





Original Article

Family health strategy nurses' perception on health literacy *

Percepção dos enfermeiros da estratégia saúde da família sobre letramento em saúde

Percepción de los enfermeros de la estrategia de salud familiar en el alfabetismo sanitario

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Abstract

Objective: to understand Family Health Strategy nurses' perception about the theme Health Literacy. **Method:** qualitative study, carried out with seven nurses working in the Family Health Strategies of a city in Ceará, from August to December 2020. Data were collected through an online questionnaire intentionally by reference network and analyzed according to the "Thematic Content Analysis". **Results:** there is a relationship between health literacy, health promotion and self-care; use of dialogue as an essential method; and lack or insufficient approach on the subject during training. **Conclusion:** nurses partially understand health literacy, but consider it a strategy for health promotion aimed at disease prevention and self-care.

Descriptors: Nursing; Health Literacy; Health Promotion; National Health Strategies; Primary Health Care

Resumo

Objetivo: compreender a percepção dos enfermeiros da Estratégia de Saúde da Família acerca da temática Letramento em Saúde. **Método:** estudo qualitativo, realizado com sete enfermeiros atuantes nas Estratégias Saúde da Família de um município cearense, no período de agosto a dezembro de 2020. Os dados foram coletados via questionário on-line de forma intencional por rede de referência e analisados segundo a "Análise Temática de Conteúdo". **Resultados:** identificou-se que há relação entre letramento em saúde, promoção da saúde e autocuidado; uso do diálogo como método essencial; e ausência de ou insuficiente abordagem sobre a temática durante formação. **Conclusão:** os enfermeiros compreendem de forma parcial o letramento em saúde, contudo consideram o letramento uma estratégia de promoção da saúde visando à prevenção de doenças e autocuidado.

Descritores: Enfermagem; Letramento em Saúde; Promoção da Saúde; Estratégias de Saúde Nacionais; Atenção Primária à Saúde

Resumen

Objetivo: comprender la percepción de los enfermeros de la Estrategia de Salud de la Familia sobre el tema Alfabetización en Salud. **Método:** estudio cualitativo, realizado con siete enfermeras que trabajan en las Estrategias de Salud de la Familia de un municipio de Ceará, en el período de agosto a diciembre de 2020. Los datos fueron recogidos vía cuestionario on-line de forma intencional por red de referencia y analizados según el "Análisis Temático de Contenido".

Resultados: se identificó que hay relación entre alfabetización en salud, promoción de la salud y autocuidado; uso del diálogo como método esencial; y ausencia o insuficiente enfoque sobre la temática durante la formación. **Conclusión:** los enfermeros comprenden de forma parcial el letramiento en salud, sin embargo consideran el letramiento una estrategia de promoción de la salud con miras a la prevención de enfermedades y autocuidado.

Descriptors: Enfermería; Alfabetización en Salud; Promoción de la Salud; Estrategias de Salud Nacionales; Atención Primaria de Salud

Introduction

Health Literacy consists of skills in knowledge acquisition, judgment, health promotion and decision making regarding free access to information provided. It seeks to work the understanding of the population concerning health information through a set of skills and/or functions (functional-interactive-creative).¹⁻² Therefore, it can be understood from the perspective of health or education, either by the translation of knowledge or by the sense of literacy. For nursing, for example, it is linked to health education activities such as adherence to pharmacological treatment and guidance of the health-disease or illness process.³

Through this strategy, it is understood that the higher the level of knowledge of a population about a particular health problem, the better the outcomes for prevention, promotion and protection against health problems, especially if motivated by personal and social issues.⁴ Literacy allows the examination of information for health care and reveals discernment in practices that promote and facilitate care, thus recognizing the therapeutic co-responsibility, inserting itself into a single line of care with the health professional, resulting in better quality of life. On the other hand, people with low or insufficient literacy levels are more likely to suffer from severe comorbidities, which leads to a lack of well-being and quality of life.³

Health literacy is influenced by determinants and conditions related to the life of people in a social context, such as level of education, family and work environment,

relationship with the community and politics.⁴ However, misinformation becomes one of the main global challenges for health communication, whose advent of fake news, fast and free access to content pose threats and hinder health literacy, there is a risk of misinformed empowerment.⁵

To combat misinformation and help in the spread of knowledge based on science, but transcribed into popular language, it is expected the participation of effective actors in the process, such as the Family Health Strategy (FHS).⁶ Primary care thus becomes a link between the community and health professionals. This level of attention is the one that presents a rate of over 80% of health illiteracy. This shows an exponential difficulty in the quality of information provided to FHS users, as well as the interpretation-understanding-application lapse.⁷

In the field of health literacy, specifically productions in the FHS, the relationship between drug adherence, changes in lifestyle, adequacy of healthy practices and systematic monitoring are explored.⁸ Furthermore, being a professional field of nursing, the FHS allows nurses to provide qualified assistance, health promotion interventions and health education, focusing on the use of health literacy for various audiences.⁹

Therefore, few studies relate health literacy and the perception of FHS nurses. Given the need to study the subject, it is understood that the nursing professional needs to adapt the measures necessary to provide care in the units, identify weaknesses and increase knowledge.¹⁰ Moreover, the understanding of health literacy by nurses is a decisive point for effective care, clinical judgements, decision-making and disease prevention with a focus on quality of life.¹¹

Thus, the study aims to understand Family Health Strategy nurses' perception about the theme Health Literacy.

Method

This is a qualitative research, following the methodological guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) to report the data of the survey.¹²

The locus consisted of the FHS (rural and urban) of a municipality in the mid-southern region of Ceará. The health scenario of the municipality in question, at the

level of Primary Health Care (PHC), in the development period, was 31 basic health units, 18 located in the urban area and 13 in the rural area.

Nurses from the service for at least six months were included (who developed or develop health literacy actions in the service). As exclusion criteria: professionals on maternity leave, dismissal for management positions and/or medical leave. The selection was given intentionally by reference network in which a seed (PHC manager) that provided a network of contacts was chosen. After applying the inclusion criteria and participants' consent to collaborate, 31 participants were contacted, of which seven composed the final sample.

The data were collected through a questionnaire with questions corresponding to the theme depicted, developed and applied online through Google Forms. In order to improve the proposed instrument, a pilot test was performed with a nurse who was not in the sample group, acting in the FHS. Soon after, the instrument was applied. The choice for this collection approach was made following the health standards and measures in favor of preventing covid-19 and in the pandemic scenario presented at the time of the survey.¹³ Data collection took place from August to December 2020.

It is noteworthy that the instrument was divided into two parts: the first contained information of sociodemographic nature for characterization and identification of participants; the second addressed questions regarding perception, use and conceptions about health literacy in the FHS. The questionnaire contained some of the following open questions: Tell me what you mean by literacy; Tell me about your experience with using health literacy in your work path; What strategies have you used for the employment of health literacy? What results were obtained in the implementation of health literacy during assistance? What are the possible challenges and potential encountered by nurses in public health service in the use of health literacy?

The study was disclosed by invitation letter through WhatsApp® application, which allows instant messaging in real time, as well as emails containing a link to the questionnaire and the Informed Consent Form. The participant chose the best time and day to answer the questions of the questionnaire, requesting their return in up to 30 calendar days.

After the information collection, there was the organization and literal transcription of the answers, preserving anonymity and reliability of content. The research used the thematic categorical analysis of content, which is divided into three interrelated phases.¹⁴

In the first phase, there is a pre-analysis, which consists of an in-depth reading of the texts, generally capturing the content therein explicit for corpus constitution, returning to the objectives of the study. In the second, exploration of the material, there is a regrouping by categories for further classification. In it, there are the elements of the speeches of the nurses. Finally, attention is paid to the treatment and interpretation of data, which culminates in inferences from the speeches of nurses from the point of view of meanings, i.e., highlights the meanings/results of the study based on the discursivity of the participants.¹⁴

In order to ensure the preservation of the identities of the participants, alphanumeric categorization was used to characterize, namely: N1, N2, N3 (...), where the letter "N" indicates the word nurse, followed by subsequent numbering.

After the analysis, two categories emerged, namely: "Health literacy: from knowledge to implementation in the practice of care" and "Health literacy: deficits in vocational training". The data were interpreted in a narrative way and compared with the specialized literature.

The dataset of this study containing the questions and answers of the participants was deposited in the repository Mendeley Data.¹⁵ The research was approved by the ethics committee under opinion n. 4.195.382 of the Regional University of Cariri, on August 5, 2020, in accordance with the ethical precepts set out in resolution n. 466/2012 of the national health council.

Results

The characterization of participants regarding sociodemographic and occupational data is shown in Table 1.

Table 1- Sociodemographic characteristics of nursing professionals in Primary Health Care in the municipality of Iguatu. Iguatu, 2020

Sociodemographic characteristics	N.	%
Sex		
Male	02	28.6
Female	05	71.4
Age		
20 - 30	02	28.6
31 - 40	05	71.4
Race/color		
White	02	28.6
Brown	05	71.4
Professional characteristics		
Minimum degree		
Graduation	02	28.6
Specialization	05	71.4
Action area		
Rural area	02	28.6
Urban area	05	71.4
Years of work		
06 months - 1 year	01	14.3
2 - 3 years	01	14.3
5 or more	05	71.4

About the content addressed on the subject of health literacy, two categories were structured, presented according to the relevance of the questions for the nursing care process and their perceptions regarding the magnitude of health literacy.

Health literacy: from knowledge to implementation in the practice of care

This category addresses the concept of health literacy from the perspective of the perceptions of nurses working in the FHS, especially when configuring the genesis of the concept and its possible application. It was noticeable that they have the notion of context and ownership regarding the topic under discussion:

The individual's ability to assimilate information and use it for their health. (N1)
Refers to an individual's cognitive, emotional, social and cultural background that allows them to actively act in favor of improving/promoting health. (N3)
These are cognitive practices that lead us to knowledge and decision-making in health. They also guide and direct the population to develop care related to good practices in prevention and health promotion. (N6)

Health literacy allows communication links with health promotion and interfaces with the promotion of comprehensive and safe care. In the professionals' speeches, promoting health literacy covers different phases of the social cycle and the capacity to transmit knowledge. Such aspects can be addressed, mainly in PHC, in nursing consultations or health education activities, bringing relevance to the employment of health literacy and its contributions to scientifically based self-care.

When asked about the importance of health literacy for the health of users, nurses emphasized that:

It provides a better understanding of the patient's therapy. (N1)
It is relevant because it allows the user to actively participate in their care, improving the response to the treatments implemented and promoting health. (N3)
Promoting the subject's autonomy. (N7)

The nurse becomes responsible for the insertion of knowledge related to health promotion and care integration through health literacy. Understanding the processes related to health and disease is the basis for assigning effective actions, either at individual or community level, and all this requires knowledge acquired by education in

health and literacy, fundamental in decision-making. The statements collected indicate that nursing professionals are aware of the importance of this literacy and integrate it into their practices.

Although they are distinct concepts, the relationship between literacy and health promotion is fundamental. When users understand the guidance received, health promotion results tend to be effective. Thus, strengthening health literacy not only empowers users, but also improves the effectiveness of interventions, contributing to a healthier community.

Participants also reported the common use of health literacy in line with the provision of health information, adapting to the degree of understanding and discernment of the client:

I am sensitive to this need for adaptation of terms, as well as understanding of guidelines, and I always try to make myself understood. (N2)

I use it both alone and in a team. Since I work in a unit with 3 health posts, I look for printed and electronic material referenced by the Ministry of Health. (N6)

I learned about the subject recently and did not have the necessary in-depth knowledge. But as a health professional, I always try to talk to users about the health-disease process so that they take informed action. This is a small and insufficient action. (N7)

The speeches highlight the sensitivity of professionals in providing information to the user population, and understanding the individual is essential for improving health conditions, both individual and collective. This aims to meet the principles of completeness and equity of the Unified Health System. However, despite the efforts, there is a lack of investment in continuing education on the subject and a recent search for this specific knowledge.

All respondents are aware of the importance of health literacy for care, especially self-care, treatment, promotion and prevention. Since the use of health literacy in the different realities of the population using health services has positive results for health in general. Contexts present in the following speeches:

Make the population group being worked on understand their health and illness process and be able to promote self-care. (N2)

It is relevant because it allows the user to actively participate in their care, improving the response to the treatments implemented and promoting health. (N3)

It improves perception and reflection, consequently in the implementation of new strategies and a positive impact on the results. (N6)

Health literacy stands out as a protagonist in the maintenance and improvement of health conditions, serving as a prognosis of possible social inequalities in health. Thus, there were several forms and methods of application of health literacy in health care, carried out by nurses working in PHC. Strategies reported below:

Dialogue, flows, conversations, diagrams, drawings. (N1)

Everything I have done to help stimulate/enable users' health literacy was done "intuitively," using my own theoretical background, experience, and available resources, in accordance with the reality of the community in which I work, in an attempt to minimally stimulate self-care capabilities and the empowerment of the users we assist. (N3)

I use educational material in nursing consultations, both printed and electronic, for study with professionals and instruction to the population through the CHA. (N6)

The speeches highlight that health literacy is a valuable tool in self-care, because it involves the patient in all therapeutic dimensions and improves the quality of care. In addition to being versatile, it can be used in various ways to foster critical-reflective thinking of the patient and the community, promoting their autonomy with regard to health. The professionals interviewed apply simple methods, such as communication and dialogue, to conduct health literacy during care, which strengthens the bond with the client, language and simple and establishment of mutual trust, helping in behaviors appropriate to individual health conditions.

Health literacy: deficits in vocational training

This category includes the absence of teaching during the undergraduate course and the absence of training as a professional working in the health field, related to the topic of HL.

In fact, in almost eight years of practice, I have never had any training that addressed the subject. (N3)

I never heard of this subject in college. And that's because I studied at one of the best, in my opinion. (N5)

The academic training process should focus on improving citizens with performance and critical-reflective thinking, through knowledge, skills and attitudes to act in a qualified way. However, it is observed that health literacy is not yet a point of discussion in the academy, nor has it disciplines/lectures aimed at it.

The presence of health literacy is obtained as an effective care tool in promoting care. Nevertheless, the weaknesses in its implementation, clarification, professional and

patient bond and feedback about the care implemented reinforce the need for programmatic approaches with the creation of professional qualification activities to raise awareness about the process of literacy, functioning and supervision. The speeches reaffirm that continuing education based on training can be links for transformation and therapeutic interaction between nurse and patient.

Discussion

According to the perceptions collected, health literacy is closely related to the concept of health promotion, which has fundamental aspects to it, being interconnected when considering the health process in its entirety. Although they are distinct concepts, they have some similarity when there is the use of literacy during the assistance processes, especially of PHC, which aims at the patient's understanding of the health information provided, and therefore, in view of its effectiveness, results in satisfactory health promotion.

The issues of health promotion and disease prevention, as well as education in PHC, have been the scene of discussions in recent years in Brazil, with health literacy responsible for the ability to capture, process and understand health information in order to assist in the decision-making process, characteristics that are essential for good health promotion.¹¹ Given this reality, it is observed that nurses are aware of their role in promoting literacy, although difficulties are still imposed for its implementation.

Different cultural and socioeconomic contexts influence the implementation of health promotion processes, considering the need to complement care practices and help the formation of opinions on different topics. Therefore, researches have encouraged the sensible adaptation of instruments that facilitate the process of listening and that evaluate skills in health literacy, understanding that the population may be prepared or not to receive a specific demand for information.¹⁶

In special cases, health literacy may be related to cultural, social and motivational issues. When this theme is related to the field of neurology, it is understood that the needs of patients can still be misunderstood or even hindered by access to information, and the understanding of processes surrounding specific care demands requires multimodal, visual and written approaches to improve comprehension.¹⁷

Thus, it can be observed that health promotion tends to work with the development, cooperation and interaction of individuals in their social, economic and cultural environment, maintaining relationships with different levels of institutions that can provide better health conditions, either through assistance, educational activities or established dialogues with health professionals regarding the guidelines, by devoting oneself to the use of health literacy for this purpose.¹⁸

Therefore, health literacy has been highlighted in some studies¹⁸⁻²⁰, which suggest that it can play a relevant role in the care and improvement of the population's health conditions, presenting itself as an aggravating component of social inequalities. In addition, it is fundamental to replace the biomedical model, taking responsibility for improving health status, reducing health service expenses and increasing users' knowledge about their own health and self-care.¹⁹ This fact is present in the speeches of nurses in the present study when they refer to the care that demands health literacy.

Research with the European Health Literacy Survey (HLS-EU) cites another study that was conducted by the World Health Communication Associates with North American non-literate, stating that 90% of American adults have difficulties with the way of explaining health reports, since they cannot discern and act according to the information available. It is important to note that a low level of literacy affects the understanding of care and consequently health outcomes, and may also be related to the likelihood of prolonged hospitalizations.²⁰

Thus, in the perspective of better health conjunctures, the nurse is a figure of protagonism and relevance for action in health promotion that fits the concept of health literacy, since both walk together and dynamically before the activities provided in PHC.

It is also observed the sensitivity of professionals in providing information to the population that uses the service, where the understanding of the patient is a key point for improving health conditions, reflecting completely in the individual and collective environment, seeking to achieve the principles established by the Unified Health System, such as integrality and equity in health.

Corroborating this finding, the literature points out that the nurse is responsible for having reports in a clear, tangible and pertinent way, ensuring a good health education surrounded by health literacy, since the theme is scarce in view of the

references present in the national literature, highlighting the magnitude of studies that support the development of strategies directed to the needs of the population.²¹

Following the same perspective, a survey conducted with 1215 adolescents in the district of Leiria, Portugal, states that the nurse becomes the health professional best able to interpret and judge factors that potentiate good health habits, discerning the various situations that require specific interventions according to the particularities of each user, aiming to make effective the process as a transmitter and health promoter, focusing on the use of literacy to provide accurate and understandable information aimed at the target population.²² The vision of promoting care and engagement with therapy is a reality identified in the study on screen.

In this field, the higher the level of health literacy, the better the repercussions of health conditions, benefiting from the reduction of additional care costs and providing ascendancy of knowledge and less constant use of health services.²³

In this respect, it is evident that the use of health literacy for the health care field becomes a useful instrument when we report on self-care behaviors, because it allows the insertion of the patient in all therapeutic dimensions, thriving to improve the quality of care, since it is a versatile and low-cost instrument that can be increased in multiple ways, always aiming at the perception and development of the critical-reflective thinking of the user and community, helping to articulate the autonomy of the subject towards their health.

Therefore, at the social level, good levels of health literacy bring to the population positive results regarding the national economy, concerning the development of science, democratic policies and practices. At the individual level, it contributes to decision making regarding life habits and self-care, employability, persuades in intellectual abilities, aesthetics and even in their own moral principles, as well as other benefits, such as the progress of medical-patient understanding and communication, assisting in health decisions with a view to the promotion and prevention of diseases, progressing towards a better quality of life, considered as a key factor for transition from the biomedical model.¹⁹⁻²³

The creation of methods that allow citizens to participate in health care processes is indispensable, making the use of dialogue or material resources as a bridge of connection and collaboration with the health reporting system, facilitating decision-

making, enabling the individual to become involved in decisions that concern them, and consequently, sharing and promoting health literacy.²³

It is noticed that the application of methods and strategies that serve as a channel for the conduction of health literacy during care is of daily relevance, reaffirming its insertion by simple and easy means, such as communication/dialogue, that allows the creation of a greater bond with the client, enabling the establishment of mutual trust, contributing to the improvement and understanding of the behaviors and guidelines provided, also helping in the behaviors consistent with each particular health condition.

Therefore, there are several other low-cost inputs that can be used during nursing consultations, such as drug leaflets, posters, websites, information brochures, among others, aiming at the transfer of information to the community, because health literacy influences the treatment, promotion and prevention of diseases.²⁴ Similarly, it reflects on the adoption of practices that reaffirm the posture and practice of self-care.

However, the process of fragmentation of the professional practice of nurses begins during undergraduate studies, in which students experience teaching with separate or absent subjects and themes that succeed to poor learning, reflecting negatively in professional practice.²⁵ The same is found in the speeches here presented.

It is necessary to invest in their qualification, in order to exercise the role of facilitator of permanent education, keeping themselves qualified and updated, aiming to advance health care and filling gaps in their academic training in view of the evolutionary changes in the field of health.²⁶

Demonstrating that there is an urgency in the training of individuals acting in the health system, in its multiple aspects of promotion, prevention and rehabilitation, requiring a keen look at health professionals and users, overcoming the biomedical model and opening space for humanization in the process of health care.²⁷

Finally, the influence exerted by care models, management and promotion of care for the effective implementation of health literacy is highlighted. The governance of health care models can be an alternative to training for care and organizing strategies that provide critical thinking; however, the subsidies to determine literacy activities are still susceptible to a number of cultural, social and health factors.²⁸ Therefore, the nurse needs

to be the trainer of the promotion of care within the models of care and management, facilitating alternatives that improve the individuals' training links and in the management of the process of training on disease prevention and promotion of care.

Community engagement and continuing education can be essential tools in the promotion of health literacy within the lines of care and on professional practices favoring the chain of activities that culminate in the management of care and the integrality of assistance.²⁹ For this, new conformations are needed between the awareness of the literacy process and vocational training.

The absence of an approach to health literacy in training or academic and work processes is a worrying fact, because the lack of knowledge about a relevant issue can result in the non-advancement of care improvement, taking into account that health is in constant process of transformation, with technological innovations and knowledge that can make a difference before a usual nursing consultation.

The limitations of the study concern the difficulty in establishing contact with the target audience, considering the workload, unavailability to participate in research and development during the pandemic peak period, becoming a barrier to conducting the research in person, which would allow more comprehensive information.

Thus, it is considered that the generalization of the findings presented here is not sufficient to cover the entire range of information sensitive to health literacy given the representativeness of the sample and the intercultural differences between geographic regions that can be influenced by the training, culture and willingness of patients to receive health information. Nevertheless, future research may help in understanding this phenomenon in other contexts and spaces to identify gaps in the areas of training and capacity building of the population and strategies for complementing professional knowledge.

However, even in the face of difficulties, it allowed that the acquisition of the perception that the professional instigated by knowledge about health literacy can cause changes in these guidelines passed on to patients, assuming that, when there is a foundation of learning on some theme of the health field, it increases the propensity to perform accurate care practices, qualified and focused on real needs.

Conclusion

It is considered that the perception of knowledge, implementation and approach about the subject health literacy is present in the daily actions of nursing care, even if in an unconscious way, since it is assumed that the nurse tends to provide information about health to the population in a clear and objective way, aiming at understanding them to support better capabilities aimed at self-care behaviors and, consequently, disease prevention.

The need to redefine health practices and policies directed at the content on the agenda is confirmed. Therefore, investing in the training of health professionals is essential to include knowledge about health literacy, providing better conditions for its application in the field of care. Another relevant factor would be the development of research focused on this approach in the field of assistance, aiming to provide greater visibility to the proposed theme.

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