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A NEW FRONTIER IN HEALTHCARE: THE EDUCATIONAL IMPERATIVE FOR PRIMARY CARE PHYSICIANS

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Abstract: Health education plays a pivotal role in promoting a culture of well-being and empowerment among individuals. In Brazil, the creation of a health-promoting culture faces various challenges that demand a holistic approach. Rather than being limited to the mere transmission of information, health education should be contextual and encompass a blend of educational and environmental practices. Effective health education integrates communication, education, and active engagement of the students, aiming to restore individual autonomy and empower individuals to make choices conducive to their overall well-being. This shift from conventional education to a more interactive and inclusive approach is crucial for fostering positive health outcomes.

Keywords: Health education, Health promotion, Well-being, Empowerment, Autonomy

1. Introduction

Health education can be considered a tool of unquestionable quality for health promotion, traditionally related to two separate concepts - health and education - which was initially understood only as transmission of information aimed at improving individuals' quality of life.[1]

Currently, in Brazil, there are some barriers to the creation of a health promoting culture, and it is essential that actions aimed at education are carried out to rescue the subjects' autonomy, and to empower them to choose habits and behaviors that are more favorable to their conditions. To carry out these actions, with the objective of promoting positive health, it cannot be considered only as an educational action, merely the transmission of information. The context of such action must be considered, combining educational and environmental practices, relating communication, education and qualified listening, and bringing the student as an active subject in this process.[1]

In this context, the concepts of health promotion and health education are intertwined and are understood as processes that involve the participation of the whole population, and not only of people with most risk of illness.[2] Health education has to be considered as a multifaceted activity, a means of building knowledge in a shared way, where the representations of the subjects' experiences and practices support the interventions that can influence their quality of life. Educators and pupils, in a conjectural harmony, make subjects active and participative in this process, and able to take on significant roles in actions that really favor changes in the population's quality of life.

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Understanding the concept of comprehensive healthcare involves understanding health education as a knowledge production strategy that promotes changes in the population's health-disease process, whether individually or collectively, reforming or empowering the concept and principle of autonomy and emancipation, allowing the individual to have a clearer view of their own care, and of their family and community. For this, an articulation between historical and socio-political concepts is essential, contributing to social transformation.[2]

Empowerment promotes greater interaction between the individual and his/her health, where educational actions must provide tools that support the population in making conscious decisions related to their health, rescuing the subjects' autonomy in the face of their choices and knowledge about the advantages and disadvantages of those choices.[1]

Alves[4] proposes that primary care is reiterated in the literature as a favorable setting for the development of educational health actions, justified by the proximity of these services to the population, and the emphasis on practices aimed at promotion and prevention. It is also related to the functions of a primary care physician, who is a communicator and health educator.

Having this scenario, the present study had as a research question: "What is the Physician's role in health education in primary care?". To seek the answer, the investigation of the physician's role in health education in primary care was established as the objective.

2. Method

This is a systematic review of the literature. According to Sampaio and Mancini[5], this type of study follows the structure of an original article and its preparation requires a methodical, explicit, and reproducible design, guiding the development of new research and synthesizing the evidence described in literature.

To start this review, the research project was submitted to the PROSPERO Platform, as recommended by the Cochrane Center, which generated the following registration number: CRD42018092436. It is reiterated that the researchers used the Preferred Reporting Items for Systematic Review and Meta-analysis Statement - PRISMA - to analyze the 27 items of the essential parts of a systematic review.

The databases chosen were BVS - Biblioteca Virtual emSaúde (Brazilian Virtual Health Library) and Google Scholar. The keywords defined for the search strategy were: "physician's role", "health education", and "primary health care". The inclusion criteria were open access to the full text, original articles, in English, Portuguese and Spanish, published between 2013 and 2018, and that answered the research question.

In the BVS database, the first search using only the descriptors resulted in 46 articles. After applying the filters related to the inclusion criteria, 3 articles remained. Of these, only 2 provided open access to the full text.

At Google Scholar, in the initial search, only with the descriptors, there was a result of 350 publications and as the filters available in the advanced search of this database are not as specific as in the BVS, the following were applied: languages - English, Portuguese and Spanish, from 2013 to 2018, resulting in 153 publications. Of these, 107 were excluded after an initial analysis, just by reading the title, when we found that these publications would not meet the purpose of the study. Then, access to the full publication was sought, and 38 of them were excluded, because they were not original articles, or due to the impossibility of free access. Thus, 8 articles remained.

Therefore, at the end of the search in the two bases described, 9 articles were found eligible for analysis, which was carried out by two independent researchers. For the initial reading of this sample, a table was built to categorize the included articles, according to title, year of publication, database, and abstract. After this first individual analysis, there was a consensus among the researchers and 3 more articles were excluded, and 6 articles remained to compose the final sample.

Flowchart of article selection

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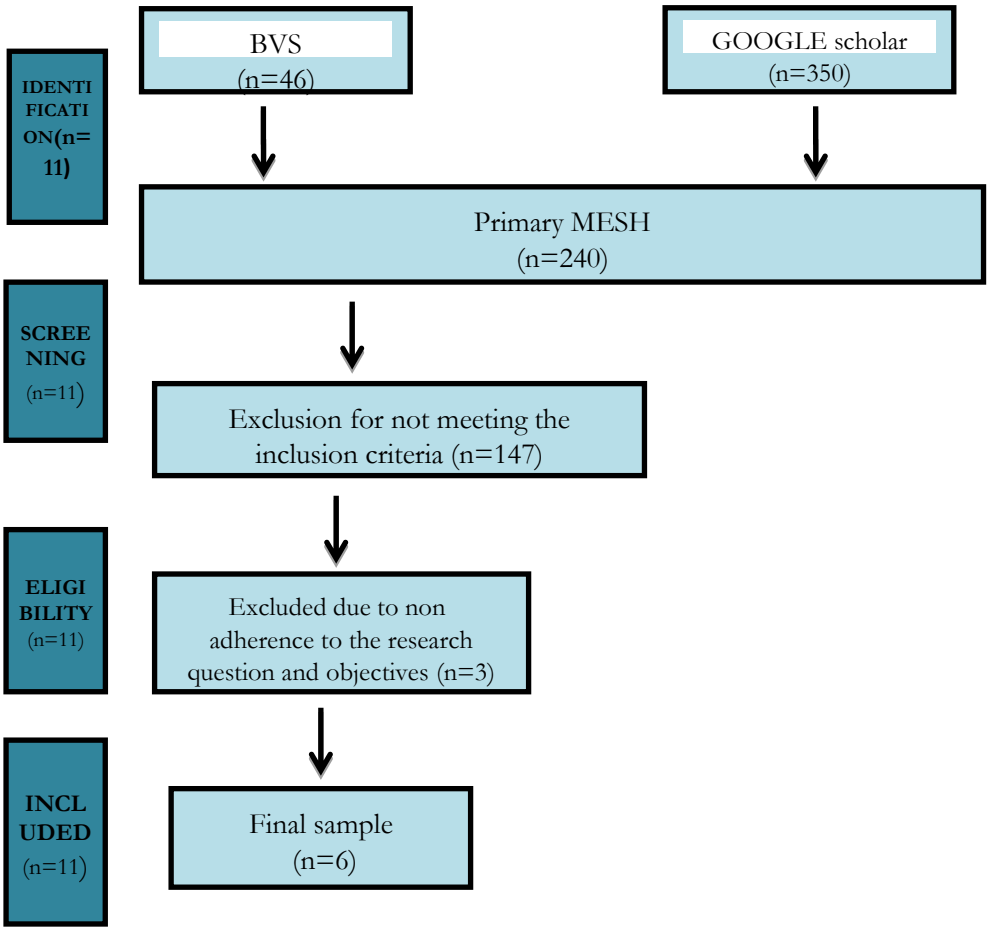

Fonte: autores, 2020

3. Results and discussions

After a thorough reading, the results obtained from the selected articles are presented. Only one article was written in 2015, three of them in 2016, one in 2017, and one in 2018; Brazil was the country with more publications, five of them, and only one British article. (Table 1)

Table 1- Sample categorization according to: Title, authors, journal and year

Nº	Title	Authors	Journal	Year
1	General practitioners as educators in adolescent health: a training evaluation	Thea Van de **Mortel**, Jennifer Bird, Peter Chown, Robert Trigger and Christine Ahern	BMC Family Practice	2016
2	With the word, the Primary Care worker to health: potencial and challenges in	Tiago Rocha **Pinto** e Eliana Goldfarb**Cyrino**	Interface - Comunicação, Saúde, Educação	2015

	educational practices			
3	Training of physicians Who Act as Leaders of Primary Health Care Teams in Paraná	Luciana Osorio Cavalli Maria Lucia Frizon**Rizzotto**	Revista Brasileira de Educação Médica	2018
4	Professional Profile and Trajectory of Residents of Family and Community Medicine Residency in the State of São Paulo	Elisa Toffoli **Rodrigues** AldaísaCassanhoForster Luciane Loures dos Santos Janise Braga Barros Ferreira João Werner Falk AmauryLelis Dal Fabbro	Revista Brasileira de Educação Médica	2017
5	Evaluation of Attributes in Primary Health Care in the Family Health Internship	Tiago Salessi**Lins** Francisco José Passos Soares Jorge Artur Peçanha de Miranda Coelho	Revista Brasileira de Educação Médica	2016
6	Medical work: expectations and uncertainties in primary care	Tiana Mascarenhas Godinho **Reis**, Alba Benemérita Alves Vilela, Adilson Ribeiro dos Santos, Doane Martins da Silva, Saulo Sacramento Meira	InvestigaçãoQualitativaemSaúde	2016

Source: Research data, 2020.

In the sample analyzed, it was found that the description of the physician's role as a health educator occurs in a very superficial way. Only 1 article, representing 16.6% of the sample, cites a concrete health education action. This is the article by Mortel et al.[7] describing an action aimed at adolescents' health, where the objective was to evaluate the effectiveness of an innovative intervention training on knowledge and confidence of participants as health educators for adolescents in a school setting. The authors used a Teaching Confidence Scale and demonstrated a significant increase, from a statistical point of view, through an analysis before and after the intervention. Participants highlighted that teaching plans enabled better communication with adolescents, and they concluded that the use of evidence-based teaching strategies increases knowledge and confidence to put health education into practice.

Also noticed were the strong relationship evidenced in the studied sample, the role played by the physician as an educator in general, and the integration processes between teaching-service and the community. Three articles (Pinto and Cyrino,[8] Rodrigues et al.[9] and Lins.[10]) represent 50% of the sample and portray medical practice in

teaching, and the significant interest of physicians working in primary care to work simultaneously in university education.

Permanent education is the focus of qualitative research, which has a historical-cultural approach as its theoretical-conceptual framework. The authors suggest cores of meaning and sense and conclude that one of the challenges to be faced is the transformation of practices based on the biomedical model and the insertion of society in the concreteness of health care and responsible care.[8]

In this same context, a survey conducted with physicians working in primary care shows the precariousness of the training, reiterating the need for complementary training to support actions in this area, especially when it comes to work processes.[9] Another study shows that the learning about the attributes of primary care is fragile with regard to the coordination of care, and the comprehensiveness and complementary services available; this denotes that health education is set aside and not considered an essential component to comprehensive care.[10] A weakness in the responses related to actions to stimulate social control and the development of the user's autonomy can also be observed.

The articles by Cavalli and Rizzotto[11], and Reis et al.[12], representing 33.3%, demonstrate, in their results, the need for changes in the training process of physicians who wish to work in primary care, as they describe the low preparation of doctors to attend to current health demand at this level of care; this calls for preventive and health-promoting actions, which end up by generating, according to the results presented, a certain frustration of the professionals. The purely technical and traditional care model leads to conflict in medical practice.[12]

The statement above is also evident in the article by Lins et al.[9] that focus on the task of changing the current care model, bringing alternative practices to the traditional biomedical model to the routine of the physician working in primary care. They also emphasize in the results of his study that there is are some weaknesses in the development of the autonomy of subjects who seek care in primary health care.

There is an emerging concern about the training of these professionals from the perspective of the population's health needs and the change in their own health care paradigms. Most of the articles were concerned with highlighting the importance of medical preceptors and their teaching-learning relationships with students, describing the physician's role as a health educator focused on teaching, and the acquisition of skills to work in primary care.

However, the sample studied brings little evidence of health education actions carried out by the physician and aimed at the population, demonstrating some gaps in the physician's professional performance in health-promoting actions that empower individuals and give them autonomy to take care of themselves.

In view of the results presented, it is clear that in the sample studied, the physician's role as a health educator in primary care is not clearly described. Therefore, the researchers resorted to other articles published on a date prior to the date established as an inclusion criterion, to allow a new approach to the topic researched, which will be presented further on.

A study by Morrongiello et al.[13] proposed an investigation on the differences between what is said by the doctor and what is understood by the parents, about health education actions on child safety. In this study, it was found that in judging how important it was for doctors to take on the role of educators, in promoting safety, 67% of physicians indicated that it was "extremely" or "very" important to do this, and 70% of parents also gave these ratings.

However, only 48% of parents and 49% of physicians thought it was "extremely" or "very" reasonable to expect doctors to fulfill this role, given the realities of clinical practice, where the main barrier was the limited time that physicians had for each patient.

Although the study cited is from 1995, the barriers mentioned for carrying out the educational practice carried out by physicians are still experienced today.

Agreeing with this statement, Reis et al.[11] emphasize that the demand for primary care ends up interfering in the physician's practice. They also emphasize that the population itself is very short-termist, always seeking to resolve health problems already in place, and devaluing prevention and health promotion actions, including health education.

Another barrier that can influence the physicians' role as health educators is the traditional and biomedical training centered on the disease, in which clinical practice is restricted to the resolution of already established diseases. [11] The biomedical model, where the understanding of health is characterized by the absence of disease, ended up influencing even the traditional model of health education.

This way, barriers are imposed for health education actions, which aim to change behaviors, and reduce risk factors for health problems.[14] The authors assertively declare:

"It is necessary to gradually expand the theoretical-reflective possibilities, through problematizing approaches that instigate innovative and transformative practices, capable of setting the path for the social and organized production of health work processes" [14,179.]

Another study, which aimed to understand the perception and use of health education for the rational use of medicines, pointed out that health education actions carried out by physicians prioritize the traditional model, emphasizing the transmission of technical and scientific knowledge, where there is fragmentation of concepts, and disease prevention, instead of health promotion, is highlighted. In addition, the article points to the limited availability of time for professionals to carry out educational actions.[15]

Regarding teaching-service-community integration, present in the sample, a description of the physician's role as a preceptor and teacher can be seen in the literature.The emerging participation of undergraduate students, and their encouragement to promote health education actions, is also mentioned.

The experience reported by Esteves et al.[16] brings contributions from the PET-Saúde Program, which integrates teaching-service-community, the educational actions promoted by doctors and students, and strategies for empowering the population attended in primary care, removing the focus from curative actions through groups, guidance programs, and preventive measures.

4. Conclusions

This review leads to the conclusion that the physician's role as a health educator in primary care is not clearly described in the literature, which can be attributed to the professionals' own difficulty in prioritizing their role in educational actions to transform the population's health, as a consequence of the traditional training, guided by the biomedical model, which tends to associate professional practice with curative actions.

It was also found that there is a relationship between this scenario and the characteristics of the population served, in view of the curative culture that has not yet been transformed. The literature highlights the need for changes in training new physicians and in raising the population's awareness, to direct the focus of primary health care to health promotion, and prevention actions.

It is undeniable that the physician is an important social figure, having the respect from the population in general, who sees him/her as a reference professional in the education and empowerment of individuals about self-care, and as someone able to make people aware of the complexity of the healthcare process. However, physicians themselves often do not have this perception about their own professional possibilities related to educational actions and about their social role in the development of pedagogical skills.

There are few studies describing health education actions carried out exclusively by physicians; most of the studies in this review showed that when health education actions are carried out by physicians, they are done in conjunction with other professionals from the multiprofessional team or with students from medical schools. Multidisciplinary and interdisciplinary actions are excellent tools for health promotion; however, there is a peculiar delegation of educational actions in the literature to other professionals other than physicians.

It is concluded that there is an urgent need to continue this study, by conducting searches in other databases. Furthermore, we can say that there is a concern to change this context, starting with training, going through management and health care, so that, in the future, the role of the physician in health education in primary care can be more clearly described, with effectiveness, and ensuring comprehensive health care.

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