



EDUCATION IN PRIMARY CARE UNITS: DIFFICULTIES AND FACILITIES
EDUCAÇÃO NAS UNIDADES DE ATENÇÃO BÁSICA: DIFICULDADES E FACILIDADES
EDUCACIÓN EN LAS UNIDADES DE ATENCIÓN BÁSICA: DIFICULTADES Y FACILIDADES

Cristiano José Mendes Pinto¹, Viviane Gomes de Assis², Rodrigo Nickel Pecci³

ABSTRACT

Objective: to analyze the factors that facilitate and hinder the practice of health education in the daily routine of nurses in the Basic Health Units and Family Health Strategy (BHU / FHS). **Method:** this is a qualitative, descriptive, exploratory study in the BHU / FHS with eight nurses. The Collective Subject Discourse (CSD) was used to analyze the data. **Results:** it was evidenced in the CSD that the factors that hampered were the problems related to municipal management, the small multiprofessional team, inadequate physical structure, insufficient material resources and disinterested users. **Conclusion:** among the factors that facilitate the work, the importance of efficient municipal management and health unit, the appropriate multidisciplinary team, the interest of the users and the professional satisfaction were highlighted. It was highlighted the management at the municipal level and the unit BHU / FHS in the CSD, both in the analysis of factors that facilitate and hinder. It can be inferred, therefore, that the qualified management of health services will guarantee the success of health education actions. **Descriptors:** Health Centers; Health education; Nurses and Nurses; Family Health Strategy; Primary Prevention; Public health.

RESUMO

Objetivo: analisar os fatores que facilitam e dificultam a prática da educação em saúde no cotidiano das enfermeiras nas Unidades Básicas de Saúde e Estratégia Saúde da Família (UBS/ESF). **Método:** trata-se de estudo qualitativo, descritivo, exploratório, nas UBS/ESF com oito enfermeiras. Utilizou-se o Discurso do Sujeito Coletivo (DSC) para a análise dos dados. **Resultados:** evidenciou-se, no DSC, que os fatores que dificultam foram os problemas relacionados à gestão municipal, a reduzida equipe multiprofissional, estrutura física inadequada, recursos materiais insuficientes e usuários desinteressados. **Conclusão:** destacaram-se, dentre os fatores que facilitam o trabalho, a importância da eficiente gestão municipal e da unidade de saúde, a equipe multidisciplinar adequada, o interesse dos usuários e a satisfação profissional. Salientou-se a gestão em nível municipal e da unidade UBS/ESF no DSC, tanto na análise dos fatores que facilitam, quanto dificultam. Pode-se inferir, assim, que o qualificado gerenciamento dos serviços de saúde irá garantir o sucesso das ações de educação em saúde. **Descritores:** Centros de Saúde; Educação em Saúde; Enfermeiras e Enfermeiros; Estratégia Saúde da Família; Prevenção Primária; Saúde Pública.

RESUMEN

Objetivo: analizar los factores que facilitan y dificultan la práctica de la educación en salud en el cotidiano de las enfermeras en las Unidades Básicas de Salud y Estrategia Salud de la Familia (UBS / ESF). **Método:** se trata de un estudio cualitativo, descriptivo, exploratorio, en las UBS / ESF con ocho enfermeras. Se utilizó el Discurso del Sujeto Colectivo (DSC) para el análisis de los datos. **Resultados:** se evidenció, en el DSC, que los factores que dificultan fueron los problemas relacionados a la gestión municipal, el reducido equipo multiprofesional, estructura física inadecuada, recursos materiales insuficientes y usuarios desinteresados. **Conclusión:** se destacaron, entre los factores que facilitan el trabajo, la importancia de la eficiente gestión municipal y de la unidad de salud, el equipo multidisciplinario adecuado, el interés de los usuarios y la satisfacción profesional. Se destacó la gestión a nivel municipal y de la unidad UBS / ESF en el DSC, tanto en el análisis de los factores que facilitan, cuanto dificultan. Se puede inferir, así, que la calificada gestión de los servicios de salud garantizará el éxito de las acciones de educación en salud. **Descritores:** Centros de Salud; Educación en Salud; Enfermeros; Estrategia de Salud Familiar; Prevención Primaria; Salud Pública.

¹PhD, Paulínia University Center / UNIFACP. Paulínia (SP), Brazil. Email: cristiano.jmp@gmail.com ORCID iD: <https://orcid.org/0000-0002-5491-3847>; ^{2,3}Nurses, Padre Anchieta University Center / UNIANCHIETA. Jundiá (SP), Brazil. Email: viviandassis@gmail.com ORCID iD: <https://orcid.org/0000-0002-4485-2905>; Email: nickelpecci@icloud.com ORCID iD: <https://orcid.org/0000-0002-0132-3034>

INTRODUCTION

Among the attributions of Primary Care are the individual, family and collective health actions that involve promotion, prevention, treatment, harm reduction and health surveillance, as established by the National Primary Care Policy (NPCP).¹

According to NPCP, ¹ should be adopted as the Family Health Strategy (FHS) "as a priority strategy for the expansion, consolidation and qualification of Primary Care". It is presumed, based on the foundations of Basic Attention and FHS, the definition of territory, and this provides bond, affectivity and trust relationships between people and/or families and groups to professionals / teams, as these become a reference for care, facilitating the continuity and resolution of health actions.²

It is observed that the NPCP emphasizes in the chapter on the attributions of the professionals of the area that they must carry out actions of health education to the population, with planning, in a team and using approaches appropriate to the needs of this public.¹ It is emphasized in this perspective, the study that evaluated the educational practices in the FHS that all members of the multidisciplinary team should act in the activities of health education, being this one of the main instruments to provide health promotion.³

The nurse stands out in the educational actions, since its formation provides the work directed to the care, management and education in the different scenarios of the professional practice. It is fundamental, however, for nurses to promote health education activities, with the purpose of stimulating the participation of users, and to become active participants in this educational process in order to allow the discussion of the problem and the achievement of the objectives of the educational practice.³

It is observed, in the daily health services, a great difficulty for the population to participate in educational actions, since there are many problems faced by professionals in the execution of this work and this context makes it difficult to find the actors necessary for the care process and the achievement of the objectives of this activity.⁴

It was published in the year 1999,⁵ editorial discussing the need for evaluation of health education practices, and the researchers emphasized that it was essential to evolve with praxis to ensure effective educational actions for the quality of life and health of the population. However, it is suggested by recent publications that the problem still

persists and requires efforts to respond to the demands of the population in this area.^{3-4,6-8}

A study was carried out⁶ in Montes Claros, Minas Gerais, Brazil, on difficulties, challenges and overcomes on health education in the view of FHS nurses, highlighting, in their results, important obstacles to the success of this study, highlighting, in the research, the problems related to the process of team work, the reality of the service and the relationship with users in the educational process.

The aim was to identify factors that influence the activities developed in health promotion and breast cancer prevention, in a research developed in 2012 with FHS nurses from a municipality in the State of Mato Grosso, Brazil.⁷ The lack of appropriate conditions for the accomplishment of this work was emphasized in the study, mainly the problems related to materials and physical structure of the health units, as well as technical and scientific knowledge of the professionals to perform these actions.

In a study carried out in 2015,⁸ in the city of Marília, São Paulo, Brazil, difficulties were assessed in the implementation of health education actions reported by FHS teams. The main problems highlighted were the need for professionals to identify the health needs of the population, to increase the dissemination of educational actions, and to improve the communication and use of active learning methodologies in these activities.

OBJECTIVE

- To analyze the factors that facilitate and hinder the practice of health education in the daily routine of nurses in the Basic Health Units and Family Health Strategy (BHU / FHS).

METHOD

This is a qualitative, descriptive, exploratory study that used the Collective Subject Discourse (CSD) to analyze the data. The research was conducted in the Basic Health Units and Family Health Strategy (BHU/FHS) of a municipality in the interior of the State of São Paulo.

According to records of the Brazilian Institute of Geography and Statistics, ⁹ the BHU / FHS units of the municipality were estimated to be involved in the study in the municipality where the study was developed.

Included in the study were the nurses who accepted the invitation to participate in the research voluntarily, with official acceptance through the signing of the Free and Informed Consent Term. Professionals who, during the data collection period, were on leave or

medical leave for a period exceeding 15 days were excluded from the study.

The data was collected in August 2017, after approval of the project by the Research Ethics Committee of the Padre Anchieta University Center, under the number 2,147,448, guaranteeing the anonymity of the individuals and institutions involved in the research.

Each subject was approached by the researcher in his / her BHU / FHS, during working hours, in a private room and, after explaining the project and the objectives of the research, the nurse received the questionnaire and the next day the researcher returned to collect the instrument of data collection.

The data collection instrument was developed by the researchers themselves, and the questionnaire had questions to verify sociodemographic data and the professional experience of each subject, two of the research's guiding discursive questions: "What are their greatest difficulties / factors that make it difficult to perform of educational actions? "and" What are their greatest facilities / factors that contribute to the achievement of educational actions? ".

Prior to data collection, a pilot study was conducted with three nurses from FHS units from another city in the region to evaluate the data collection instrument and study methodology.

The CSD methodology was used to analyze the results of the research. By this method of analysis, it is possible to overcome some of the impasses and shortcomings of other methods of analysis of qualitative research.¹⁰⁻¹

The CSD collects the integrity of opinion on a collective scale, and the representations allow the exposition of details and intricacies of the contents and arguments of collective thoughts.

The method of discourse analysis is based on the theory of social representation and, in this way, the CSD produces a narrative called "the first collective person of the singular". It stands out in the CSD "... the representations in the form of 'extended selves' allow the exposition of details and meanders of the contents and arguments of collective thoughts".^{12:807}

RESULTS

The sample of the study was composed by eight nurses, out of a total of 11 nurses from the BHU / FHS of the municipality, since two were on vacation and one did not respond to the questionnaire.

In the characterization of the research subjects, the total of eight participants was female, aged between 33 and 56 years (mean 42.4 years), and all nurses had been in primary care for more than three years, with the most experienced participant having 24 years of service and the group average of 9.6 years of work in BHU/ FHS.

The following question was asked by the questionnaire: "Do you participate in health education actions with the population / users of BHU / FHS?"; if the answer was positive, she should answer the next question, where the nurse would describe how she acted in educational actions. The analysis of the answers to this question in table 1 is presented.

Table 1. Distribution of nurses' answers about their participation in educational actions. Jundiá (SP), Brazil, 2017.

Performance in educational actions	n	%
Acts only in planning	0	0.0
Acts only on execution	0	0.0
Acts in planning and execution	9	100.0
Others	0	0.0
Total	9	100.00

Figure 1 shows the key expressions extracted from the research subjects' discourses, their respective central ideas (CI)

and CSD related to the difficulties and factors that hinder the practice of health education in the BHU / FHS of this research.

Key-expressions	Main ideas	CSD
<i>It is difficult for the municipality to maintain the program [...].</i>	Municipal management does not contribute.	<i>The major difficulties are: lack of material resources, mainly; audiovisual resources for educational practices, and also lack of user interest, difficulty in getting the population to the unit. But, also, it needs to improve users' adherence to educational actions. The lack of human resources and the overload of work also make difficult, as well as the physical space of the unit that is inadequate. And, the absence of public policies, especially the municipality, for the maintenance of educational programs.</i>
<i>Difficulty of the population for locomotion to the unit [...].</i>		
<i>Lack of interest of the population [...].</i>		
<i>Lack of interest of users of the unit, lack of culture [...].</i>	Uninterested users.	
<i>Membership of the users [...].</i>		
<i>There is a lack of professionals in the unit [...].</i>	Reduced multiprofessional team.	
<i>Time management, due to other tasks [...].</i>		
<i>Many users for the unit meet [...].</i>		
<i>It is necessary to have audiovisual resources [...].</i>		
<i>Missing support materials [...].</i>	Inadequate resources.	
<i>Lack of physical space for the realization of groups [...].</i>		

Figure 1 - Key expressions, central ideas and discourse of the collective subject on the difficulties and factors that hinder the practice of health education in the BHU / FHU. Jundiaí, SP, 2017.

The results related to the facilities and factors that favor the practice of health education according to the subjects of this research are shown in Figure 2. It is observed, comparing the CIs of this framework with the analysis of the factors that make this practice difficult, that most appear in the two conditions - municipal management, the interest of the users and the multiprofessional team.

These results are highlighted exclusively as factors that facilitate the central ideas "management of efficient unit" and "satisfaction with work".

"Inadequate resources" appear exclusively as a factor that makes it difficult, and this was not mentioned in the CSD of the question about the factors that facilitate the practice of health education.

Key-expressions	Main ideas	CSD
<i>Support from the Department of Health [...].</i>	Municipal management supports the actions.	<i>Teamwork is one of the factors that facilitates the activity, the trained team, updated and willing, mainly, the community health agents, propitiate the execution of educational actions. The effective management of the unit and the Municipal Health Department are also fundamental, as well as the link of the users with the unit, and the accomplishment of the activities in the schedule of scheduled appointments. All this guarantees the accomplishment of this important work for the benefit of the people.</i>
<i>Participatory community [...].</i>	Interested users.	
<i>Actions are made during scheduled appointments [...].</i>		
<i>Well-trained and willing staff [...].</i>		
<i>Link to Unit Patients [...].</i>	Appropriate multiprofessional team.	
<i>Community health agents contribute a lot [...].</i>		
<i>Management with autonomy [...].</i>		
<i>Teamwork [...].</i>	Efficient unit management.	
<i>Commitment of the professional and management that stimulates the activities [...].</i>		
<i>Know that the result of the work benefits people [...].</i>	Satisfaction with work.	

Figure 2 - Key expressions, central ideas and discourse of the collective subject on the facilities and factors that facilitate the practice of health education in the BHU/FHU. Jundiaí (SP), 2017.

DISCUSSION

Table 1 shows that all nurses said that they work from the planning to the execution of the actions of health education in their workplace, therefore, it can be inferred that the nurses are acting properly and following the recommended by the public policies in the area.^{1-2,13}

Relevant results on the analysis of the factors that hinder and facilitate the educational actions in the BHU/FHS are highlighted in the CSD of the nurses, which are detailed and discussed below.

Municipal management is pointed out as a foundation for the practice of health education, and the CSD reveals this as a factor that facilitates and hinders the activity, however, it is emphasized that when municipal managers do not guarantee funding and other conditions for the health work is impaired and, consequently, the population will not have access to this important public service.

According to the NPCP, it is the responsibility of the municipal government to manage basic health services and actions within its territory, guarantee the physical structure necessary for the work in the health units and provide all "[...] equipment adequate, trained human resources, and sufficient materials and supplies [...]".^{1:9}

It is therefore considered that municipal management should not be recognized as a facilitator for the practice of health education, since providing the conditions for the execution of this service is its duty, as described in the NPCP and other related regulations and legislation, highlighting the Constitution of the Federative Republic of Brazil¹³ and Law 8080/90,¹⁴ which regulates health actions and services throughout the Brazilian territory.

It should be noted that one of the major problems reported in nurses' CSD for the development of educational practices was the lack of "government participation and lack of resources [...], results similar to those found in other studies^{6,15-6} in which nurses reported difficulties in the team work process, problems in the physical structure and insufficient material resources for the educational practices in the health units.

It is reported that the workload of the professionals is another big problem in the context and can be considered a consequence of the difficulties related to the management and the lack of investments in the area, as highlighted in the CSD of this study and

confirmed in another study,¹⁷ in a research among nurses of FHS performed in the State of Paraná, Brazil.

Users' adherence to educational actions was identified as another difficulty observed in this research, and other similar studies^{8,17-8} emphasize that users seek the health service essentially as an individual and curative action, in which drug therapy attends all their needs, and do not enjoy collective actions and educational activities for the prevention and control of diseases.

It is possible to directly relate the interest and the adherence of the users to the teaching methodology used by the professionals in the educational actions, since the use of inappropriate teaching strategies can be an obstacle to the achievement of the objectives of this work and this situation was highlighted in the CSD of this search.

The need for training and updating the professionals for the educational practice in the CSD of the nurses involved in this research was focused, and in a study¹⁸ on the pedagogical practice of nurses in the FHS, they emphasize that the quality of this work is fundamental to the achievement of the expected objectives with health education.

It is inferred that publications of the area emphasize that the methodology of vertical and non-problematizing teaching is admittedly ineffective; the use of teaching methods appropriate to the reality of the population and effective in the teaching-learning process can determine whether or not the users adhere to the educational practice,^{16,18-9,20} and this also improves the link between users and professionals,¹⁸⁻⁹ another important factor in this context and that was highlighted in the CSD of the nurses participating in this study.

In this way, the adoption of adequate teaching methods avoids distancing the professional from the user and, consequently, improves the living conditions and health of the population.

In this process, the methodologies that consider the user as the center of the health work process, subject of values and practices responsible for their reality, stand out in this process. This allows the construction of autonomous subjects, in order to meet the sense of education as a transformation of society and reality, as advocated in Paulo Freire's progressive liberationist pedagogical tendency.^{16,20-1}

It is believed that the management of the unit was also another relevant issue discussed in the study, as well as the municipal

management, and the administrator of the health unit was also related to almost all other factors that hinder the execution of the educational activity, being related the training and updating of professionals for the practice, the guarantee of the physical and material resources for the work and, mainly, the management of the multidisciplinary team.

It is warned that another aggravating circumstance arising from the context is "lack of motivation for work and well-off staff", according to the CSD of the present study, a similar result was observed in a doctoral thesis developed in Rio de Janeiro, RJ, and that analyzed the nurse's role in group health education in primary care.¹⁶

It becomes the essential teamwork for the success of health education actions and this was highlighted in the CSD of the study participants. It is, however, dependent on the proper functioning of the multidisciplinary team of the health unit manager and this was one of the most frequent problems among the difficulties faced by the subjects of this research.

It is added that when the manager does not have a broad and adequate view of his/her functions in the health service, he does not provide resources, he does not commit himself to the accomplishment of health education, since, apparently, this work does not present results imminent to users and this may even threaten their.¹⁷

It is evident, despite public management, investments and execution of education actions, and another problem in the context: health promotion practices carried out in municipalities are usually linked to priority projects of federal induction, prevailing a descending programmatic institutionalization.²² It is understood that, in this way, the successful practices taken as experiences developed at the initiative of the professionals of the local level "escape" to the normative of the federal policies and present themselves as inventions of the local team.

It is emphasized that job satisfaction was another outstanding attribute among the factors that facilitate nurses' performance in the context, a finding that is in line with important publications on the subject that highlight satisfaction at work, contributing to decrease the turnover in services, promoting a good work environment and improving the link between professionals and users. This creates a desirable condition for care practices to develop in a welcoming, agile and decisive way.^{1,23}

It is worth noting that studies about the reasons for job satisfaction among primary care nurses emphasize that teamwork, liking what they do and the recognition of users are the main sources of satisfaction of the professionals, that this satisfaction contributes to the quality of the work. assistance and that the whole context depends on municipal management and working conditions.²³⁻⁴

At the end of the analysis, it could be inferred that the results related to the factors that hinder and facilitate this work process are relevant, and it should be emphasized that the factors that impede them tend to predominate and determine the failure of health education actions. The axiom is corroborated by studies that analyze the quality of public management in the health area and the obstacles imposed on professionals who work in care.²⁵⁻⁶

It is noted that one of the major obstacles in the sector is the national culture "that any professional knows how to manage and that administration is learned in practice", also emphasize that there are few public service managers who have undergone good training programs and update to qualify its managerial practice in the area of health.^{26:422}

It is discussed in another study that addresses the management and the work process in health, that the current model determines great personal and social pressures to the professionals that result in work overload, reduction of the degree of autonomy and absence of recognition and social support of colleagues, managers and users of the services, and this causes the precariousness of working conditions and the availability of adequate services to the population.²⁵

CONCLUSION

The results revealed the main factors that facilitate and hinder the practice of health education in BHU/FHS in the group studied. Among the factors that facilitate the importance of efficient municipal management and health unit, the appropriate multidisciplinary team, the users' interest in educational actions and the satisfaction of the professional with the work.

Problems related to municipal management, low multiprofessional team, inadequate physical structure, insufficient material resources and disinterested users were highlighted, among the factors that make it difficult.

It is concluded that the management at the

municipal level and the unit BHU/FHS was highlighted in the CSD, both in the analysis of the factors that facilitate and make difficult. It can be inferred, therefore, that the qualified management of health services is the basis for the success of health education actions.

REFERENCES

1. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2018 June 01] Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html
2. Figueiredo EN. A estratégia saúde da família na atenção básica do SUS [Internet]. São Paulo: UNA-SUS/UNIFESP; [2017] [cited 2018 June 01] Available at: http://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade05/unidade05.pdf
3. Bomfim ES, Araújo IB, Santos AGB, Silva AP, Vilela ABA, Yarid SD. Nurse activity on educational practices in the family health strategy. *J Nurs UFPE on line*. 2017 Mar; 11(Suppl 3): 1398-402. Doi: [10.5205/reuol.10263-91568-1-RV.1103sup201711](https://doi.org/10.5205/reuol.10263-91568-1-RV.1103sup201711)
4. Marin MJS, Moracvick MYAD, Rodrigues LCR, Santos SC, Santana FHS, Amorin DMR. Knowing the reasons for nonadherence to health educational actions. *REME rev min enferm*; 17(3):500-4. Doi: [http://www.dx.doi.org/10.5935/1415-2762.20130037](https://doi.org/10.5935/1415-2762.20130037)
5. Schall VT, Struchiner M. Health education: new perspectives. *Cad Saúde Pública* 1999; 15(Suppl 2):S4-6. Doi: [http://dx.doi.org/10.1590/S0102-311X1999000600001](https://doi.org/10.1590/S0102-311X1999000600001)
6. Moutinho CB, Almeida ER, Leite MTS, Vieira MA. Difficulties, challenges, and overcoming in health education in the view of family health nurses. *Trab Educ Saúde* 2014 May/Aug; 12(2):253-72. Doi: [http://dx.doi.org/10.1590/S1981-77462014000200003](https://doi.org/10.1590/S1981-77462014000200003)
7. Mattos M, Silva KL, Kölln WM. Factors influencing educational actions on breast cancer in the Family Health Strategy. *Espaço saúde*. 2016 July; 17(1):40-8.
8. Santili PGJ, Tonhom SFR, Marin MJS. Health education: challenges for implementation. *Atas CIAIQ* [Internet]. 2016 [cited 2018 June 01]; 2:1147-56. Available from: <https://proceedings.ciaiq.org/index.php/ciaiq/2016/article/viewFile/867/851>
9. Ministério da Saúde (BR), Instituto Brasileiro de Geografia e Estatística. Diretoria de Pesquisas, Coordenação de População e Indicadores Sociais. Brasil, São Paulo, Itupeva, População [Internet]. Rio de Janeiro: IBGE; 2017 [cited 2018 June 01]. Available from: <https://cidades.ibge.gov.br/brasil/sp/itupeva/panorama>
10. Lefevre F, Lefevre AMC. O pensamento coletivo como soma qualitativa. São Paulo: FSP; 2003.
11. Lefevre F, Lefevre AMC. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa. Caxias do Sul: Educus; 2003.
12. Lefevre F, Lefevre AMC, Cornetta VK, Araújo SDT. The discourse of the collective subject as an i extended: proposal illustrated by a research about the morning after pill. *Rev Bras Crescimento Desenvol Hum*. 2010;20(3):798-808. Available from: <http://pepsic.bvsalud.org/pdf/rbcdh/v20n3/15.pdf>
13. Presidência da República (BR), Casa Civil, Subchefia para Assuntos Jurídicos. Constituição da República Federativa do Brasil: promulgada em 5 de outubro de 1988 [Internet]. Brasília: Presidência da República; 1988 [cited 2018 June 15]. Available from: http://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm
14. Lei 8080/90, de 19 de setembro de 1990 (BR). Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. *Diário Oficial da União* [Internet]. 1990 Sept 19 [cited 2018 June 01]. Available from: https://www.planalto.gov.br/ccivil_03/LEIS/L8080.htm
15. Cortez EA, Valente GSC, Assis MM, Almeida VC, Chagas FS, Tórnió RA. The nurse in the management of health education of the family health strategy. *J Nurs UFPE on line*. 2010 Apr/June; 4(2):596-604. Doi: [10.5205/reuol.796-7113-1-LE.0402201019](https://doi.org/10.5205/reuol.796-7113-1-LE.0402201019)
16. Souza MD. Atuação da enfermeira na educação em saúde grupal em direitos sexuais/reprodutivos na atenção básica [thesis] [Internet]. Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2011 [cited 2018 Aug 25]. Available from: http://objdig.ufrj.br/51/teses/EEAN_D_Maria_DasDoresDeSouza.pdf

17. Roecker S, Budó MLD, Marcon SS. The educational work of nurses in the Family Health Strategy: difficulties and perspectives on change. *Rev esc enferm USP*. 2012 June; 46(3):641-9. Doi:

<http://dx.doi.org/10.1590/S0080-62342012000300016>

18. Almeida ER, Moutinho CB, Leite MTS. Family health nurses' teaching practice in the health education development. *Interface Comum Saúde Educ*. 2016 Apr/June; 20(57):389-401. Doi:

<http://dx.doi.org/10.1590/1807-57622015.0128>

19. Ceccon RF, Oliveira KM, Rossetto MS, Germani ARM. Health education: perceptions of professionals working in a Regional Health Office. *Rev Gaúcha Enferm [Internet]*. 2011 Mar [cited 2018 Sept 15]; 32(1):56-62. Available from:

<https://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/16448/12390>

20. Pinafo E, Nunes EFPA, González AD, Garanhani ML. Relationships between educational conceptions and practices in health in the view on a family health team. *Trab Educ Saúde* 2011 July/Oct; 9(2):201-21. Doi:

<http://dx.doi.org/10.1590/S1981-77462011000200003>

21. Freire P. *Pedagogia do oprimido*. Rio de Janeiro: Paz e Terra; 1987.

22. Silva KL, Sena RR, Silva PM, Magalhães RV, Tavares TS. Institutionalization of health promotion programs: definitions in municipal management. *J Nurs UFPE on line*. 2015 Dec; 9(12):1190-7. Doi: [10.5205/reuol.8127-71183-1-SM.0912201518](https://doi.org/10.5205/reuol.8127-71183-1-SM.0912201518)

23. Forte ECN, Pires DEP. Nurses in basic care: between job satisfaction and dissatisfaction. *Trab Educ Saúde*. 2017 Setp/Dec;15(3):709-72. Doi:

<http://dx.doi.org/10.1590/1981-7746-sol00083>

24. Beck CLC, Prochnow A, Silva RM, Prestes FC, Tavares JP. Factors that favor and hinder the work of nurses in services of health attention. *Esc Anna Nery Rev Enferm*. 2010 July/Sept; 14 (3):490-5. Doi:

<http://dx.doi.org/10.1590/S1414-81452010000300009>

25. Chiavegato LG, Navarro VL. A organization work in health in a context of precarization and advancement of ideology managerialist. *Rev Pegada*. 2012 Dec; 13(2):67-82. Doi: <https://doi.org/10.33026/peg.v13i2.2023>

26. Lorenzetti J, Lanzoni GMM, Assuiti LFC, Pires DEP, Ramos FRS. Health management in Brazil: dialogue with public and private managers. *Texto contexto-enferm*. 2014

Apr/June; 23(2):417-25. Doi:

<http://dx.doi.org/10.1590/0104-07072014000290013>

Submission: 2018/08/12

Accepted: 2019/02/20

Publishing: 2019/05/01

Corresponding Address

Cristiano José Mendes Pinto
Centro Universitário de Paulínia
Rua: Rua Nelson Prodócimo, 495
Bairro Jardim Bela Vista
Cep: 13140-000 – Paulínia (SP), Brazil