



Competencies of Nurses for the Promotion of Men's Health

KEYWORDS

Men's health, Health promotion, Nursing.

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ABSTRACT

Descriptive study with nurses in primary health care in Brazil, which aimed to identify the core competencies for the promotion of men's health, according to the Galway Consensus. We demonstrated that nursing interventions involve the domains of competencies for catalyzing changes, in the assessment of needs and implementation. The competencies identified here concern the mobilization of the community to expand the supply of primary health care to the male population and the provision of services that cover topics about men's health.

Introduction:

Epidemiological studies reveal that the male population has a lower life expectancy than the female population worldwide (World Health Organization, 2012). Regarding the use of health care services in Brazil, women often seek them for routine testing, while men often seek these services due to illness (Pinheiro, Viacava, Travassos and Brito, 2002).

The above data reveal that the male population has some particularities and that health professionals face a major challenge, which is to increase the percentage of men that seek health services (Alvarenga, Silva SS, Silva MDC, Barbosa and Rocha, 2012).

To ensure the effectiveness of care focused on the promotion of men's health, nursing professionals must incorporate specific competencies. According to Battel-Kirk, Barry, Taub and Lysoy (2009), the Galway Conference, held in Ireland, in 2008, has focused, among other issues, on training health professionals to identify and build core competencies in health promotion and health education.

The discussions during the conference led to the elaboration of the Galway Consensus (GC) which points to values and principles and eight domains of core competencies for public health: catalyze changes, leadership, assessment, planning, implementation, evaluation, advocacy and partnerships (Battel-Kirk et al 2009).

In view of the above, the present study aimed to identify the competencies for the promotion of men's health in

nursing interventions in primary health care (PHC), according to the Galway Consensus.

Methodology:

This is a descriptive qualitative study developed at the Health Security Agency – APS, from Picos – Piauí, Brazil, with 20 nurses from the urban zone. All nurses were invited to participate in the study, but only seven agreed to participate.

All subjects were women and most were aged 28-33 years, married and with a monthly income of more than five minimum wages. Regarding the amount of time they have been working in the profession, this period ranged between two months and one year. Four nurses informed that they worked in other health institutions, most public.

Data was collected in September-October 2013, by structured interviews, with the use of a digital audio recorder, with an average duration of 30 minutes.

Content analysis technique was used to organize the respondents' statements (Bardin, 2011). The results were presented in a table and analyzed according to the eight competencies for the practice of health promotion defined at the GC (Battel-Kirk et al 2009).

Results and discussion:

In nursing interventions related to the promotion of men's health, the competencies were: catalyze change, assessment of needs and implementation (Table 1).

Table 1 – Domains of competencies for the promotion of men's health in nursing interventions.

Domain of competence	Nurses' statements
Catalyze changes	[...]It is a matter of stimulating this teaching, not only in the health unit, but also in the community, in the work environment, and also in the media, such as radio, television... (nurse 2) [...]On visiting days, when there is no visit scheduled for the month, I set aside a day to convene a meeting with male patients... (nurse 1) [...]Educational lectures before care [...] (nurse 5)
Leadership	[...]As multipliers, we guide the male population on the need for primary care [...] (nurse 5)
Assessment (of needs)	[...]The provision of care is usually more focused on women [...] (nurse 7) [...]For cultural reasons, men tend to be more resistant to the idea of seeking health services for prevention, only doing this when they feel sick [...] (nurse 2) [...] Most men do this because they believe they are the stronger sex [...] (nurse 6) [...]If they could arrange to have some time to go to the health services [...] (nurse 1) [...]The only thing missing is encouragement, is training the professionals to ensure that this policy is effectively implemented [...] (nurse 7)
Planning	-
Implementation	[...] I think that we should start a campaign, when we have a campaign people get involved [...] (nurse 5) [...]I am trying to spend some time in the community and not only in the health unit [...] (nurse 1) [...]Care for prevention of prostate cancer [...] (nurse 2) [...]Monitoring of chronic diseases [...] (nurse 2) [...] The issue of health education, alcohol and smoking [...] (nurse 3) [...]The issue of drugs, of physical activity, of the diet [...] (nurse 6)
Evaluation (of impact)	-
Advocacy	-
Partnerships	[...]Educational activities in the community, where these patients can be found, or even in the workplace [...] (nurse 2)

The nursing interventions identified in the domain **catalyze changes** are related to health education activities. According to Barry, Allegrante, Lamarre, Auld and Taub (2009), this domain concerns the training of individuals, groups and communities to improve health conditions and reduce inequities.

The domain **leadership** involves strategies and opportunities for participation in the development of healthy policies, mobilization and management of resources for health promotion (Dempsey, Battel-Kirk and Barry, 2011). This domain was mentioned only by one nurse and was related to guidance on men in the primary health care (PHC).

According to Silva SO, Budó and Silva MM (2013) the promotion of care to improve the quality of life of men may

feel satisfied with themselves and no longer act as if they should always be strong and fearless.

The domain **assessment (of needs)** analyzes needs and resources. Based on the GC, in order to develop this competence, the nurse should be able to seek relevant data and information on the health needs of this population, in order to assist in the identification of priority actions (Battel-Kirk et al 2009).

As it was observed, the nurses attempted to identify the reasons for low adherence of the male population to health services: health care services offered to women, cultural aspects related to manhood, inflexible appointments and lack of training of the professionals.

Feijó, Schwartz, Muniz, Santos, Viegas and Lima (2012) claim that the reduced presence of men in primary health services is associated to a cultural issue that permeates the male identity, marked by devaluation of self-care and little concern with health.

The domain **planning** addresses the development of measurable health promotion goals and objectives, based on the health needs of the individuals and the community (Battel-Kirk et al 2009). Since these actions were rarely reported by the nurses, they are presumably incipient.

The launch of campaigns for the community and the inclusion of topics of the male universe in healthcare were the main nursing interventions in the domain **implementation**, which is focused on developing, in an efficient and ethically sensitive way, strategies to ensure the maximum possible number of improvements in health, including the management of human and material resources (Silva SO et al, 2013).

In the context of men's health, some issues addressed by nurses during the appointments or in campaigns were reported by the participants in this study: test for early detection of prostate cancer, smoking and alcohol use, traffic injuries, monitoring of risk factors for chronic diseases and self-care.

Nursing interventions for the domain **evaluation (of impact)** that determines the extent, effectiveness and impact of programs and policies of health promotion were not mentioned by the participants. The defense of the rights of patients and communities, present in the domain **advocacy** was also not reported.

The domain **partnership** was emphasized by one nurse based on educational activities developed in the workplace, facilitating the contact with men who cannot leave their workplace during the day because of their duties.

Conclusion:

The actions to promote men's health demonstrated here involve the following domains of competencies: catalyze changes, assess needs and implementation. There is consistency between the nursing interventions reported and the competencies proposed in the Galway Consensus.

The domains of competencies demonstrated here are related to the process of mobilization of the community to increase the supply of primary health care services to the male population and the of services that contemplate topics about men's health.

These domains identify the reasons for low adherence of men to services provided at the APS, such as inflexible appointments and lack of training of the professionals.

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