

ORIGINAL RESEARCH

Nursing competencies for child health promotion

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ABSTRACT

Using nursing competencies in health promotion practices is an international recommendation as a strategy to increase the efficiency of care. The objective of the study was to analyze the nurses' competencies identified in child health promotion practices. A qualitative study with thirteen nurses aged 23-57 years, from March to May 2013. Semi-structured interviews were conducted in primary care units of a northeastern Brazilian city. Top five skills to promote health were identified: to catalyze change, assessment, planning, implementation and partnerships. The study analyzed that although some skills have been identified, it was noted that the practice of nurses presented insufficient theoretical basis in relation to recommendations of the International Galway Consensus. The research contributes to a critical reflection on the use of health promotion skills in child care to support the practice of evidence-based nursing.

Key Words: Professional competence, Primary health care, Children's health, Nursing, Qualitative approaches

1. INTRODUCTION

The advancement and consolidation of health care for children through the Family Healthcare Strategy (FHS) included this activity as a daily practice of Brazilian nurses, which makes it important to identify health promotion skills in childhood in this context.^[1] Competencies exercised by nurses toward the health of children must be based on international assumptions of health promotion, as the development of a shared vision of core competence, professionalism, and quality assurance are required for professional practice.^[2]

Nurses should develop safe and efficient actions to promote health. Efficient care validates the quality of care and helps to recognize the importance of professional actions. Competencies and skills are critical in order to certify that the actions

of nurses promote the health of children, as they involve technical and scientific knowledge, planning and implementing strategies to promote health.^[3] The health promotion competencies defined in the Galway Conference confirm the need for professional qualifications to address chronic and acute conditions.^[4]

Monitoring/checkups in childhood is an important activity for the vulnerability of the individual when they are children. Studies conducted in children's health indicate that there is a reduction in the incidence of diseases through regular checkups, favoring their full growth and development.^[5] The applicability of competences in the implementation of child care is a means to monitor the quality of the implementation process as a whole, providing information that allows assessment practices.^[4]

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Literature certifies that child monitoring based on global competencies collaborates for adequate prevention actions and reduction in the prevalence of diarrhea and acute respiratory infections.^[6] Research that identifies the competencies of nurses in child health care are necessary to show if assistance is guided by international recommendations that advise about the need to perform actions associated to areas of competence for health promotion.^[6,7]

In Brazil, most care practices of children's health are planned according to recommendations of programs or child health policies.^[7] The insertion of nurses in planning other non-program activities, but which are recognized worldwide strengthens its competence and works for child development as the child gets sick less often.^[1] These tools for health promotion support empowerment, participation, partnership and equity to create environments and settings that promote health, and facilitate the development of personal skills to maintain and improve health.^[1] Thus, this article aims to analyze nursing competencies identified in child health promotion practices.

2. METHODS

A qualitative study based on the Galway Consensus. Galway Consensus^[4] points values and principles, a common definition and eight domains of key competencies required for effective engagement in health promotion practices. From the perspective of this study, competence must be understood as a combination of knowledge, skills and core values necessary for the practice of health promotion.

Data were collected from March to May 2013, in Basic Healthcare Units (BHU) in the city of Imperatriz, Maranhão, Brazil. The non-probabilistic sample consisted of 13 nurses from the FHS who accepted the invitation to participate and theoretical saturation criterion was adopted for the completion of data collection. There was a prevalence of females, public health specialists, with an average age of 25.2 ± 1.2 years and average working time of two years.

Individual interviews were conducted in the workplace. The interviews were recorded after consent and lasted for an average of 30 minutes. The instrument used for the acquisition of the material was a script containing semi-structured questions that contemplated aspects such as: conceptions on child health; actions in the checkup; educational activities; and professional training.

The contents of each interview were transcribed by the first and second author. For data analysis we used the theoretical and methodological framework of content analysis, a set of communication analysis techniques that consists of three phases: 1–pre-analysis, 2–material exploration and treat-

ment of results, 3–inference and interpretation.^[8] Speech analysis required reading and rereading (pre-analysis phase), valuing homogeneity (material exploration and treatment of results phase), mutual exclusion (material exploration and treatment of results phase), loyalty and relevance to enable the identification of the central themes and present dimensions (inference and interpretation phase). Content analysis as a research method is a systematic and objective means of describing and quantifying phenomena. The use of the phases of content analysis allowed the researchers to analyze theoretical issues to improve understanding of the nursing competencies. It is assumed that when classified into the same categories, words, phrases and alike share the same meaning.^[8]

Study results were organized in the form above and the lines were allocated according to the eight areas of competence for the practice of health promotion as defined in the Galway Consensus: catalyzing change; leadership; assessment of needs; planning; implementation; impact assessment; defense of rights (advocacy) and partnerships.^[4] The study followed the national and international standards of ethics for research involving human beings and it was registered in the ethics committee of the Federal University of Maranhão, Brazil, under the protocol number 366/11.

3. RESULTS

In the analysis of interviews with nurses, we chose to analyze those that were more revealing among the health competencies for childcare promotion. We found that from the eight skills that make up the Galway Consensus five were identified in the practice of health promotion, according to the nurses' speeches. Professional competence "Catalysing change" identified in the actions of nurses refers to the ability to take actions that lead to changes in attitudes and promote health by empowering families. We observed that the discourse of nurses translates ideas about the need to convince mothers to change habits and attitudes, despite following a routine care stipulated by health regulations. The nurses also signal situations that mothers have little knowledge of, such as actions to protect the child's health and that, therefore, need to be strengthened. The speeches can envision this description:

"You have to be prepared to convince the mother [...] the challenge is this, showing the importance of evaluating the child's health." (N4)

"You orientate according to demand [...] encouraging, supporting, praising so that the mother continues with that form of care for her child." (N1)

"We guide the mother about the importance of nutrition,

breastfeeding, growth and development [...] often guidance that perhaps the mother did not have in a routine consultation, which she has during a specialized consultation of child care.” (N2)

“I do health education on the negative factors [...] using folders, flyers.” (N4)

“Assessment of needs” was the second health promotion’s competence identified. The nurses’ speech points to the importance of assessments regarding the quality of care and prognoses made with the children through morbidity and mortality indicators. The use of this competence allows a critical and directed point of view of the nurses towards the children’s needs, directing efforts to the factors that hinder or facilitate health. This proposition can be viewed on the speech below:

“I believe that the negative number of indicators for diseases is prognostic to hear cases of diarrhea, dehydration, worms [...] So, I believe that one of the primary child care benefits is knowing and improving these indicators.” (N3)

The third domain was “Planning”. Planning is a method of organizing actions, to achieve results and accomplish established goals,^[2] since it explores the stages of the work process and determines priorities for the attention of the care.^[9] We identified that nurses recognize that planning allows predictability of important actions to the child’s health maintenance. However, to plan, the nurse must first have dominion over the health needs of their audience, and therefore the lack of knowledge or training on caring of children may jeopardize the planning of actions towards this group. The following lines reaffirm the identification of this competence:

“Although I don’t have a lot of childcare training, but I know from what I read and what I see in my nursing practice about the importance of working with mothers about hygiene, feeding, vaccine every month of consultation [...]” (N10)

“I take the opportunity of the day that children come to get vaccinated, it’s right along with the return date of the checkup [...] if they are in good health, they get vaccinated and then they come to the consultation.” (N11)

We verified the presence of the competence “Implementation” in the discourse of nurses referring to their direct involvement in the evaluation of children. This attitude demonstrates that nurses recognize the “competence” implementation as evidence of health promotion while taking care of children and early identifying health risks, as it is observed in the following lines:

“I check the child’s weight and measures myself, because

any changes in it may mean a lot of things for their health [...]” (N8)

“I pay a lot of attention to the management of breastfeeding, because any complication is enough to make the mother give up breastfeeding and start feeding bad food [...]” (N12)

“[...] Supplementation of vitamin A, which I give in my room, even before the end I do the application [...]” (N7)

We observed that nurses emphasise the need for actions to promote children’s health through the establishment of partnerships with all health professionals caring for the children, because they consider a comprehensive care as fundamental. Thus, the “Partnership” is a health promotion competence identified by nurses and it is also important for the proper implementation of the professional actions, as shown below:

“[...] and we will try to improve and make it so this child will continue to be healthy and also have the support of a health worker, who is another member of staff who has been very supportive in this regard, as this way continues to not let the child get sick [...] it is the work that is being developed in the area, it is not only my role, it is a team.” (N1)

4. DISCUSSION

The analysis showed that conviction, encouragement, support and health education were some of the tools used by nurses in this study to catalyze change and may be defined as the competence of the professional to empower individuals and communities in order to improve their health.^[10]

A study conducted in Brazil revealed that education in child health care is a weak point in care which needs the attention of professionals.^[11] The nurse as an educator in the health promotion process should be able to identify needs and plan effective educational activities in the process of change for individuals and the community.^[11] It should be noted that health education described in the present study’s findings revealed a practice rooted in biomedical models and centered on the disease, a practice contrasted in health promotion models to prioritize the problem/disease and not the health needs of the user.

In an Australian study of parents of children who were followed in primary care, the speeches of professionals and conducting health education practices revealed terms like “teach” and “interpret” information for parents, concepts that identify the user as a passive agent of the education process.^[12] The reproduction of a limited educational practice may reflect the training model of education practiced during their academic training and/or a low capacity to meet the

demand in primary care.^[13]

Assessment of needs refers to the competence to conduct the evaluation of the strengths and needs of the communities and systems that lead to identification and analysis of behavioral, cultural, social, environmental and organizational determinants that promote or endanger health.^[10] The findings of this study mention that health indicators, such as immunization coverage, diarrhea hospitalization rate and prevalence of low birth weight, are tools for assessing the needs of a population.

Another study showed that child health care practice in primary care has a preventive focus, however, actions are predominantly opportunistic and not proactive, with care opportunities being lost. In the study, parents identified their needs and deficiencies as areas to be considered for future intervention.^[14]

Analysis of the testimonies showed that the little amount of training nurses have to promote child health may interfere with the planning of priority activities and the consequent quality of the implemented actions. The nurse is an important member of the FHS multidisciplinary team and therefore must be constantly learning and transforming their practices to meet the needs of those who they are responsible for.^[7] The insertion of nurses in the FHS represents greater visibility to professional practice and a responsibility to work together toward the healthy development of the child.^[3]

Nurses can improve the quality of child health care through planning.^[5] Planning is a method of organizing actions, to achieve results and accomplish established goals,^[2] since it explores the stages of the work process and determines priorities for the attention of the care.^[9] A study conducted in a Brazilian town indicates that only 29% of the FHS nurses reported performing a short training course for planning actions that promote child health in one year.^[15] Another study conducted in southern Brazil showed that 67% of training courses for FHS nurses to assist in planning actions were about leprosy, sexually transmitted diseases, tuberculosis and dengue fever.^[13]

In accordance with the Galway Consensus, planning is defined as the power to develop measurable goals and objectives in response to the needs assessment that is based on knowledge derived from theory, practice and evidence.^[2] Planning is a key competence for health promotion, as it increases the vision of values and the nurse's commitment to working with nursing science, and identifies strategies derived from scientific evidence.^[16]

The use of evidence-based practice allows nurses to link the actions performed to recent research findings in nursing.^[17]

The evidence-based practice in child health enables reflection of nursing practice for innovation or renewal of care and nursing autonomy.^[18] The elements of evidence-based practice globally generates technical decision-making on individual care from the clinical findings of systematic research,^[19] which reaffirms the importance of such knowledge for planning the actions of nurses worldwide. The results suggest that nurses develop practices in child care differently than the proposals and results of world scientific advances, prioritizing the planning of specific preventive actions in Brazilian programs.

Planning evidence-based actions is a key competence for nurses to play their role effectively in continuous practice, especially to ascertain the degree of efficiency and effectiveness of their actions,^[9] as it will depend on the quality of child care.

The analysis of the study revealed that nurses perform health actions in their own institution during child care. Increasing evidence shows that the taking charge of the implementation of actions consolidates the role of the nurse and reveals their collaboration in child care for family learning in the prevention and resolution of problems and difficulties.^[18] Implementation like health promotion competence refers to the effective and efficient conduct of culturally sensitive and ethical strategies to ensure the highest possible level of health improvements, including the management of human and material resources.^[2]

Nurses should be actively encouraged to implement health promotion activities, and with the use of scientific innovation - technical knowledge in a health promotion context.^[15] Nurses directly implementing their actions contributes to developing a shared vision of the necessary quality and guarantees the development of global nursing.^[20]

The implementation includes area expertise in several actions that aim at child care, such as action plan implementation with emphasis on empowerment, monitoring, evaluation and through partnerships.^[20] Participation and the joint action of partners from different areas of knowledge and sectors in the implementation of child care reiterates the importance of inter-sectoral and interdisciplinary coordination.^[13]

The results also show the involvement of partners in the planning of actions as a participatory method. The literature suggests that shared planning assists in detecting and coping with health problems, aligning with a preventive nature of decisions in the services.^[20]

Nurses should encourage the participation of community leaders, community health workers and other partners to meet the challenges in the promotion of children's health.

From the perspective of primary health care, nurses are considered facilitators for the participation of many partners in health and how the quality of clinical care is provided by the services, exercising practices that promote the right to health in accordance with basic health care policies in Brazil.^[15]

Children's health should not be limited to activities only within the health sector, since no institution alone is capable of implementing all the necessary actions to ensure the health and development of children. Therefore, alliances and partnerships are essential for the creation of protective conditions and maximizing the potential of all of them.^[6]

The competencies in the partnerships area require coordination and establishment with family, school and community, with the reference health units, with other professionals, including nurses and the children, and religious institutions, for cooperative work in improving the sustainability and impact of actions,^[7] and not only with the community health workers, as seen in this study.

The competencies and skills of professionals need to be strengthened in order to provide effective answers to the care needs in child health. Using skills is essential for nurses in order to play their role effectively in continuous practice, especially to ascertain the degree of efficiency and effectiveness of their actions because the quality of child care will depend on it.

The activities reported by the nurses show care for the child and their family unit, but they are still marked by an empirical practice of care, not sufficiently systematic or critical.

Using information about nurses' skills can produce means to evaluate and improve client service and practice, and to monitor the quality of actions and participate in continuous quality improvement.

As a limitation, the study presents only a small number of studies on the competencies of nurses for this theme, and reflects the reality of only a small number of professionals. It also needs methods that produce more robust evidence.

5. CONCLUSION

Nursing competencies which are the most apparent for good child health promotion are reflected in the areas of: catalyze changes, needs assessment, planning, implementation and partnerships.

An analysis of the results revealed actions that reflect the daily practice of nursing work and highlighted the need for education and training to develop health promotion skills in the context of health care for the child, to expand knowledge and skills needed and act accordingly with evidence-based practice.

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CONFLICTS OF INTEREST DISCLOSURE

The identity of the nurses has been removed and cannot be inferred from detailed content of the study. The authors declare having no conflicts of interest.

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