

The Role of Nursing Professionals in Health Education

El papel del profesional de enfermería en la educación para la salud

Kayra Elaine Torres-López,^{1*} Teresa Aspera-Campos,¹ Rosalinda Garza-Hernández.¹

“Ten grams of prevention are worth a kilogram of cure.”
Lao-Tse

Summary

Health education has been an essential function of nursing professionals for decades, supported by the trust that society places in this profession worldwide. Health education competence is key to improving patients' quality of life by promoting informed decision-making, encouraging self-care, improving therapeutic adherence, and preventing complications.

This review addresses the role of nursing professionals in health education, including its definition, background, benefits, implementation techniques, and barriers that hinder its integration into daily practice. In addition, it analyzes its incorporation into family medicine consultations.

Keywords: Health Education, Nursing, Health Personnel, Health Literacy.

Suggested citation: Torres-López KE, Aspera-Campos T, Garza-Hernández R. The Role of Nursing Professionals in Health Education. *Aten Fam.* 2025;32(3):209-213. <http://dx.doi.org/10.22201/fm.14058871p.2025.3.91623>

This is an open access article under the cc by-nc-nd (<http://creativecommons.org/licenses/by-nc-nd/4.0/>) license.

Received: 09/18/2024
Accepted: 04/23/2025

¹Autonomous University of Tamaulipas, Faculty of Nursing Tampico. Tampico Madero University Center. Tampico, Tamaulipas.

*Correspondence:
Kayra Elaine Torres López
kayra.torres@uat.edu.mx

Resumen

La educación para la salud constituye desde hace décadas una función esencial del personal de enfermería, respaldada por la confianza que la sociedad deposita en esta profesión a nivel mundial. La competencia educativa en salud es clave para mejorar la calidad de vida de los pacientes, al promover decisiones informadas, favorecer el autocuidado, mejorar la adherencia terapéutica y prevenir complicaciones.

Esta revisión aborda el papel del profesional de enfermería en la educación para la salud, incluyendo su definición, antecedentes, beneficios, técnicas de implementación y barreras que dificultan su integración en la práctica diaria. Además, se analiza su incorporación en las consultas de medicina familiar.

Palabras clave: educación para salud, enfermería, personal sanitario, alfabetización en salud.

Introduction

Globally, nursing professionals are at the forefront of healthcare systems; their collaborative and synergistic role within the multidisciplinary health team strengthens the quality-of-care services.^{1,2}

In 2020, the State of the World's Nursing (SoWN) report, developed in line with the Sustainable Development Goals (SDGs,) and the Sustainable Health Agenda for the Americas, noted the priority of investing in the education of nursing professionals and equipping them with competencies that enable patients to optimize their health and well-being.^{3,4}

In various countries, such as Spain, Peru, some Asian countries and Nigeria, health education and the impact of various barriers influencing health

professionals' ability to educate their patients have been studied. Among the commonly cited barriers are the lack of ongoing training, personal and professional barriers, lack of incentives, and level of knowledge.⁵⁻¹⁰

In Mexico, the General Health Law established that teaching activities must be promoted in hospitals – a role typically carried out by nursing professionals due to their close relationship with patients and their families. This proximity requires them to integrating knowledge, skills, attitudes, and values to implement a structured teaching and learning process that facilitates behavioral change toward healthy practices.^{11,12}

For this reason, health education emerges as a tool through which health-promoting environments are fostered, enabling the exchange of accurate information to guide, motivate, and empower individuals and communities – ultimately making them co-responsible for their health from an autonomous and proactive perspective.¹⁴

Definition

Health education is a systematic, intentional, and transferable act that aims to improve health literacy through strategies, values, and learning experiences adapted to the patients' environment. As the main strategy for health promotion, it is assumed that increasing knowledge encourages favorable attitudes, which in turn lead to behaviors oriented towards self-care.^{18,19}

Through this process, information is shared with patients on topics such as the determinants of health, the use of healthcare systems, early detection programs, vaccination, and medication adherence. It is considered an active and ongoing process, as it combines education and

health. Health education aims to address health inequalities, highlighting its relevance for healthcare providers at all levels of care.^{18,19}

Background

In 1978, the Alma-Ata Declaration proclaimed the need to protect and promote the health of all individuals, recognizing it is essential for maintaining world peace.²⁰ Years later, Jean Watson's theory of humanized care emphasized the importance of maintaining a human-centered approach in nursing care. This theory has implications in four key areas: the nurse-patient interaction, phenomenological field, the transpersonal caring relationship, and professional commitment.²¹

From this premise, the “10 Caritas Processes” emerged, in which the author integrated guiding factors for nursing professionals in their care practices. Regarding the “*Caritas 7*” process, it encourages the participation of nursing professionals in the interpersonal teaching-learning experience. This involves the ability to design an individualized educational plan that promotes behavioral change, positively impacts well-being, and facilitates both coping with illness and self-care.²²

Benefits

The role of the health educator has an impact on both healthcare service users and nursing professionals. The literature indicates that for patients, health education provides knowledge that enables them to discern misinformation, promote healthy lifestyles, generate positive thinking, and improve their ability to solve health-related problems.^{23,24}

On the other hand, from the perspective of nursing professionals, health education has been shown to facilitate

effective communication with patients. Additionally, it serves as a means for nurses to provide nursing personnel with the knowledge to adapt information to different environments, giving them the confidence to assume this role in their daily practice.²⁵ A strategy that would help strengthen the health educator role to incorporate the teaching of this competency early in training. This requires educational institutions to include subjects in their curricula subjects that provide knowledge and teaching resources aimed at achieving effective communication with patients.²⁶

Incorporation of Health Education in Family Medicine Consultations

Health education fosters learning processes by combining a pedagogical model with a patient-centered empowerment approach, enriching disease management and control during family medicine consultations. These models promote critical thinking tailored to individual health needs—an effort carried out by family physicians with the support of nursing professionals, who understand that teaching self-care is the only way to achieving a good quality of life.²⁷

Nursing staff complement the physicians' role by preventing and controlling diseases, promoting healthy habits, administering vaccines, conducting early detections, educating patients on the management of chronic illnesses, and monitoring their health status. They also provide talks, workshops, individualized counseling, and design and distribute educational material. All of these actions enable them to develop and implement individualized care plans and treatments.²⁸

In North America, favorable outcomes have been reported with the use

of group consultations for patients with chronic illnesses, interspersed with individual consultation before or after. For example, in the management of diabetic patients, health education has been shown to reduce complications of diabetes mellitus by promoting knowledge, skills, treatment adherence, reflection, decision-making, and goal-setting.^{29,30} Therefore, for physicians and nursing professionals, the act of educating in health represents means for teaching that go beyond the confines of the consultation room and engage both family and community in achieving real and lasting change.²⁹⁻³⁰

Techniques

To implement a health education technique, the Transtheoretical Model of Behavior Change serves as a framework suggesting that individuals move through various stages that connect temporary motivations with long-term consistency. These actions require nursing professionals to employ imagination, creativity, and innovation in order to motivate patients to make real behavioral changes.³¹

Educational techniques fall into two categories: individual (in-person or virtual interviews, demonstrations, and educational lectures) and group-based (simulators, brainstorming, panels, debates, round tables, discussion forums, case studies, dramatizations, and group dynamics).^{32,33}

The selection of a teaching strategy is a complex and individualized process, complemented by the use of didactic tactics, tools, materials, and activities aimed at promoting health, active participation, and awareness.^{34,35}

Barriers Limiting Health Education

The prevalence of various barriers affects nursing professionals' willingness to pro-

vide health education. These barriers are classified as personal or institutional.^{40,41} Among the personal barriers are factors such as advanced age, which may influence the flow of information that nursing professionals share with patients, as well as the ability of older adults' patients to acquire, read, and discern health-related knowledge. Other personal barriers include lack of experience, low motivation, deficiencies in communication skills, and limitations in mastering electronic health (eHealth) resources.³⁶⁻⁴⁴

On the other hand, institutional barriers that hinder the implementation of health education include the absence of adequate facilities, limited time, high workload, insufficient instruments to evaluate the impact of educational strategies, low valuation of nursing interventions compared to those performed by physicians, lack of production and use of educational research, and scarcity of teaching materials.^{45,46}

The integration of the health education subject into undergraduate nursing programs would strengthen the educational competence of professionals, promoting higher quality care. Educating in health helps reduce gaps in information transfer between healthcare staff and patients; it also reduces the incidence of hospitalizations, readmissions, polypharmacy, and absenteeism in follow-up consultations.^{47,48} Furthermore, providing education tailored to individual needs is essential to ensure treatment adherence and improve long-term health outcomes. Assuming this role allows nursing professionals to positively influence patient behaviors, promote sustainable development goals, increase patient satisfaction, and reduce healthcare costs at all levels of care.^{49,50}

Conclusions

Health education is a fundamental competency of nursing professionals, whose practice contributes to improving the quality of care and health outcomes. Integrating this function from undergraduate training reinforces the role as educators, facilitating the transmission of knowledge that promotes self-care and informed decision-making. Moreover, assuming this commitment allows for extending the reach of care beyond the consultation room, involving family and community in achieving sustainable health changes.

References

1. ICN. Enfermería: una voz para liderar. Una visión del futuro para la atención de salud [Internet]. [Citado 2021 May 12]. Disponible en: https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_SP_Final_0.pdf
2. Organización Mundial de la Salud. Funciones de la enfermería relacionadas con los sistemas de salud del siglo XXI. [Internet]. [Citado 2020 Sept 18]. Disponible en: <https://iris.who.int/bitstream/handle/10665/333949/9789240009219spa.pdf?sequence=1>
3. International Council of Nurses [Internet]. [Citado 2020 Ago 27]. Disponible en: https://www.icn.ch/sites/default/files/inline-files/PR_44_SoWN%20Policy%20Dialogue_ES_FINAL.pdf
4. Organización Panamericana de la Salud. Agenda de salud sostenible para las Américas 2018-2030. [Internet]. [Citado 2021 Sept 16]. Disponible en: <https://www.paho.org/es/assa2030-objetivo-3>
5. Li L, Xu L, Jia G, Zhou X, Tang X, Zhao H, et al. Diabetes specialist nurses' knowledge, skills, and personal attributes for providing competent health education practice, and its influencing factors: A cross-sectional survey. *Nurse Educ Today*. 2024;141:106298.
6. Khazhymurat A, Paiyzkhan M, Khriyenko S, Seilova S, Baisanova S, Kuntuganova A, et al. Health education competence: An investigation to the health education knowledge, skills and attitudes of nurses in Kazakhstan. *Nurse Educ Pract*. 2023;68:103586.
7. Congying L, Heli Z, Han Q, Yang L, Xiaoling C, Ruifang L, et al. Nurses' health education competence and health literacy: A cross-sectional survey in Chinese county hospitals. *Nurse Educ Pract*. 2024;79:104042.
8. Ortiz-Aguí ML, Palacios-Flores E, Garay-Cabrera G. La estrategia de educación continua en la calidad del desempeño de los enfermeros del Perú. *Rev Peru Cien Salud*. 2019;1(1):36-44.
9. Baker C, Cary AH, Da Conceicao-Bento M. Global standards for professional nursing education: The time is now. *Journal of Professional Nursing*. 2021;37(1):86-92.
10. Pueyo-Garrigues M, Pardavila-Belio MI, Whitehead D, Esandi N, Canga-Armayor A, Elosua P, Canga-Armayor N. Nurses' knowledge, skills and personal attributes for competent health education practice: An instrument development and psychometric validation study. *J Adv Nurs*. 2021;77(2):715-728.
11. Pueyo-Garrigues M, Pardavila-Belio MI, Canga-Armayor A, Esandi N, Alfaro-Díaz C, Canga-Armayor N. Nurses' knowledge, skills and personal attributes for providing competent health education practice, and its influencing factors: A cross-sectional study. *Nurse Educ Pract*. 2022;58:103277.
12. Ley General de Salud. Última reforma publicada DOF 07-06-2024 [Internet]. [Citado 2024 Jun 7]. Disponible en: https://www.diputados.gob.mx/LeyesBiblio/pdf_mov/Ley_General_de_Salud.pdf
13. Arnstein F. Asian perspectives on health communication and patient education. *Patient Educ Couns*. 2020;103(2):243-244.
14. Soto P, Masalan P, Barrios S. La educación en salud, un elemento central del cuidado de enfermería. *Rev Med Clín Condes*. 2018;29(3):288-300.
15. National Library of Medicine. Health education [Internet]. [Citado 2022 Ago 25]. Disponible en: <https://www.ncbi.nlm.nih.gov/mesh/68006266>
16. Nassar-Tobón AC. Educación para la salud: concepto y sus relaciones con la pedagogía crítica, la promoción, la alfabetización y la atención primaria en salud. *BCEyS*. 2024;12(24):66-72.
17. World Health Organization. Health promotion glossary of terms 2021 [Internet]. [Citado 2021 Dic 6]. Disponible en: <https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1>
18. Paulín-García C, Gallegos-Torres RM. El papel del personal de enfermería en la educación para la salud. *Horiz Enferm*. 2019;30(3):271-285.
19. Karimi H, Emami A, Mirhaghi A. Patient education among nurses: bringing evidence into clinical applicability in Iran. *Invest Educ Enferm*. 2016;34(1):137-151.
20. Declaration of Alma-Ata. International conference on primary health care, Alma-Ata [Internet]. [Citado 1978 Sep 12]. Disponible en: <https://www.paho.org/en/documents/declaration-alma-ata>
21. Raile M. Modelos y teorías en enfermería. 9ª ed. España: Elsevier; 2023.
22. Valencia-Contrera MA, Melita-Rodríguez A. Reflexión de la humanización de la atención: teoría de Jean Watson y propuesta de su aplicación. *Benessere*. 2021;6(1):1-12.
23. Wilandika A, Pandin Moses GR, Yusuf A. The roles of nurses in supporting health literacy: a scoping review. *Frontiers*. 2023;11:1-10.
24. Świątoniowska-Lonc NA, Sławuta A, Dudek K, Jankowska K, Jankowska-Polańska BK. The impact of health education on treatment outcomes in heart failure patients. *Adv Clin Exp Med*. 2020;29(4):481-492.
25. Boyde M, Peters R, New N, Hwang R, Ha T, Korczyk D. Self-care educational intervention to reduce hospitalizations in heart failure: a randomized controlled trial. *Eur J Cardiovasc Nurs*. 2018;17(2):178-185.
26. Chang M, Yu J, Hsieh J, Wei M, Wang Y. Effectiveness of the refined health literacy course on improving the health literacy competencies of undergraduate nursing students: quantitative and qualitative perspectives. *Med Educ Online*. 2023;28(1):2173042.
27. Crook A, Garrido O, Fernández I, Castro A. Educación del diabético en el contexto de la medicina familiar en Cuba. *Rev Cuba Med Gen Integral*. 2019;35(2):1-16.
28. Paravic T, Lagos M. Trabajo en equipo y calidad de la atención en salud. *Cienc Enferm*. 2021;27:1-6.
29. González L, Cuesta L, Pérez L, Clarivel M, Fernández I, Pérez T, et al. El Programa del médico y enfermera de la familia: desarrollo del modelo de atención médica en Cuba. *Rev Panam Salud Publica*. 2018;42:1-7.
30. Bonal R. Modelos sobre promoción de salud en medicina familiar internacional e implicaciones en medicina general integral. *Edumecentro*. 2019;11(2):175-191.
31. Berra E, Muñoz S. El modelo transteórico aplicado al cambio de conductas relacionadas con la reducción del peso corporal. *RDIPyCS*. 2018;4(1):21-31.
32. Azimirad M, Paloniitty R, Papathanasiou I, Aleo G, Catania G, Pozzi F, et al. Examining family and community nurses' core competencies in continuing education programs

- offered in primary health care settings: An integrative literature review. *Nurse Educ Pract.* 2023;67:103561.
33. Camedda C, Scalorbi S, Longobucco Y. The family and community nurse core competencies: integrating European standards into the Italian context. *Act Biomed.* 2021;92(S2):e2021329.
 34. Graber J. Comparison of mental health nursing student academic achievement and satisfaction: classroom versus online education in teaching therapeutic crisis management techniques. *Issues Ment Health Nurs.* 2019;40(3):247-251.
 35. Eddy K, Jordan Z, Stephenson M. Health professionals' experience of teamwork education in acute hospital settings: a systematic review of qualitative literature. *JBI Database System Rev Implement Rep.* 2016;14(4):96-137.
 36. Sharma S, Oli N, Thapa B. Electronic health-literacy skills among nursing students. *Adv Med Educ Pract.* 2019;10:527-532.
 37. Hwang H, Kuo M, Tu C. Health education and competency scale: development and testing. *J Clin Nurs.* 2018;20:1-10.
 38. Kang E, Tobiano G, Chaboyer W, Gillespie B. Nurses' role in delivering discharge education to general surgical patients: a qualitative study. *J Adv Nurs.* 2020;76(7):1698-1707.
 39. See A, Chee S, Rajaram R, Kowitlawakul Y, Liaw S. Missed nursing care in patient education: a qualitative study of different levels of nurses' perspectives. *J Nurs Manag.* 2020;28(8):1960-1967.
 40. Peñaranda Correa F, López Ríos JM, Molina Berrío DP. La educación para la salud en la salud pública: un análisis pedagógico. *Prom Salud.* 2017;22(1):123-133.
 41. Hwang H, Kuo M, Tu C. Health education and competency scale: Development and testing. *J Clin Nurs.* 2018;27(3-4):e658-e667.
 42. Bagnasco A, Catania G, Zanini M, Pozzi F, Aleo G, Watson R, et al. Core competencies for family and community nurses: a European e-Delphi study. *Nurse Educ Pract.* 2022;60:103296.
 43. Dickson V, Chyun D, Caridi C, Gregory J, Katz S. Low literacy self-care management patient education for a multilingual heart failure population: results of a pilot study. *Appl Nurs Res.* 2016;29:122-124.
 44. Wittenberg E, Ferrell B, Kanter E, Buller H. Health Literacy: exploring nursing challenges to providing support and understanding. *Clin J Oncol Nurs.* 2018;22(1):53-61.
 45. Thomas A, Gruppen L, van der Vleuten C, Chilingaryan G, Amari F, Steinert Y. Use of evidence in health professions education: attitudes, practices, barriers and supports. *Med Teach.* 2019;41(9):1012-1022.
 46. Nantsupawat A, Wichaikhum OA, Abhichartitubtra K, Kunaviktikul W, Nurumal MSB, Poghosyan L. Nurses' knowledge of health literacy, communication techniques, and barriers to the implementation of health literacy programs: a cross-sectional study. *Nurs Health Sci.* 2020;22(3):577-585.
 47. Hogan A, Hughes L, Coyne E. Nurses' assessment of health literacy requirements for adult inpatients: an integrative review. *Health Promot J Austr.* 2024;35(2):504-517.
 48. Pinedo Añorga E. Educar en salud: aplicación de Programas Educativos en investigaciones de estudiantes de enfermería Universidad Nacional de Trujillo. *SCIENDO.* 2023;26(1):105-114.
 49. Chrzan-Rodak A, Ślusarska B, Niedorzy-Karczmarczyk B, Nowicki G. Level of social competencies of nurses in primary health care and their selected work-related determinants-A cross-sectional study. *J Nurs Manag.* 2022;30(7):3273-3285.
 50. Melariri H, Osoba T, Williams M, Melariri P. An assessment of nurses' participation in Health Promotion: a knowledge, perception, and practice perspective. *J Prev Med Hyg.* 2022;63(1):E27-E34.