

## EDUCATIONAL PRACTICE WITH PRIMARY CARE NURSES: SAY NO TO PRESSURE ULCER\*

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**Objectives:** To analyze, from the views of Primary Care nurses, the contributions of educational practice in the prevention of Pressure Ulcer and health promotion. **Method:** Convergent Care research with 20 nurses conducted between July and August 2014, in the State of Santa Catarina, developed in two stages and including four meetings. First, the nurses were interviewed, through the use of a questionnaire, and subsequently participated in three workshops. **Results:** Data was submitted to analysis, and two categories emerged: Say no to Pressure Ulcer and The practices developed by nurses in the prevention of PU and health promotion in PHC, which expressed acquisition and improvement of knowledge, construction of new knowledge, contributing to the promotion of health actions. **Conclusion:** The educational practice was successful, as it promoted innovation and the nurses gained more knowledge on preventive health care and health promotion. Continuous training is necessary, as it improves nursing care and scientific practice.

**KEYWORDS:** Nursing; Pressure ulcer; Primary health care; Prevention of diseases; Health promotion.

### PRÁTICA EDUCATIVA COM ENFERMEIROS DA ATENÇÃO PRIMÁRIA: NÃO À LESÃO POR PRESSÃO

**Objetivos:** Analisar, a partir da visão dos enfermeiros da Atenção Primária, as contribuições da prática educativa na prevenção da Lesão por Pressão e promoção da saúde. **Método:** Estudo Convergente Assistencial com 20 enfermeiros, realizado entre julho e agosto de 2014, no Estado de Santa Catarina, desenvolvido em duas etapas e quatro encontros, sendo a primeira entrevista com a utilização de questionário e, posteriormente, três oficinas. **Resultados:** Os dados foram analisados e resultaram em duas categorias: Diga não à Lesão por Pressão e A prática do enfermeiro na prevenção da LP e promoção da saúde na APS, que expressaram aquisição e aprimoramento de conhecimentos, construção do novo saber, contribuindo para ações de saúde. **Conclusão:** A prática educativa alcançou seu propósito, inovando e renovando o conhecimento dos enfermeiros no cuidado preventivo e promoção da saúde. São essenciais capacitações contínuas, refletindo em ganhos na prática assistencial e científica da Enfermagem.

**DESCRIPTORIOS:** Enfermagem; Lesão por pressão; Atenção primária à saúde; Prevenção de doenças; Promoção da saúde.

### PRÁCTICA EDUCATIVA CON ENFERMEROS DE ATENCIÓN PRIMARIA: NO A LA LESIÓN POR PRESIÓN

**Objetivos:** Analizar, partiendo de la visión de los enfermeros de Atención Primaria, las contribuciones de la práctica educativa en la prevención de la Lesión por Presión y promoción de salud. **Método:** Estudio Convergente Asistencia, con 20 enfermeros, realizado entre julio y agosto de 2014 en Santa Catarina, desarrollado en dos etapas y cuatro reuniones, utilizándose cuestionario en la primera entrevista, realizándose luego tres talleres. **Resultados:** Datos analizados resultando en dos categorías: Dígame No a la Lesión por Presión y La práctica del enfermero en la prevención de la LP y la promoción de la salud en la APS, expresando adquisición y mejoramiento de conocimientos, construcción de nuevo saber, contribuyendo a acciones sanitarias. **Conclusión:** La práctica educativa consiguió su propósito, innovando y renovando el conocimiento de los enfermeros en el cuidado preventivo y promoción de salud. Resultan esenciales capacitaciones continuas, reflexionando sobre avances en la práctica asistencial y científica de Enfermería.

**DESCRIPTORIOS:** Enfermería; Úlcera por Presión; Atención Primaria de Salud; Prevención de Enfermedades; Promoción de la Salud.

\* Article extracted from the dissertation titled *Úlcera por Pressão no contexto da Atenção Primária: reflexão com enfermeiros sobre a escala de Braden (Pressure Ulcer in Primary Care: Nurses' reflection on the Braden scale)*. Graduate Nursing Program of Universidade Federal de Santa Catarina, 2015.

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## ● INTRODUCTION

Nursing care can be understood as a process that involves and develops actions, attitudes and behaviors based on scientific, technical, cultural, social, economic, political and psycho-spiritual knowledge, seeking the promotion, maintenance and/or recovery of human health and dignity. <sup>(1)</sup>

Education is a key aspect of nursing care. It is essential for the training and updating of health professionals, including in preventive care and health promotion.<sup>(2)</sup> This practice includes debate and critical thinking, and significant results are obtained, since the subjects are active participants in the teaching and learning process, <sup>(3)</sup> maximizing healthcare..<sup>(4)</sup>

Care is the foundation of nursing. Therefore, skin health care is also necessary to promote health and prevent diseases, reducing the rate of development of Pressure Ulcer (PU).

Tools for the assessment of risk for development of pressure ulcer are used in preventive nursing care. The Braden scale aimed to identify vulnerability to pressure ulcer is one of these tools. It is composed of six subscales that reflect sensory perception, moisture, nutritional status, activity and mobility, friction and shear. The sum of the scores results in values ranging from 6 to 23, and the smaller the score, the greater the risk of developing the condition <sup>(6)</sup>

Therefore, assessment or risk for PU is becoming more prevalent in the routine of health professionals because of the consequences of this injury that include restriction of mobility and activity, greater need for hospital admissions, increased risk of infection and sepsis, as well as the high cost for the treatment of these consequences. <sup>(7-8)</sup>

In Europe, a study aimed at exploring the current state of development of PU showed a prevalence of 7.9% in England and 23% in Italy. In Brazil, despite substantial underreporting, studies found a 20% incidence of pressure ulcer in home care and a prevalence of 23.52%.<sup>(9)</sup>

In view of the aforementioned, one of the assumptions of the Unified Health System (SUS) is the training and encouragement of professionals of the Family Health team (ESF) to reflect on the healthcare practices in order to consider the implementation of health promotion actions targeted to the prevention of PU.

Nurses, as members of the Family Health Team (ESF) and leaders of the nursing team are responsible for care management. This action involves a decision-making process that allows the choice of the best care practice to be adopted for the patient.<sup>(10)</sup> Nurses also play a key role in the mitigation and/or prevention of diseases, contributing to the promotion of the quality of life of the individuals and their families.

Therefore, nurses must possess technical skills and knowledge needed for providing safer and more appropriate care, since their training is based on a healthcare strategy that contemplates educational practices in healthcare services, motivating critical reflection of the agents of change and producers of knowledge.<sup>(4)</sup>

Due to the importance of the theme PU, the need for acquisition of more knowledge about the deleterious effects of this condition, and particularly due to the possibility of prevention of PU development, this study aims to analyze, from the views of primary care nurses, the contributions of educational practice in the prevention of pressure injury and health promotion.

## ● METHOD

This is a qualitative study based on the National Policy on Health Promotion and international recommendations from the National Pressure Ulcer Advisory Panel/ European Pressure Ulcer Advisory Panel, whose methodological reference was Convergent Care research (PCA). This methodology requires the construction of new knowledge, new modes of care and new technologies, allowing the renovation or innovation of care practice by the participants. <sup>(11)</sup>

Twenty nurses from Primary Health Care (PHC) participated in the study. The inclusion criterion was nurses of the FHS in a Health District in Santa Catarina. Nurses performing only administrative functions, such as Coordinator of the Health Center, were excluded.

Data collection occurred in July and August 2014, in the state of Santa Catarina. Four meetings lasting approximately 4 hours each were held during the technical meeting of the institution.

Convergent care research (PCA) was conducted in two stages: the first, an investigative stage, with the use of a questionnaire handed to each participant in the first meeting, with four open-ended questions: What do you know about PU? What do you know about the risks of an individual developing PU in home care? How do you identify and assess an individual susceptible to developing PU? What actions can prevent the development of PU and promote the health of susceptible individuals? These responses were compiled and analyzed, and provided elements that supported the planning of the subsequent step.

The second stage was an educational practice that consisted of three workshops whose main topic was "Say no to PU". The practice aimed to encourage critical thinking and the construction of new knowledge with the participation of all the relevant actors.

Each workshop was conducted in a well-organized space, with the chairs arranged in a circle. Following the welcome, participants were involved in the core activity, sharing experiences and reflections. The last part of the workshop included time for clarifications (if any), expressions of gratitude and closing remarks.

The workshops were conducted in groups arranged by the participants at their discretion to maximize knowledge exchange. The following resources were used to stimulate participation, introduce the topic PU and enrich the debate in the workshops: reading texts, clinical case studies (fictitious) and lectures.

In the first workshop and second meeting, the concept, classification, location and risk factors for PU were discussed. In the second workshop and third meeting, health promotion practices and PU prevention, based on the Braden scale, were discussed.<sup>(6)</sup>

In the fourth and last meeting, at the closure of the event the participants were asked to provide their feedback of the educational intervention and to return their individual written statements on the experience of the construction and reconstruction of knowledge about the topic, as follows: 1) highlight the most significant aspects, in the participant's viewpoint, regarding the construction and reconstruction of knowledge about PU, health promotion and prevention of PU during the workshops; and 2) reflect on and explain the experiences shared in the workshops, as well as the changes to be introduced in the individual's practice regarding PU prevention and health promotion.

The data collected in the interviews was transcribed and the workshops were recorded. Subsequently, the entire content of the recording was also transcribed and analyzed based on the theoretical reference of Health Promotion and Pressure Ulcer.

Subsequently, after several readings of the transcribed material, similar data was grouped, originating two categories: say no to Pressure Injury, the educational practice in the nurse's view; and the practices developed by the nurse in the prevention of Pressure Ulcer and health promotion. And finally, the theorizing stage, with coordination of the categorized information with the literature, and data transfer.<sup>(11)</sup>

The activities only started after the signing the Free and Informed Consent form, and anonymity was assured, through identification of the participants by letter "N" (nurse) followed by other letters of the alphabet.

The present study was approved by the Research Ethics Committee of Universidade Federal de Santa Catarina, under statement no. 711,385, on July 7, 2014.

## ● RESULTS

The results were discussed in light of the proposed theoretical framework and related to PHC. The distribution of the participants, according to sociodemographic characterization, is shown below, for guidance.

Regarding age, 20 (20%) of the 20 nurses who participated in the study were aged 21-30 years; eight were aged 31-40 years; seven were aged 41-50, and 1 did not answer. Regarding professional training, 10 had graduated within the last one to ten years; 5 had graduated within the last eleven and twenty years; two had graduated within the last 21 and 30 years, and three did not answer the question. Regarding postgraduate, specialization, masters and doctoral studies, it was found that 19 had some specialization, and of these, 12 in Family Health. None of them had a masters or doctoral degree.

Affinity analysis was used to analyze and organize the information, and two categories emerged: "Say no to PU, the educational practice according to the viewpoints of nurses in Primary Health Care", and "The practices developed by nurses in the prevention of Pressure Ulcer and health promotion". These categories are in line with the scope of this study regarding the acquisition and improvement of knowledge on PU, contributing to the understanding of health professionals about the importance of a safe and quality nursing care management.

### **Say no to PU, the educational practice according to the viewpoints of nurses in PHC"**

In this category, based on the knowledge produced during the workshop the participants exposed their views on the educational practice as a strategy for intervention and change in their routine activities, which include identification of the risks of development of the condition; characterization of the type of injury and its stages, and selection of the appropriate treatment for PU.

They also viewed the educational practice as a positive process, and the strategies used in the workshops facilitated understanding and reduced the gap between the theory and practice of these professionals.

*Assessment of PU through imaging (pictures) was allowed. (Group E-L)*

*The educational practice facilitated learning with the construction of a model and discussion of the cases (Group E-G)*

*The practice made it possible to evaluate the context of the patient. (Group E-M)*

The participants said that the PU topic deserves attention because of the need for care to those individuals who are affected by PU or susceptible to it. Most respondents believe it is important to update the content discussed in the educational practice to ensure the delivery of more qualified and safe care by suppressing practices that are no longer used, such as water-filled gloves for pressure relief on heels and massage on the red area that appears on the skin over the bony prominence due to a reactive hyperemia, to prevent and promote health, in an attempt to improve the quality of life of the sufferers:

*The practice provided access to more knowledge for [...] the prevention of PU (Group E-F)*

*The practice encouraged reflection and promotion of patients' quality of life. (Group E-M)*

*Get to know practices that are no longer used such as massage in bony prominences, among others. (Group E-N)*

The participants stressed that the meetings held on an ongoing basis facilitated the debates and critical thinking about PU care among healthcare professionals.

## The practices developed by nurses in the prevention of PU and health promotion in PHC

Participants reported on changes in care, including counseling the individual and family caregivers about bed repositioning; adequate nutritional support, general skin care, and other preventive measures. The care provided by nurses and the participation of other health professionals, as well as the family, in this process, which can be a change:

*To apply the knowledge acquired to patients and disseminate such knowledge to other health professionals (Group E-A)*

*To provide care targeted to users/family. (Group E-L)*

*To provide more effective care, based on assessment and guidance to people with PU. (Group E-C)*

Regarding direct care to individuals susceptible to the development of PU, the results obtained point to intervention strategies that seek to solve minimize routine problems, with the systematic use of the Braden Scale, in order to assess the degree of risk for the development of PU and prevent the injury.

*To pay greater attention to care for patients at risk of developing LP, performing evaluation with the Braden scale, which is a novelty for many nurses. (Group E-K)*

*Focus more on prevention and health promotion. (Group E-F).*

According to the participants, the educational practice is innovative, reinforcing the autonomy and self-care of the individuals in their home settings, and also complies with the Nursing Care Systematization, through the delivery of regular, consensual and scientific care, contemplating the particularities of the individual and collective reality:

*To standardize and improve care to meet the needs of each user (individual) (Group E-D), particularly the prescription of nursing care (Group E-I), and thereby improve the quality of care (Group E-M).*

## ● DISCUSSION

The group educational practices provide an innovative way that generates critical thinking, conscious and intentional attitudes of the actors, as well as appreciation and professional recognition.<sup>(12)</sup>

Different dynamics should be used in the educational practices, including the ludic element in teaching/learning. In the nursing field, these practices may address the experiences and knowledge of the actors, perceiving them as processes that stimulate individual and collective changes.<sup>(13)</sup>

However, the nursing team needs updating and training on educational actions,<sup>(4)</sup> especially regarding the daily challenges faced by nurses in PHC.

Updating and training nursing professionals requires the use of dynamic and continuous teaching and learning methods, in order to ensure the acquisition of knowledge by the health worker.<sup>(14)</sup> The dynamics used in this research, e.g. clinical studies, reading of texts and ludic activities combined information on the context of the nurses, in order to help them overcome stressful situations and insecurities, such as those associated with the recognition of the need to perform preventive actions, treatment and nursing care in the treatment of Pressure Ulcers.

The dynamics used in the workshops allowed reflections on the care context of the nurses who participated in the study, and they suggested possible solutions to routine problems, such as raising the awareness of the health team for the identification of risk factors, early reporting of new cases, surveillance and constant monitoring, to update the nursing practice, through the involvement of the participants.<sup>(14-15)</sup>



Therefore, health promotion and disease prevention must integrate a healthcare system, and concrete actions are required to ensure their effectiveness and strengthening <sup>(16)</sup>, particularly knowledge of preventive and health promotion actions by the nursing team,<sup>(17)</sup> as well as public policies aimed to encourage the autonomy and safety of people with PU.

Thus, the concentration of efforts to ensure greater care to people susceptible to the development of PU is a beneficial action of nursing care through innovative preventive and health promotion activities, such as the identification of risk factors and the implementation of effective treatment actions that involve a substantial degree of responsibility of nurses at any level of care.<sup>(18)</sup> It should be stressed that nurses must be responsible for the delivery of integral, holistic care, which is more than merely treat the injuries of patients.<sup>(19)</sup>

The construction of knowledge about PU should be interdisciplinary. This is an important assumption for the reorganization of the work process with health promotion and disease prevention practices, aiming at the adoption of a more integral, resolute approach <sup>(18,20)</sup> targeted to the family environment.<sup>(21)</sup>

Analysis of the debates aroused by the educational practices also revealed the expansion of the concepts of care, prevention and treatment, which is corroborated by a study that found that the reduction of the theory-practice gap culminates in a holistic, patient-centered view of care,<sup>(22-23)</sup> particularly because the educational practice plays a key role in the prevention and recovery of individuals with PU.

In this regard, corroborating the findings of this study, the use of the Braden scale in clinical practice, a predictive scale for PU risk, is an innovative care practice and should be routinely performed even in individuals who have already developed PU, in order to prevent it from occurring in other body sites.<sup>(24)</sup> Nurses should make every effort to prevent the occurrence of PU in patients under their care.<sup>(25)</sup>

Maintenance of skin integrity is one of the elements of the nurses' practice, both in preventive care and health promotion, aimed to the improvement of the quality of life of individuals susceptible to the development of PU and their relatives. Thus, standardization of language, through the use of a Braden Scale, may contribute to improve the care to patients vulnerable to the development of PU,<sup>(26-27)</sup> and was reported by the participants as one possible action to be implemented based on the educational practice.

Although essential, given the multifactor nature of PU and the magnitude of the problem, such initiatives by the relevant bodies are uncommon in Brazil.<sup>(28)</sup>

The limitations of this study concern its small sample size, as the participants were primary care nurses from a specific region of Southern Brazil, making it difficult to generalize the results to other studies. Further studies on this topic are recommended aimed to gain knowledge and stimulate discussions with PHC nurses on the prevention of pressure ulcer and health promotion.

Educational actions targeted to health promotion and prevention of PU provide a better understanding of how nurses can promote innovative care, changing the focus on cure in order to prioritize prevention, improve the quality of care of people with PU and, among other benefits, reduce the costs of public health in Primary Care and other levels of complexity.

Nurses have a responsibility to conduct educational activities targeted to health promotion and prevention of diseases. Thus, the importance of understanding, participating in and conducting educational actions in the work process is highlighted here. These actions are key to the implementation of changes in the current care models, as well as for the development of nursing science.

## ● FINAL CONSIDERATIONS

In the present study, it was found that the contributions of educational practices to the promotion of health are essential guidelines for the development of products or actions that need to be increasingly implemented by health professionals, in order to provide more dynamic and innovative health care.

During the study, the participants identified the need for training courses and updates on the Braden scale, a tool that contributes to the improvement of health professionals, and hence for PU care, as it facilitates care delivery and provides guidance in a consensual and scientific way, taking into consideration the particularities of each individual.

The educational practices allowed nursing professionals to learn, in a dialogical way, based on critical thinking, how to develop skills related to care for people with PU, through the acquisition of new knowledge on preventive actions and early diagnosis, in order to positively impact the quality of life of the patients. Nurses who participate in these educational practices feel more secure and may become mediators of knowledge on PU, innovating this practice.

The workshops had positive results, with the nurses engaged and interested in discussing the subject, which is key to ensure high quality and dynamic care that generates health promotion and prevention in Primary Care. However, this study identified the need for more meetings with sequential organization of content, to enable logical reasoning, with group discussion and reflection.

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