

## NURSING AND HEALTH EDUCATION IN BRAZILIAN SCHOOLS: AN INTEGRATIVE LITERATURE REVIEW<sup>1</sup>

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### ABSTRACT

This integrative review of the literature sought to investigate the production of theoretical approaches in relation to nursing actions in Brazilian school health education, in the period from 2001 to 2011. The scientific productions were sought in April 2011, in the databases of the Virtual Health Library (Biblioteca Virtual em Saúde). From the corpus of analysis of the eight articles which made up the review, four thematic axes were emphasized as contributing knowledge production to nursing and school health education: the nurse in school health education; the preventive/traditional model of health education; the radical model in health education; and institutional partnerships possible for school health education. The present review supports the work of the nurse in school health education actions and urges partnerships in the development and implementation of accessible educational programs that guide the school health education policy in Brazil, recognizing in the student a potential multiplier of knowledge, and of sensitization of the collectives.

**Keywords:** Health Education. Nursing. School Health.

### INTRODUCTION

Currently, society is significantly different from that which was seen through the windows of houses in the past, reflecting how Humanity relates in the collectives. Behaviors, criteria and values have been transformed and continue to do so, and living with violence, criminality and drug consumption in school is a reality.

Never before has there been such dissemination of knowledge on what healthy living habits are, but neither has the incidence of preventable diseases ever been so high. It may be that the response to all these changes may be in the contemporary life and behaviors which, generally speaking, receive greater focus in public health. Education is therefore an excellent strategy for the promotion of school health, health which is viabilized based on autonomy for self-care.

The school, an authentic space for the advancement of social transformation<sup>(1)</sup>, receives students and families from the community with their health-related conceptions and behaviors, which in most cases are learnt in the family, in the groups with which they relate directly, and from the media. These are family and

community knowledges and contexts which function “precisely as routine instruments for the maintenance of this life”<sup>(2:186)</sup>.

However, the investment in actions of prevention of ill-health remains, it being believed that this is enough for a healthy life style and for care for oneself, a known difficulty for health professionals in overcoming the prescriptive approach in health education.

Health education, in this study, is held as a wider process of education, being constituted as an important space for construction and propagation of knowledges and practices related to the ways in which each culture conceives of living healthily, as an instance of production of social subjects and identities<sup>(3)</sup>.

In keeping behavioral change as a health education model, health promotion based on possible choices is impaired<sup>(3,4)</sup>, resulting in the curtailment of autonomy and self-care promotion. In this model, the lack of health is a problem which may be solved through actions of control and intervention in the problems of students, teachers, staff and even environment, given that it is the health professional who has the appropriate information for overcoming the harm to health resulting from life<sup>(3)</sup>.

Nevertheless, historically the health

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promotion movement articulates actions based on investments in the subjects' autonomy for self-care<sup>(2)</sup>; autonomy in the sense of the individual's ability to define his or her own limits, opposing what is guided or determined by others<sup>(2)</sup>. Health can no longer be understood as the absence of illness, but as quality of life and a resource for life. By 'health promotion', we understand people's preparedness for self-care, through educational actions, not only with the aim of informing, but also to increase their critical awareness of their context, so that they may intervene in it so as to improve it<sup>(2)</sup>.

It is natural, then, to consider alternatives which promote health as a resource for life, above all, based on the individual and collective sensitization for facing the challenges of existence, as it is a fact that people in general do not change their lives just because somebody informed them about risks, or about what is good for them and what bad.

In promoting education for self-care in school, one should not fail to consider that, even when well-informed, students could choose to act in another way, and this is acceptable, as failing to adopt behaviors indicated by the health professional, in order to form ways of life produced based on an action of social, cultural and individual reciprocity, is one of the paradoxes of lay knowledge and choices<sup>(4)</sup>.

It is necessary to recognize that the investment in school health education actions entails valuing life and health, and this makes it possible to accept choices as possible, rather than obligatory, following the logic of the informed choice<sup>(2)</sup>.

Based on contact with nurses and public health professionals who undertake health education actions in schools, and those who barely carry them out or present skeptical attitudes, or who even belittle them in their considerations, there arises therefore the desire to know what has been produced by nursing in terms of health education with schoolchildren in Brazil.

The rationale for the literature search for a theoretical basis which responds to these concerns is centered on the relevancy of the perspectives for the educational practice of nursing in the schools to change itself and the contexts, the tradition and the innovation in

health education<sup>(4)</sup> and the School Health Program<sup>(6)</sup>. In this regard, this study derives from the end-of-course paper of the Specialization Course in Public Health of the School of Nursing of the Federal University of Rio Grande do Sul (UFRGS)<sup>(6)</sup>, with the aim of investigating the production of theoretical approaches to nursing actions in health education in schools in Brazil, in the period from 2001 to 2011, so as to indicate contributions of theoretical productivity to nursing and school health education.

## METHODOLOGY

The article results from an integrative review of the literature on publications regarding nursing actions in health education in schools in Brazil, whose data was collected from sources available online, in the databases of the Virtual Health Library, bringing together the Latin American and Caribbean Health Sciences (LILACS) database, the Nursing Database (BDENF), and the Scientific Electronic Library Online (SciELO) digital library, in April 2011, considering scientific production in the years 2001 to 2011.

The integrative review is a research method that, through raising data, makes it possible to critically analyze and summarise scientific findings, identifying actions which have resolute capacity when used in nursing and in health education, in addition to indicating shortcomings in areas which deserve to be the subject of studies carried out in future research<sup>(7)</sup>. It also allows one to bring together results arising from primary studies on the same issue so as to construct explanations in its analysis on a specified phenomenon. For that purpose, the following stages are followed, which provide methodological organization and rigor to the study: definition of the review's objective and questions to be answered; a search to collect the maximum of relevant primary studies within the inclusion and exclusion criteria for the selection of publications; the elaboration of an instrument for the data collection; and analysis and discussion of the results<sup>(8)</sup>.

Responding to the study's guiding question – "How are nurses carrying out school

health education actions in Brazil?" – in the first stage of the research, 974 publications were identified on the Virtual Health Library (VHL) website, using the Health Sciences Descriptors (DeCS) "health education", "nursing" and "school health".

The inclusion criteria defined for the selection national and international publications from only the years 2001 to 2011, in the format of complete articles, in the modes of original research, literature reviews, theoretical reflection and experience reports, in a selection made for the Brazilian context. The criteria also included availability in the Portuguese and Spanish languages. The criteria considered for inclusion referred to works of greater academic weight, up-to-date and more disseminated nationally and internationally, indexed in the most-recommended databases in the area of nursing and school health education. As exclusion criteria, dissertations and theses were disconsidered, since we had prioritized published articles related to research projects and reflection projects.

After the utilization of the inclusion criteria of the complete text, the search indicated 47 publications made available in full for online access. Applying the inclusion criteria of language resulted in 18 articles in Portuguese and two in Spanish. Applying the inclusion criteria of the period 2000 to 2011, there were 13 articles in Portuguese and one in Spanish. Numerous readings of the complete articles resulted in the identification of eight articles which satisfied the guiding question in full, all of which were available in the Portuguese language.

Thematic content analysis<sup>(9)</sup> was used for analyzing the information, made up of three stages. In the first, the pre-analysis, skim-reading was undertaken of the articles in full, the objective being to identify the context of the nursing and Brazilian school health education. The second stage, exploration of the material, consisted of organizing the material, identifying the thematic areas based on the data found. The third stage, treatment of the results and interpretation, dealt with the analysis of the themes found, interpreted and reflected in the light of the ideological conceptions found, with the aim of building new knowledge.

In research involving bibliographic surveying, there must be ethical rigor regarding the intellectual property of the works consulted when one uses the content and cites parts of the same. These criteria were respected in the undertaking of the study, with the use of the norms prescribed by the Brazilian Association for Technical Standards (ABNT) for quotations and references of the authors<sup>(10)</sup>.

## RESULTS AND DISCUSSION

The presentation of the results, and their discussion, are expressed in this stage of the integrative review, with the intention of characterizing the productions on nursing actions in Brazilian school health education.

The database of publication, the year of publication, the authors and their respective credentials, the article's title, the descriptors submitted to the publication, and the method which underpins the production of the article and the scientific findings were addressed. This allowed us to distinguish the principal peculiarities of each article and its contribution to nursing and school health education.

Even taking into account the scarcity of studies published in the period studied, 2001 to 2011, between 2001 and 2003 there were no publications, as also in 2007. In the years 2004 and 2010, there were two publications a year. In 2005, 2006, 2008 and 2009, one publication per year was identified.

Among the scientific databases LILACS, BDENF and SciELO, only LILACS presented publications with the purpose of the study and descriptors studied.

Among the 29 authors of the articles identified, six are nurses who are professors with PhDs; one is a psychologist, a professor with a PhD; one is a nurse, and a professor undertaking her doctorate; another, a nurse, a professor with a Master's degree; another, a nurse, a professor and specialist; another, a nurse undertaking her Master's degree; one is a nurse, and six are student nurses. Ten authors, however, did not give their title. The results indicate that it is nurses who publish most on nursing and health education in schools, although professionals from the areas of health, the humanities and

education are added to these initiatives and are found among the authors of the studies analyzed.

Of the descriptors identified in the articles, nursing and health education were used four times. Health promotion was present in three articles, and school health and adolescence twice each. Nursing administration was mentioned once, although this is not a descriptor in health sciences.

The results found show that the concerns which gave rise to the scientific productions were strategies used by nurses in the promotion of the health of schoolchildren, educational technologies applied in the context of education in school health, prevention of smoking in adolescence, traffic safety health education, prevention of child malnutrition, interference of family and school factors on children's health, education of the professionals for health care, nursing administration in health education, and the role of bioethics in school health education.

With the intention of promoting the contributions of the production of knowledge for nursing and school health education, four thematic axes emerged: the nurse in school health education; the preventive/traditional model of health education; the radical model in health education; and possible institutional partnerships with school health education.

### **The nurse in school health education**

The nurse's profile as an educator makes him stand out in the pedagogical spaces of health, this is part of his role, it is art and science. It happens when he carries out educational practices in school health, whether in the nursing team he manages, trains and supervises, or in the health team of which he is a member and with which he presents actions promoting self-care, or when he invests in the student's autonomy, as can be seen in some excerpts extracted from the publications:

"We, educators, must concern ourselves not with the quantity of information which we pass to the student, but rather with the knowledges which will guide him in life"<sup>(12:350)</sup>.

"It is from this process of inter-relation between the care and the education that the image of the nurse is inseparable. In this way, he re-affirms his role as educator, in practising his actions,

committed to the promotion of the population's health and quality of life"<sup>(13: 593)</sup>.

"In these three years the project has been running, we have noticed that the initial resistance presented by the teachers (of the school – our clarification) to the presence of the students of nursing was worked around and reduced through the work undertaken by students. The best contribution that health could offer to education lies in the possibility of an integrated and articulated action, critically and reflexively"<sup>(14:394)</sup>.

"In the Primary Healthcare Center (UBS), there has been no increase in demand from adolescents for the Center, as a result of carrying out the activity, but the health team has not seen this as something negative – on the contrary, all and any work undertaken outside the UBS's walls is seen very positively, principally the educational work with a preventive character, as it helps to reduce spontaneous demand, which is very big, and which the professionals cannot always take care of"<sup>(15:507)</sup>.

"We emphasize the need for the Nurse to produce new educational technologies, going beyond the health education activities based on one-off actions which do not recognize the true needs, desires and aspirations of its members [...], favoring the embracement and link between the adolescent and nurse"<sup>(17:171)</sup>.

"Undertaking qualified listening means developing the ability to listen to the narratives and remember that the narration of a fact can modify the way of facing it and acting on the situation. After all, learning to listen is a fundamental ability in health education and in the nursing care"<sup>(18:311)</sup>.

As a result, the importance of the nurse's work in school health education actions with a view to health promotion enters the discussion. Opening oneself to the view that health education is one of the knowledges available, and that pupils and the school community are keen to care for themselves and to look after their own behaviors, requires the nurse to consider the manifestation of the pupil's beliefs, interactions and ideas, and those originating from the school community. It is not enough to understand that the limits of freedom are established in relation to the other, as a subject who creates, invents and applies his or her culture, makes choices and takes his or her own

decisions; one must accept that life itself is the health criteria<sup>(2,4)</sup>.

### **The preventive/traditional model in health education**

The publications analyzed allow one to confirm that some studies undertaken in the practice field, and which incorporate the surveying of the health problems of the population studied, the planning of actions, use of interventions and evaluation of activities undertaken for the promotion of changes in behavior in favor of health, occurred in the light of the preventive/traditional model of health care<sup>(4)</sup>, which has as a premise “the idea that health professionals know what constitutes a ‘healthy lifestyle’ and that adopting this way of living is a question of personal choice!”<sup>(4:425-6)</sup>. For example, in one of the studies, the authors indicate the result of the activity for the schoolchildren:

“They were motivated to teach even their parents, as, in spite of being adults, they may not know the correct way of behaving in traffic and the children, based on this lesson, have already acquired the knowledge necessary to guide them in what is right and wrong”<sup>(11:63)</sup>.

In relation to the carrying out of education actions in school health, emphasis is placed on the type of activity undertaken.

“Final considerations are made, and a folder is handed over containing all the information passed during the activities”<sup>(11:64)</sup>.

“Each practice group elaborates a plan of activities, in line with the definition of the objective to be achieved, choice of the group, and method for surveying the issue to be worked upon, and choice of the resources for developing and evaluating the educational work. Next, they go to the field, and carry out the planned action, return to the Primary Healthcare Center, and evaluate the results achieved and the difficulties experienced, elaborating a report on the undertaking of the activity”<sup>(15:506)</sup>.

These studies contribute to the profile of school health and provide information which, however, restricts health, a social product, to being an object which may be controlled by the health professionals and the school community. These imperatives constituted based on the epidemiological surveys considered for planning

strategies for investing in school health promotion actions, and which aim to improve these rates, give the impression that the entire school community lives in these same conditions and that all will have the same conditions to care for themselves. In instructing schoolchildren about the relationship between incorrect behavior and illnesses, the intention is to persuade them to adopt different conducts, a conventional understanding of how to do health education.

### **The radical model of health education**

The radical model of health education comes in response to the premises of health promotion, and promotes health as a resource for a well-lived life, being centered on the increasing of people’s critical consciousness, providing equally-important information to the field of health and life skills<sup>(2)</sup>. Studies were recognized with approaches which foster reflection on the aspects of the personal context, which indicate investment in the pupils’ and school community’s autonomy, as may be observed in the following excerpts:

“The objective of education is not to transmit ever more knowledge to the pupil, but to create in him an interior and deep state, a type of polarity of spirit which guides him in a specific direction, not only during childhood but for his whole life”<sup>(12:350)</sup>.

“In this process of configuring their identity, often experiencing very dramatic situations, it becomes necessary to construct an approach which embraces this individual [...] the nursing actions in primary care, that is, in collective health, must be based in a process which offers space for the adolescent to maintain dialog both with the group and with the nurse”<sup>(13:593)</sup>.

“The promotion of education for health in the school environment is a process in permanent development. These processes must be able to contribute to the children’s acquisition of competences, allowing them to confront themselves positively, to construct a life project and be able to make individual, aware and responsible choice. The promotion of education for health in the school also has this mission to create environments which facilitate these choices and stimulate the critical spirit for exercising citizenship”<sup>(14:394-5)</sup>.

"The educational activities had specified aims, such as: promoting dynamics between the children, stimulating the interactive process, and incentivizing the knowledge on eating appropriately as a preventive factor against malnutrition and obesity and illnesses resulting from these conditions. It is valid to emphasize that at these times the interaction between the researcher and the children was significant, allowing the participation of those involved in the research process. Priority was given to the process of sensitization, in which educational practices were the basis of the group discussion, bringing up the possible solutions for preventing child malnutrition, respecting each family's socio-economic and cultural conditions"<sup>(16:358)</sup>.

"The use of educational technologies was crucial in the development of the proposed educational process, since it tries to overcome the traditional model for the focus on the co-production of knowledge and autonomy, where the adolescents become central in the educational process. We add, further, that the workshops allowed the adolescents [...] to acquire new knowledges on the issues and, even if they do not create an immediate change in behavior, can favor a re-thinking of their practices and attitudes for the future"<sup>(17:171)</sup>.

"Aware that we are all creative beings, we must fulfil our role as competent professionals, as it is this that our clients/users expect of us. In this competence, however, in addition to appropriately used techniques at an individual or collective level, one must constantly be attent to cultural competence, opening oneself to the perspective that the professional system is one of the existing knowledges in which the "other", with whom one establishes educational and therapeutic negotiations, is a human being who creates, re-invents, and applies his culture, including during the therapeutic itinerary in productions adapted to the official health system. It is fundamental that the circles of culture established between professionals and clients are optimized through genuine and systematic dialogs so that the clients/users may understand the codes of the health area, allowing them to make their own choices and decisions"<sup>(18:313)</sup>.

However, the emphasis on the dialog in groups, which results in collective awareness on the life conditions and on the comprehension of the individual and of the group for the promotion of change, and the specific characteristics which should accompany reflection on the personal

context in order to deal with the radical model, remain incipient. It is supposed that the strategies of undertaking actions such as groups, workshops, visits, circles, ludic activities, and new educational technologies, which are shown to be potentially inclusive and effective for a citizen-centered approach<sup>(18)</sup>, promote people's active participation and indicate trials of the radical model of health education.

### **Possible institutional partnerships in school health**

It is a fact that the school has been shown to be a promising field for carrying out health education actions. Due to its localization and link with the community, the school allows one to reach a number of users which one would never have within the physical area of the health centers.

The School Health Program was implanted in 2007 as an intersectorial policy between the Ministries of Health and Education, the purpose being comprehensive care for those of school age in the ambit of the schools and the Primary Healthcare Centers, in an integrated way<sup>(5)</sup>. This fact raises another need referent to the formation of partnerships for the elaboration and implementation of educational programs for the formation of combinations and possibilities for work which lead to a new format of the health education policy. It remains, however, for it to be effectively implanted in Brazil's public health services.

The authors studied show urgency in the use of school health education<sup>(11,13-16-18)</sup>. For this, it is essential to bring primary care closer to the school, including in this the nurses, in order to develop partnership strategies which lead to life choices more advantageous to school health, and not, mistakenly, only to individual changes in the student. The incorporation of other spaces apart from the physical area of the health centers would be another way of extending the reach of the health education actions inside the schools.

"In the school, this project was well-received, the teachers were aware of the importance of prevention. One proof of this was that they gave up their classes so that we could work with the groups during school hours"<sup>(11:65)</sup>.

"One important strategy of the nurse in smoking prevention may be a partnership with the schools

and for the nurse to aim to address this issue as a complementary activity in the primary and secondary teaching network”<sup>(13:593)</sup>.

“The parents, when asked about the reason for not taking their children to the health service, alleged a lack of time [...]. These results emphasize the need for incorporating other spaces for the work of the family health team, as the centralization of the activities in the health centers means that opportunities are lost [...]. The Learning Health in School Project has allowed the action of the interdisciplinary work, favoring the health promotion activities, having the school as a primary care space, this necessarily being understood as a motivational center of the participative work of the health professionals in the school community”<sup>(14:393-4)</sup>.

“In one visit to the neighborhood, the group of students from the Course had the opportunity to get to know the State School, and encouraged by the field practice supervisor were able to perceive this as an excellent space for the work with the adolescents. [...] Principally in relation to the contribution to the construction of a health system which articulates various services from the same community, such as the school and the UBS, encouraging this concept and this practice together with our students”<sup>(15:504-7)</sup>.

“One may observe the importance of encouraging the participation of the school as a promoter of healthy eating, as well as proposing health education strategies in the school which seek human interaction based in dialog, but, above all, which aim to problematize the social and institutional conditions in which the practices are produced.”<sup>(16:361)</sup>.

“During the study, we verified the need to create spaces and listening in the school and in the health services, specific to adolescents, allowing the establishment of a link with professionals and educators, allowing a more qualified attendance, given that in spite of some current public policies such as the Health and Prevention in Schools Project in the schools – HPS – fostering this interaction, they have still not managed to overcome the barriers to integration between education and health”<sup>(17:171)</sup>.

School health, without doubt, supposes community health. The schoolchildren have a fundamental role in the collective seeking and identification of the aspects of the context, not only with themselves and the school, but also with the family in the perspective of the

territoriality, into which the pedagogical spaces are incorporated, bringing opportunities to choose from. Health education actions characterized by interaction allow the students, through exchanging ideas, reflecting, reviewing and elaborating their concepts, values and feelings, to reach their families and bring them close, not only to the school but also to the health services. In this perspective, the community context of which the student is part can be revealing regarding common interests and sensitization, with privileged dialogic spaces of learning.

## FINAL CONSIDERATIONS

Side by side with the studies, one can identify the fundamental importance of the school health education actions when considered and made where the people are seen within their social and cultural context, with their autonomy preserved, causing them to feel able to overcome the adversities and to establish a healthy way of life.

Based on the study undertaken, it was ascertained that scientific production on nursing actions in health education with schoolchildren remains scarce. However, this does not permit us to assert that it does not occur.

The practices which make up the set of nursing actions in health education, when analyzed separately, reveal vestiges ranging from undertakings in nursing education aimed at autonomy for self-care through to a set of authoritarian practices, which standardize and discipline conducts. These are deductions which viabilize the understanding of the role which the nurse performs in these educational processes, and based on this recognition, one learns that the incorporation of new knowledges in the form of acting in relation to common, humanized interests, which are committed to life and autonomy for healthy choices, are fundamental to the health education actions in school, given the inexpressive presence of public health policies in their implantation and control.

We suggest, therefore, commitment and involvement, on the part of the nurse, with the health of the other, a clarifying working in partnership with schoolchildren based on health education actions; this will make the difference. Work which cannot be restricted to actions of

intervention in health problems which are already in place, but rather which recognizes the student and the limits of the school and collectives, indicating dialogic education and active listening to life, influencing and indicating the practice of their use and of research, disseminating a form of quality health promotion which shows results, with appropriateness.

The considerations developed up to here point to the autonomy in the educational

undertakings in relation to the promotion of school health, which, however, in spite of the advances, still keep conceptions which are focused, mistakenly, on individual changes in behavior. In relation to the investment in the students' autonomy, finally, in the promotion of their health, it is essential to do so without guiding the educational process of communication of knowledges.

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## ENFERMAGEM E EDUCAÇÃO EM SAÚDE EM ESCOLAS NO BRASIL: REVISÃO INTEGRATIVA DA LITERATURA

### RESUMO

Estudo de revisão integrativa da literatura buscou conhecer a produção de abordagens teóricas sobre ações da enfermagem na educação em saúde escolar brasileira, no período de 2001 a 2011. As produções científicas foram buscadas em abril de 2011, nas bases de dados da Biblioteca Virtual em Saúde. Do corpus de análise dos oito artigos que compuseram a revisão, destacam-se como contributos da produção do conhecimento para a enfermagem e educação em saúde escolar, quatro eixos temáticos: o enfermeiro na educação em saúde escolar; modelo preventivo/tradicional de educação em saúde; modelo radical em educação em saúde; parcerias institucionais possíveis à educação em saúde escolar. A presente revisão traz subsídios à atuação do enfermeiro em ações de educação em saúde escolar e conclama a parcerias na elaboração e implementação de programas de educação acessíveis que conduzam a política de educação em saúde escolar no País, reconhecendo no aluno um potencial multiplicador de conhecimento e de conscientização dos coletivos.

**Palavras-chave:** Educação em Saúde. Enfermagem. Saúde Escolar.

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## ENFERMERÍA Y EDUCACIÓN EN SALUD EN LAS ESCUELAS DO BRASIL: UNA REVISIÓN INTEGRADORA DE LA LITERATURA

### RESUMEN

Estudio de revisión integradora de la literatura que tuvo como objetivo conocer la producción de abordajes teóricos sobre las acciones de la enfermería en la educación en salud escolar brasileña, en el período de 2001 a 2011. Las producciones científicas fueron buscadas en abril de 2011, en las bases de datos de la Biblioteca Virtual de Salud. Del corpus de análisis de los ocho artículos que comprendieron la revisión, se destacan como contribuciones de la producción del conocimiento para la enfermería y educación en salud escolar, cuatro ejes temáticos: el enfermero en la educación en salud escolar; el modelo preventivo/tradicional de educación en salud; modelo radical en educación en salud, las posibles alianzas institucionales en la educación en salud escolar. La presente revisión trae contribuciones para la actuación del enfermero en acciones de educación en salud escolar y hace un llamamiento para establecer asociaciones en la elaboración e implementación de programas de educación accesibles que conduzcan la política de educación en salud escolar en el País, reconociendo en el alumno un potencial multiplicador de conocimiento y de concienciación de colectividad.

**Palabras clave:** Educación en Salud. Enfermería. Salud Escolar.

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