niños/jóvenes/familia. Método: estudio cuantitativo aplicado a una muestra de 311 enfermeras que realizan en la Educación en Salud de los niños/jóvenes/familia en dos centros hospitalarios y dos grupos de atención primaria en la provincia de Trás-os-Montes e Alto Douro, en el segundo semestre de 2018. Resultados: entre los encuestados, el 84,9% (n=264) no sigue ninguna teoría/modelo de Educación en Salud; el 66,2% (n=206) no realizó ninguna formación en el contexto de la Educación en Salud en los últimos cinco años; el 98,7% (n=307) considera que la formación en Educación en Salud es importante para su desarrollo profesional; y el 93,6% (n=291), destacó la necesidad de formación específica en el campo de la Educación en Salud, especialmente en “técnicas de comunicación” (50,5%; n=157) y “estrategias técnico-pedagógicas” (50,5%; n=157). Conclusión: las enfermeras consideraron la necesidad de formación en teorías y modelos, técnicas de comunicación y estrategias técnico-pedagógica de intervención en Educación en Salud.

Descriptor: Promoción de la Salud. Educación en Salud. Enfermería. Salud del Niño. Salud del Adolescente.

Introduction

Health promotion has been assumed as a broad paradigm, in which the individual is an active participant in educational strategies that promote the autonomy and decision-making with a view to changing behaviors. Therefore, Health Education (HE) is a cross-sectional and intersectoral practice in society⁽¹⁾. In this sense, the investment in health throughout the life cycle, by means of empowerment of citizens, is part of the frame of reference for European health policies⁽²⁾.

However, due to the rapid social changes, the Nursing care is increasingly culturally diverse, and the nurse must have certain skills and abilities acquired in continuing education⁽³⁾. Although the role of the educator is not always appreciated by the nurse, this is an important performance in HE⁽⁴⁾, since it is not limited to filling gaps in the service provided to the community. This professional stands out as a planner of transforming actions that cause changes in their professional and social context⁽⁵⁾.

In the context of Nursing practice in HE focused on the child/adolescent/family, it seeks to promote the family health and increase the well-being of the family unit (parents and child/adolescent). This practice reveals the importance of the nurse as an educating agent

with functions of orientation to the child/adolescent/family, in order to meet their needs⁽⁶⁾.

Considering that the health promotion is a concern and a central theme constituent of the political agenda of many governments⁽⁷⁾, nurses are responsible for designing and planning intervention programs in the HE context. This practice is described in quality standards of professional practice in Nursing⁽⁸⁾ and foresees that the nurses are essential in health, being essential to ensure that the Nursing education empower them to work in partnership with other professionals and meet the needs of health systems⁽⁹⁾.

This research study aimed to identify nurses' training needs in HE for the child/adolescent/family.

Method

Quantitative and cross-sectional research conducted in two hospital centers and two groupings of health centers in the province of Trás-os-Montes and Alto Douro, totaling four pediatric hospital services and 29 health centers – Hospital Center of Trás-os-Montes and Alto Douro (EPE), Grouping of Health Centers of Trás-os-Montes - Alto Tâmega and Barroso, Grouping of Health Centers of Douro I - Marão and Douro

Norte, Northeastern Local Health Unit (EPE) –, during the second half of 2018. The sampling was non-probabilistic by convenience.

The inclusion criteria of the target population were: being a Nursing professional exercising the activity for more than six months in pediatric hospital services; being a Nursing professional exercising the activity for more than six months in primary health care whose activity encompasses health consultations for children and adolescents; and nurses' acceptance to participate in the study. The sample was composed of 311 nurses (78.5% of the population under study).

For data collection, a survey by questionnaire was built and used, which was applied after the authorization of the responsible levels of institutions participating in the study and assent of the respective Ethics Committees (Northern Regional Health Administration: Opinion n. 124/2018; Hospital Center of Trás-os-Montes and Alto Douro, EPE: Opinion n. 256/2018; Unidade Local de Saúde do Nordeste, EPE: Opinion n. 00316/2018). The authors also ensured that the distributed questionnaires were part of the informed consent, explaining to the participants in this study that their participation does not bring risks and that they had full freedom to accept or leave the study, without restrictions or consequences. They were ensured that there would be confidentiality regarding preservation of the data collected, which would be used exclusively for the research. The privacy was equally respected and the anonymity of the participants was guaranteed.

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS 22.0). To analyze the sociodemographic characteristics, descriptive analysis (frequency distributions, measures of central tendency and dispersion measures) was used. For the associations between variables, statistical inference was used⁽¹⁰⁾. The Kolmogorov-Smirnov test showed that the sample had not a normal distribution, resorting to the non-parametric Chi-Square test (χ^2)⁽¹⁰⁾ by Monte Carlo simulation. For

all statistical tests, a significance level of 0.05 ($p < 0.05$) was adopted.

Results

In relation to the sociodemographic and occupational characteristics, the results showed that, for the total number of valid cases ($n=311$), 89.1% ($n=277$) of the nurses were female and 10.9% ($n=34$), male; the mode of the age remained in the range from 40 to 50 years and the time of professional exercise was in the range from 15 to 20 years; 56.6% ($n=156$) of the respondents had only the Licentiate's degree and 39% ($n=121$) had the course of Specialization Post-Licentiate; 13.5% ($n=42$) exercised their professional activity in the hospital and 86.6% ($n=269$), in primary health care.

Of the variables that allowed portraying the nurses' training needs in the context of HE for the child/adolescent/family, the results showed that, in relation to the model/theory adopted for the implementation of this practice, 84.9% ($n=264$) of respondents said that they follow no model/theory and only 15.1% ($n=47$) reported following some model/theory. The models/theories most raised by 15.1% ($n=47$) of the respondents were: standards of Health Overall Direction and the "National Health Plan for Children and Adolescent".

Regarding the frequency of training in the HE context, over the past five years, 66.2% ($n=206$) did not attend any training and 33.8% ($n=105$) claimed having attended. Most nurses that participated in specific training in HE were between 40 and 50 years.

When asked if they considered training in HE important for professional development as nurses, 98.7% ($n=307$) considered it important and 1.3% ($n=4$) did not consider it important.

When asked about the need for specific training in the HE context, 93.6% ($n=291$) of nurses felt this need. The topics of the needs for specific training in HE for the child/adolescent/family most pointed out were "communication techniques" (50.5%; $n=157$) and "technical-pedagogical strategies" (50.5%; $n=157$) (Table 1).

Table 1 – Distribution of surveyed nurses according to the scope of training needs in Health Education. Trás-os-Montes and Alto Douro, Northern Portugal, Portugal – 2018. (N=311)

Specific training in the Health Education context	n	%
Planning of Health Education activities	119	38.8
Development of Health Education activities	145	46.6
Teaching-learning processes	132	42.4
Literature review	100	32.2
Communication techniques	157	50.5
Technical-pedagogical strategies	157	50.5
Acquisition of training skills	135	43.4
Acquisition of relational skills	77	24.8
Assessment of child/adolescent/family needs	125	40.2
Understanding theories and models of Health Education	151	48.6
Knowledge of Health Education development practices	79	25.4
Knowledge about obtaining, processing and analyzing data	75	24.1
Information technology training	65	20.9
Construction of indicators	94	30.2

Source: Created by the authors.

The analysis of the association between the recognition of training, in the HE context, as important for professional development, did not reveal the existence of statistically significant differences with the “academic/professional qualifications” ($\chi^2=1.534$; $df=4$; $p=0.683$); “time of professional practice” ($\chi^2=8.972$; $df=5$; $p=0.128$), and “professional practice site” ($\chi^2=0.633$; $df=1$; $p=0.648$). Nonetheless, there was a relationship with the “age” ($\chi^2=22.202$; $df=4$; $p=0.007$), which occurred in the range from 50 to 60 years.

The analysis of the association between the need for specific training in the HE context and the variables “age” ($\chi^2=4.315$; $df=4$; $p=0.301$), “academic/professional qualifications” ($\chi^2=3.082$;

$df=4$; $p=0.475$), and “time of professional practice” ($\chi^2=5.4444$; $df=5$; $p=0.318$) did not reveal the existence of statistically significant differences. Nevertheless, the variable “professional practice site” influences the need for specific training in the HE context ($\chi^2=12.845$; $df=1$; $p=0.002$), with the effect in the context of primary health care. This means that, among the nurses of primary health care, there is a greater need for specific training in HE, because, among them, the number of responses is higher than expected (3.6) and, among the nurses who exercise a professional activity in the pediatric hospital, the number of responses is below the expected (-3,6) (Table 2).

Table 2 – Results of the Chi-Square test by Monte Carlo simulation applied to the variables “professional practice site” and “training needs within the Health Education scope”. Trás-os-Montes and Alto Douro, Northern Portugal, Portugal, 2018. (N=311)

Professional practice site	Training needs in the Health Education scope				Chi-Square Test	
	Standardized waste	Yes	No	n	Value	df
Primary Health Care	Count	257(1)	12(2)	269	12.845(1)	1
	Expected count	251.7	17,3	269,0		
	Adjusted waste	3.6	-3.6			
Hospital Unit	Count	34(1)	8(2)	42		
	Expected count	39.3	2.7	42.0		
	Adjusted waste	-3.6	3.6			

(continued)

Table 2 – Results of the Chi-Square test by Monte Carlo simulation applied to the variables “professional practice site” and “training needs within the Health Education scope”. Trás-os-Montes and Alto Douro, Northern Portugal, Portugal, 2018. (N=311) (conclusion)

Professional practice site	Training needs in the Health Education scope			Chi-Square Test		
	Standardized waste	Yes	No	n	Value	df
				Likelihood ratio	9.455	1
				Fisher's exact test		
				Linear by Linear Association	12.804	1

Source: Created by the authors.

Notes:

(1) 1 cell (25.0%) expected a count below 5. The minimum expected count is 2.70.

(2) Computed only for a 2x2 table.

Discussion

Before the current trends, the care needs and the expectation that all children/adolescents/families should have access to Nursing care that promotes health in a holistic approach⁽⁸⁾, the Nursing interventions in the context of HE for the child/adolescent/family need to be based on theories and/or models. However, the adoption of a HE model may not be a simple task, not only because, in the literature, there were different theories/models of HE, but also because the training in Nursing remains predominantly focused on the biomedical model⁽¹¹⁾.

Since most nurses (84.9%; n=264) did not follow any model/theory during the practice of HE for the child/adolescent/family, this fact may actually result from the diversity of theories/models of HE and/or unawareness of these by the nurses. Reinforcing this idea, although 98.7% (n=307) of nurses consider the training in the HE context important for their professional development, only 33.8% (n=105) attended specific training in the HE context in the past five years.

On the other hand, and classifying the approaches of HE into three categories – traditional approach, transitional approach and modern approach⁽¹²⁾ –, if considering that the models/approaches adopted by nurses will characterize their HE practice, the fact that 84.9% (n=264) mentioned not following any theory/model can lead to think that nurses are linked to a traditional

approach. Another understanding is presented in a study that considers the possibility of nurses being linked to traditional frameworks of limited and limiting health promotion practices, due to excess work, inadequate education and practice, as well as focus on the biomedical model⁽¹³⁾.

Once 93.6% (n=291) of respondents acknowledges the need for specific training in the HE context, and the practitioner of health promotion acquires skills to build his/her knowledge about the concepts, principles, ethical values and theories of Health Promotion to apply them in practice⁽¹⁴⁾, one should highlight the importance and need of nurses have access to training that enables them to understand the models/theories underlying the approaches in HE, ensuring the development of skills, updating and strengthening of competences⁽¹⁵⁾.

Several studies suggest the need for reformulating the training processes, because the development of competences in health promotion gives cognitive resources, skills, and attitudes that respond to professional standards of Health Promotion practice⁽¹⁶⁾.

In this sense, the preference will be the development of these training processes in the health institution where professionals carry out their activity, so that there is a place for individual and collective reflection, sharing of experiences/knowledge, and an evaluation of the practices that intensify processes of continuous improvement of Nursing professional practice in the context of HE for the child/adolescent/family.

Only 33.8% (n=105) of nurses attended specific training in the HE context in the past five years. This fact can lead to think that nurses give preference to training focused on the updating of technical-scientific knowledge. A better result was obtained in a study^(17,89) in which 50% of the nurses reported having attended "Training of Support for HE" in the past five years.

It was possible to observe that 98.7% (n=307) of nurses believe that training in the HE context is important for their professional development. Although there were no statistically significant differences between the importance of training in HE for professional development and academic/professional qualifications, professional practice length and site, there was a relationship with age, which occurred in the age range from 50 to 60 years. In this sense, younger nurses valued more techniques and procedures than the practice of HE, which may indicate the need for further theoretical deepening this practice in Nursing undergraduate courses.

One can also consider the possibility that this subject is little appreciated by the entities responsible for training in health institutions. However, the training of professionals that practice HE, before the current reality in constant mutation, have to qualify not only with the technical and scientific knowledge, being necessary a survey of needs on the part of the institutions, to reveal their potential in HE. Thus, it is also important to encourage institutions to promote training that enables deepening and/or improving their knowledge, skills and professional attitudes/practices in the context of the HE for the child/adolescent/family, in addition to strategies of HE intervention (planning, implementation and evaluation). The practice of educating has an essentially reflective nature, which favors the horizontality of relations between professionals and community, dialog, autonomy and decision-making process⁽¹⁸⁾.

Furthermore, 93.6% (n=291) of the nurses reported feeling the need to attend specific training in the context of the HE practice, especially in "communication techniques" (50.5%; n=157) and "technical-pedagogical strategies" (50.5%; n=157).

This can be indicative of the nurses' recognition of the importance, complexity and nature of the processes of HE for the child/adolescent/family, the need to review/deepen concepts inherent to this practice to implement consistent interventions, and the improvement of skills to deal with the child-adolescent and family binomial. Study on the identification of factors of implementation of educative practices in health promotion verified that the nurses pointed out as an influencing factor of that implementation the absence of professional qualification in HE⁽¹⁹⁾.

Health communication is also understood by nurses as fundamental to the effective practice of HE, since, in the pediatric context, it constitutes a central element, influencing the relationship of partnership with the child/adolescent/family. Furthermore, it is one of the key competences in health promotion as defined by the pan-European project Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe (CompHP)⁽¹⁴⁾ of the European Workshop of the International Union for Health Promotion and Education. A study⁽²⁰⁾ emphasizes the need to develop the competence of communication during the Nursing undergraduate course.

The competences in technical-pedagogical strategies (strategies for intervention in HE) are equally important, since the complexity of human behavior implies having the capacity for planning, implementation and evaluation of technical-pedagogical tools, so that, in a systematic way, they promote efficient and effective interventions based on the specificity of the binomial child/adolescent/family.

In relation to the need for specific training in the HE context, and although there was no statistically significant differences regarding age, with the time of professional practice and with the academic/professional qualifications, there was association with the professional exercise site. That is, among the nurses in primary health care, there is a greater need for specific training in HE than among those who were exercising their professional activity in the pediatric hospital. This correlation with the place of work

may result from the fact that the sample of nurses that perform their professional activity in primary health care is more expressive (86.5%; n=269), and because studies show that the nurses develop more often activities of health promotion in this context⁽²¹⁾.

Comparing the health promotion practices between nurses in the hospital context and primary health care, a study⁽²²⁾ found that these practices differed with the work context. That is, in primary health care, strategies for promoting healthy life styles and referral of problematic situation were developed more systematically, while, in the hospital, the problem was identified and the activities of direct and indirect care were supervised more meticulously.

A research⁽²³⁾ performed with nurses in the hospital context pointed to the need to reflect on the training of nurses and nursing practices in the hospital context, in order to conform them with the current paradigms of health promotion, which are based on a holistic vision of the individual, so that he/she is inserted in a dynamic context and actively participates in the construction of his/her project for healthy life. The study also shows that the training failures come from the training of nursing basic courses.

Scientific evidence related to the intervention programs in higher education shows little relation with the requirements of the contexts of health promotion and few programs with the criteria of good practices in health promotion⁽²¹⁾. Nevertheless, in recent years, these competences have been discussed in international contexts, and the literature has pointed to the existence of confusion between concepts in those practices, even during the training process⁽²⁴⁾.

Several recommendations were also made on the importance of providing students greater clinical experience in primary health care⁽²⁵⁾. Therefore, there should be greater theoretical deepening in relation to health promotion, both in Nursing undergraduate courses, as in ongoing training, so that nurses do not forget their technical-scientific update and can recognize their proactive role when carrying out HE interventions.

The results obtained in this study are useful for the Nursing teaching. Therefore, there is need for theoretical deepening of theories/models, concepts, values, principles, communicational strategies and technical-pedagogical, in order to allow developing a work of empowerment of diverse competences, particularly in the context of the HE for the child/adolescent/family. For the effectiveness of Nursing care, there should be a policy of continuous training promoting professional development.

It is important to highlight the relevance of this research for health institutions, once the results found produced evidence that can serve as a reference and proved to be useful for improving and (re)formulation and/or enhancement of interventions in HE for the child/adolescent/family. Thus, it allows reflecting critically and strategically this area, as well as designing, implementing and evaluating the impact of strategies of HE in different contexts.

The present study allows feeding the continuity of the debate around the HE performed by nurses for the child/adolescent/family, producing promising results to reaffirm the importance of continuing to give visibility to the practice of HE performed by nurses in child/adolescent/family health, allowing maintaining the processes of continuous improvement of the quality of Nursing care.

Finally, a limitation of the study is its restriction to a geographical area. Therefore, it would be useful, for improving the nursing practice in the context of the HE for the child/adolescent/family, to consolidate this research through comprehensive studies in order to obtain generalized results at national level.

Conclusion

The results of this study showed that most nurses, in the past five years, did not attend specific training in HE and do not follow models/theories associated with the practice of HE. Nonetheless, they consider that the training in HE is important for their professional

development, assuming training needs in HE for the child/adolescent/family, in particular within the framework of “communication techniques” and “technical-pedagogical strategies”.

There should be the deepening and improvement of skills and values intrinsic to the practice of HE in Nursing undergraduate courses and in ongoing formation, in order to allow the reflection and the sharing of knowledge supported by evidence, the performance of the professional exercise based on processes of continuous improvement of quality standards, forming health-promoting agents with tools that promote conscious and sustained changes in child/adolescent/family, promoting health-promoting behaviors and contributing to the visibility and improving the effectiveness and efficiency of Nursing interventions in HE for the child/adolescent/family.

Collaborations:

1 – conception, design, analysis and interpretation of data: Anabela Fonseca Pereira, Joaquim José Jacinto Escola and Carlos Manuel Torres Almeida;

2 – writing of the article and relevant critical review of the intellectual content: Anabela Fonseca Pereira, Joaquim José Jacinto Escola and Carlos Manuel Torres Almeida;

3 – final approval of the version to be published: Anabela Fonseca Pereira, Joaquim José Jacinto Escola and Carlos Manuel Torres Almeida.

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