

## Educational practices used by nurses in primary health care

*Práticas educativas utilizadas por enfermeras en atención primaria*

*Práticas educativas utilizadas pelo enfermeiro na atenção primária à saúde*

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### Abstract

This study aims to analyze the educational practices used by nurses in primary health care, highlighting their contributions, challenges, and their role in promoting the health and autonomy of the population. This is a reflective, qualitative research study based on a critical analysis of studies from the BVS databases (LILACS, MEDLINE, SciELO). The combined search ensured comprehensiveness, articulating evidence, theories, and health policies for a deeper understanding of the topic. The descriptors "Health Education," "Nursing," and "Primary Health Care" were used, with a time frame from 2020 to 2025. After an initial screening, 13 studies were selected for content analysis. It was evident that nurses use participatory strategies, such as discussion groups, operational groups, and individual consultations, considered soft technologies for empowerment and strengthening community ties. The nurse plays a leading role, using participatory strategies to empower and engage the community, but faces overload, lack of resources, and a rigid care model that limits their emancipatory role. The adoption of active methodologies has proven more effective. Educational practices conducted by nurses are essential for the effectiveness of primary health care. Despite the challenges, investing in training and institutional support is essential to consolidate health education, promote co-responsibility, empowerment, and strengthen a comprehensive and humanized primary health care system.

**Descriptors:** Primary Health Care; Health Education; Nurse; Health Promotion; Nursing.

### Resumen

Este estudio tiene como objetivo analizar las prácticas educativas utilizadas por enfermeras en atención primaria, destacando sus contribuciones, desafíos y su rol en la promoción de la salud y la autonomía de la población. Se trata de un estudio de investigación cualitativa y reflexiva, basado en un análisis crítico de estudios de las bases de datos del BVS (LILACS, MEDLINE, SciELO). La búsqueda combinada garantizó la exhaustividad, articulando evidencia, teorías y políticas de salud para una comprensión más profunda del tema. Se utilizaron los descriptores "Educación para la Salud", "Enfermería" y "Atención Primaria", con un marco temporal de 2020 a 2025. Tras una selección inicial, se eligieron 13 estudios para el análisis de contenido. Se evidenció que las enfermeras utilizan estrategias participativas, como grupos de discusión, grupos operativos y consultas individuales, consideradas tecnologías blandas para el empoderamiento y el fortalecimiento de los vínculos comunitarios. La enfermera desempeña un papel protagónico, utilizando estrategias participativas para empoderar e involucrar a la comunidad, pero enfrenta sobrecarga, falta de recursos y un modelo de atención rígido que limita su rol emancipador. La adopción de metodologías activas ha demostrado ser más eficaz. Las prácticas educativas impartidas por enfermeras son esenciales para la efectividad de la atención primaria de salud. A pesar de los desafíos, invertir en capacitación y apoyo institucional es fundamental para consolidar la educación para la salud, promover la corresponsabilidad, el empoderamiento y fortalecer un sistema de atención primaria de salud integral y humanizado.

**Descriptores:** Atención Primaria de Salud; Educación para la Salud; Enfermero; Promoción de la Salud; Enfermería.

### Resumo

Este trabalho tem o objetivo de analisar as práticas educativas utilizadas pelos enfermeiros na APS, destacando suas contribuições, desafios e seu papel na promoção da saúde e da autonomia da população. Pesquisa reflexiva de abordagem qualitativa, baseada na análise crítica de estudos das bases BVS (LILACS, MEDLINE, SciELO). A busca conjunta garantiu abrangência, articulando evidências, teorias e políticas de saúde para compreensão aprofundada do tema. Utilizaram-se os descritores "Educação em Saúde", "Enfermagem" e "Atenção Primária à Saúde", com recorte temporal de 2020 a 2025. Após triagem inicial, 13 estudos para a análise de conteúdo. Evidenciou-se que o enfermeiro utiliza estratégias participativas, como rodas de conversa, grupos operativos e consultas individuais, consideradas tecnologias leves para o empoderamento e o fortalecimento do vínculo comunitário. O enfermeiro tem protagonismo, usando estratégias participativas para empoderar e aproximar a comunidade, mas enfrenta sobrecarga, falta de recursos e modelo de cuidado rígido, que limitam sua atuação emancipatória. A adoção de metodologias ativas mostrou-se mais eficaz. As práticas educativas conduzidas pelo enfermeiro são essenciais para a efetividade da APS. Apesar dos desafios, investir em formação e apoio institucional é essencial para consolidar a educação em saúde, promover corresponsabilidade, emancipação e fortalecer uma APS integral e humanizada.

**Descriptores:** Atenção Primária à Saúde; Educação em Saúde; Enfermeiro; Promoção da Saúde; Enfermagem.



## Introduction

Primary Health Care (PHC) is the structuring axis and preferred entry point of the Unified Health System (SUS), being fundamental for the reorientation of the care model and for guaranteeing comprehensive and longitudinal care to the individual, family, and community<sup>1</sup>.

Educational practice in primary health care transcends the mere transmission of information, seeking to build shared knowledge and foster the individual's protagonism in their care process. The nurse, due to their generalist training and proximity to the community, assumes a central role in this process, as Brito et al.<sup>2</sup> point out that health education is understood as a dynamic tool that promotes user autonomy and social transformation, also serving as a community-strengthening strategy<sup>3</sup>. Current studies show that:

*"[...] structural and conceptual challenges keep educational actions distant from the emancipatory ideal advocated by Paulo Freire. The maintenance of verticalized care models, centered on the transmission of knowledge, and the insufficiency of specific pedagogical training and preparation weaken the nurse's performance, limiting the transformative potential of these practices within the scope of Primary Health Care"<sup>4</sup>.*

The problem addressed in this study relates to health education, which, although essential for Primary Health Care (PHC) and for empowering users, does not reach its full potential in practice. Even though nurses are primarily responsible for these actions, challenges such as vertical care models and a lack of adequate pedagogical training limit their performance, distancing practices from the emancipatory, transformative ideal and the shared construction of knowledge. The hypothesis is linked to the effectiveness of health education in PHC, as a tool for autonomy and social transformation, and depends directly on overcoming rigid structures in the care model and on the pedagogical qualification of nurses; without these elements, educational actions remain limited and do not guarantee the expected comprehensive care and community strengthening.

The objective was to analyze the educational practices used by nurses in Primary Health Care, highlighting their contributions and the main challenges faced in consolidating a comprehensive care model that promotes autonomy.

## Methodology

This study is configured as a reflective research with a qualitative approach, constructed from the critical analysis and synthesis of scientific articles and other academic productions available in databases that are part of the Virtual Health Library (VHL), LILACS (Latin American and Caribbean Literature in Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), and SciELO (Scientific Electronic Library Online), integrated into its regional collection.

For the search and selection of studies, the time frame defined was 2020 to 2025, encompassing the last five years of publications; the data collection period was from March to August 2025. The search strategy used the Health

In the first stage of the research, 50 articles addressing the proposed theme were identified. After reading the titles and abstracts, exclusion criteria were applied, such as duplication, lack of thematic relevance, or absence of full text, resulting in 22 articles selected for in-depth reading. Of these, 13 studies were analyzed in full, as they presented greater methodological relevance, clarity in the results, and a direct relationship with the object of study.

The analysis followed the steps described in Bardin's content analysis<sup>5</sup>, which involved: pre-analysis (a cursory reading of the texts and organization of the material); content exploration (identification of thematic categories related to the educational role of the nurse, the strategies used, and the challenges faced); treatment and interpretation (systematization of the findings and construction of a critical synthesis, relating the evidence to the theoretical framework of health education and the public policies of the SUS). This methodology allowed for a broad and reflective understanding of the topic, respecting the diversity of context and experiences reported in the studies and ensuring a humanized perspective on the nurse's role in primary health care.

## Results and Discussion

Based on the analysis of the articles described, three categories were identified: 1- Responsibilities and Competencies of Nurses in the Health Network; 2- Challenges and Requirements for the Educational Practice of Nurses in Primary Health Care; and 3- Transformative Potential in the Educational Practice of Nurses in Primary Health Care.

### Duties and responsibilities of nurses in the healthcare network

Nurses are professionals with the skills and technical competencies to care for users of health services, collaborating with other professionals in the field. They can work in assistance, education, and unit management, and are fundamental to monitoring users of the Brazilian Unified Health System (SUS).

According to Brito et al.<sup>6</sup>, the nurse remains the main protagonist of educational actions, using strategies such as discussion circles, workshops, and operational groups. Furthermore, Fittipaldi, O'Dwyer, and Henriques<sup>7</sup> highlight that nursing consultation is a privileged space for health education practices, especially in individual and complex demands. Furthermore, nurses working in the Family Health Strategy (ESF) utilize different technologies, which involve both the technical-assistance dimension and technical-scientific knowledge and procedures, which can be in the field of interactions between users and families, as well as in collective and social activities.

The exchange of knowledge, the creation of bonds, and humanized care are fundamental relational tools in this



work, making it possible to adjust actions to the reality and needs of each person. In this way, these practices contribute to users becoming more independent and participating consciously in their care, as well as deepening the relationship of trust and understanding between the health team and the community<sup>8</sup>.

### Challenges and requirements for the educational practice of nurses in PHC

It should be added that the work process can interfere with the nurse's activities, since in many cases, care is compromised due to a lack of resources. However, there are important barriers that hinder the effectiveness of these actions in primary health care and that are related to the organization of services and the lack of basic resources, as pointed out by Ribeiro et al.<sup>9</sup>. Added to this are challenges related to the work process: the overload of activities, the high demand for care, and the limited time for planning educational actions<sup>7</sup>.

Another relevant aspect is highlighted by Costa<sup>10</sup>, who reports that those who teach need to be committed to their role to promote a liberating and emancipatory education, assisting in the process of building critical-reflective beings, strengthening humanization, and emphasizing self-recognition as political and social subjects. Working in Popular Health Education in Primary Care always contributes to breaking with the fragmented logic in health care production models and strengthens the process, enabling the reorientation of health service routines, promoting dialogue and user participation, and breaking with vertical practices.

Regarding the care model, Cruz et al.<sup>3</sup> identify that still vertical practices contribute to low user adherence, compromising the emancipatory nature of health education. Furthermore, studies indicate that insufficient educational activities impact the quality perceived by primary health care users, generating unfavorable scores in evaluations of essential attributes<sup>11</sup>.

### Transformative potential in the educational practice of nurses in Primary Health Care

The educational practices developed by nurses in Primary Health Care (PHC) are fundamentally configured as soft technologies, a concept that designates knowledge, relationships, communication processes, and bonds that do not involve equipment or supplies, but rather the interaction between professional and user. Unlike hard technologies (machines, exams) or semi-hard technologies (protocols, technical standards), soft technologies have as their raw material the relationship, dialogue, and the shared construction of knowledge, being central to the model of comprehensive and emancipatory care advocated by the Brazilian Unified Health System (SUS). They differ from a merely informative or vertical education, as their objective is to transform realities, stimulate autonomy, and make the user the protagonist of their care<sup>1,2</sup>.

The educational practices developed by nurses in Primary Health Care are configured as fundamental soft technologies, encompassing different strategies: discussion

groups, collective dialogical spaces for the exchange of knowledge and strengthening of community participation<sup>9,12</sup>. Operational groups are structured actions aimed at identifying and jointly resolving collective problems and needs, linking technical and scientific knowledge to the reality and knowledge of the local population. Their purpose is to transform knowledge into concrete practices, as well as to strengthen co-responsibility, autonomy, and community organization in the care process<sup>13</sup>; individual consultation with an educational approach, personalized care that uses active listening to understand the user's context, address issues related to care, and encourage autonomy<sup>6</sup>; home visits are educational activities integrated into the family environment that take into account living conditions to provide tailored guidance, ongoing support, and comprehensive care<sup>3,10</sup>; thematic workshops and practical activities combine theory and experience, facilitating learning, adherence to care, and changes in habits<sup>9,12</sup>; and educational activities in community spaces, developed outside of health units using accessible language, which broaden access, bring Primary Care closer to the population, and reach groups that rarely look for services<sup>2,10</sup>.

Despite this, when educational practices are conducted with participatory methodologies, they become transformative, stimulating dialogue, empowerment, and autonomy. According to Silva et al.<sup>1</sup>, problem-posing education is capable of modifying realities and strengthening community ties, as described by Dantas<sup>12</sup>, who states that active participants in educational actions report greater autonomy and a better understanding of services, demonstrating positive impacts on daily life and health care.

It is understood that nurses working in primary health care face difficulties in developing their clinical practices due to the excessive care and management responsibilities with the primary health care unit, the team, and the users. Despite this evident protagonism, structural challenges persist, such as insufficient resources and work overload, coupled with the need to overcome verticalized care models<sup>7</sup>.

Nurses working in primary health care develop consolidated and effective actions in the field of health education, capable of promoting transformations in the habits and lifestyles of the population. To expand these results, it is essential to invest in the pedagogical qualification of the category, with emphasis on the mastery of active methodologies, in addition to ensuring dignified working conditions and valuing the central role of this level of care in the health system. When fully exercised, educational practice strengthens the autonomy and co-responsibility of individuals for their health, promoting comprehensive, participatory, and humanized primary health care<sup>6</sup>.

### Final Considerations

The study found that educational practices conducted by nurses in Primary Health Care (PHC) are essential and inherent to the category's work process, functioning as pillars of health promotion and the effectiveness of the Brazilian Unified Health System (SUS).



The performance of PHC is directly associated with the quality and continuity of these actions, in which communication, bonding, and welcoming are essential soft technologies, allowing the approach to be adapted to the user's context. There are challenges related to the nurse's work process, such as the overload of activities, the high demand for care, and the limited time for planning Popular Health Education actions, which allow for the reorientation of health service routines, promoting dialogue and user

participation, breaking with vertical practices. It is concluded that, despite the difficulties faced by nurses in carrying out educational practices in Primary Care, they are of paramount importance, and it is a priority to invest in pedagogical training and institutional support, as this is fundamental for health education to consolidate itself as an instrument of co-responsibility and emancipation, strengthening a truly comprehensive and humanized Primary Care.

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