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CASE REPORT ARTICLE

MEETINGS/FAILURES TO MEET: HEALTH EDUCATION IN NURSE'S PROFESSIONAL TRAINING

(DES)ENCONTROS: A EDUCAÇÃO EM SAÚDE NA FORMAÇÃO PROFISSIONAL DO ENFERMEIRO

(DES)ENCUENTROS: LA EDUCACIÓN EN SALUD EN LA FORMACIÓN PROFESIONAL DEL ENFERMERO

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ABSTRACT

Objective: to report the health education experiences with a group of hypertensive and/or diabetic individuals. **Method:** the health education experiences with the group were developed by female undergraduate Nursing students, in a Family Health Strategy (FHS) unit in a town located at the western border of the state of Rio Grande do Sul, Brazil, and the activities were recorded in a field diary. **Results:** the group of hypertensive and diabetic individuals in the FHS unit had an operative, community, and therapeutic nature, aimed at developing health education strategies along with users with arterial systemic hypertension and diabetes mellitus. During the performance of activities with the groups, we addressed health education themes which helped for modifying and improving the quality of life, guiding and encouraging them, thus, towards the conscious self-care and adherence to treatment. **Conclusion:** this is a practice which helps the community to raise awareness with regard to the importance of self-care, search for information, and care at the health unit, and it also enables a better collective quality of life. **Descriptors:** Health Education; Group Practice; Public Health Nursing; Self-Care.

RESUMO

Objetivo: relatar as experiências de educação em saúde com um grupo de hipertensos e/ou diabéticos. **Método:** as experiências de educação em saúde com o grupo foram desenvolvidas por acadêmicas de Enfermagem, em uma unidade de Estratégia de Saúde da Família (ESF) de município localizado na fronteira oeste do estado do Rio Grande do Sul, e as atividades foram registradas em diário de campo. **Resultados:** o grupo de hipertensos e diabéticos na unidade de ESF teve caráter operativo, comunitário e terapêutico, voltado a desenvolver estratégias de educação em saúde junto a usuários com hipertensão arterial sistêmica e diabetes melito. Durante a realização das atividades com os grupos foram abordados temas de educação em saúde que auxiliaram para a modificação e melhoria da qualidade de vida, orientando-os e estimulando-os, assim, para o autocuidado consciente e a adesão ao tratamento. **Conclusão:** trata-se de uma prática que auxilia a comunidade a se conscientizar quanto à importância do autocuidado, da busca por informações e atendimento na unidade de saúde, assim como viabiliza uma melhor qualidade de vida coletiva. **Descritores:** Educação em Saúde; Prática ee Grupo; Enfermagem em Saúde Pública; Autocuidado.

RESUMEN

Objetivo: referir las experiencias de educación en salud con un grupo de hipertensos y/o diabéticos. **Método:** las experiencias de educación en salud con el grupo fueron desarrolladas por académicas de Enfermería, en una unidad de la Estrategia de Salud de la Familia (ESF) de un municipio ubicado en la frontera oeste del estado de Rio Grande do Sul, Brasil, y las actividades fueron registradas en un diario de campo. **Resultados:** el grupo de hipertensos y diabéticos en la unidad de ESF tuvo un carácter operativo, comunitario y terapéutico, dirigido a desarrollar estrategias de educación en salud con usuarios con hipertensión arterial sistémica y diabetes mellitus. Durante la realización de las actividades con los grupos fueron abordados temas de educación en salud que ayudaron para el cambio y la mejora de la calidad de vida, guiándoles y estimulándoles, así, para el autocuidado consciente y la adherencia al tratamiento. **Conclusión:** esta es una práctica que ayuda a la comunidad a tomar conciencia acerca de la importancia del autocuidado, de la búsqueda de informaciones y la atención en la unidad de salud, así como posibilita una mejor calidad de vida colectiva. **Descriptor:** Educación en Salud; Práctica de Grupo; Enfermería en Salud Pública; Autocuidado.

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INTRODUCTION

This paper is the result of the authors' collective effort to socialize their reflection on nurses' work and training along with a health education group which works with people undergoing a chronic illness condition, in this case, individuals living with systemic arterial hypertension (SAH) and/or diabetes mellitus (DM) and they joined group activities.

In these scenarios, conducting therapeutic activities aimed at people with chronic diseases treated at health services, organized by the professional teams who work there, may foster the possibility to set them up as new health care devices. This occurs by means of a health care more associated to the individuals' reality, as it's understood to be possible, this way, to get closer to comply with the principles and guidelines of the Unified Health System (SUS).

These spaces should be designed aiming to generate health education practices which go beyond the programmatic nature of these actions, since, as it's known, they're counted by means of specific production forms of these teams. And it's in this sense that Nursing, as a science and profession, can improve and strengthen these devices, taking into account that it's attentive to care and, for this, it's required to have skills suitable to various spaces and positions which provide the individuals with opportunities to reframe the health/illness process experienced.

In a brief historical summary, it's possible to point out the Family Health Strategy (FHS) as a foundation for the implementation of SUS, aimed to reframe health care practices, which has as a priority the individuals and family's health promotion, protection, and recovery, in a continued way. The hegemonic health care model is challenged, by assuming the competence to know the reality of families in the various territories where it operates, identifying the most prevalent health problems, and the risky situations to which the population is exposed; through this information, the development of strategies and actions is sought, together with the community, in order to face the health problems identified.

This new health care model resorts to establishing bonds, as well as creating commitment ties between health teams, users, family, and community.¹ And health education becomes one of the various modalities of this action on the part of the health teams and nurses who undertake their practices according to them, since, in the FHS

units, they're part of the basic team and become the main actors in the caring process.

Health education constitutes a field where Nursing shows an extensive and relevant insertion, however, at certain times, it's limited to authoritarian education practices and knowledge kinds regarded as needed from a merely technical point of view; however, for promoting health, there's a need for education actions able to prepare individuals for self-care, a moment at which health education has a crucial application.² In this sense, providing spaces for dialogue between prospective nurses and health services' users enables an important contribution to these professionals' training.

We believe in the possibility that the user provides the undergraduate student with teaching and in her/his experience exchange with someone who comes from an educational space not always fit to the appreciation of different kinds of knowledge, especially in the health care field. Health education is understood as a continued life process, conducted on an ongoing basis at each moment in which the meetings between individuals can occur. There's in the health care field significant tensions between the kinds of knowledge and its hegemonic model advocates habits and persuading individuals to adopt healthy behaviors, focusing on the disease's cause and effect and grounding much of the training syllabuses.³

On the other hand, the population's epidemiological profile requires the adaptation of the current health care model, with new ways of working with health and illness issues, especially when it comes to chronic conditions, such as systemic arterial hypertension (SAH) and diabetes mellitus (DM). These diseases, like others, are of great interest in all countries of the world, having in mind the need to maximize the costs and effectiveness of the health actions undertaken. Besides, studies show that, along with population aging, increasing urbanization, and the globalization of risk factors, there's a greater concern with these diseases, and the provision of primary care to deal with them has been increasingly required and appreciated.

These assumptions raise the importance of professionals' action to deal with these diseases, and they're complemented by public policies which ensure practical possibilities of intervening in the situations involved.⁴ In this sense, we refer the Brazilian initiative, through the National Policy for Primary Health Care, which strengthens the role of various professionals in primary health care. Thus, the

nurse started having more space to act and propose new education strategies, by connecting the technical kinds of knowledge to the popular ones. Thus, Nursing has sought alternatives which enable understanding and helping people with regard to their choices through their lifestyles, which are closely related to their health conditions to exercise their autonomy.

Among the possible alternatives to work in a collective way, this professional has widely included her/himself into group activities; an example commonly observed in health services are groups aimed at people undergoing illness due to SAH and DM. It has been invested in this approach as a support for the user to adhere to treatment, constituting a supportive space which allows access to information and exchange of experiences and motivations, creating a space of opportunities for users and health professionals to clear up doubts, interact, and overcome difficulties in the treatment process.⁵

We highlight that, for the treatment of DM and SAH, user's enrollment in the health units, as well as the guarantee of diagnosis and treatment by health professionals are a must, since diagnosing and controlling these diseases prevent complications or, at least, delay their progression.¹ It's also believed that the greater the user's bond to the service and the health professionals, the greater the adherence to treatment, but, also, that there's a co-accountability of this professional. This way,

[...] integrality, when it refers to meetings between users and health professionals, implies the professional's ability to understand the other's expressed suffering, or the risk of future suffering in the context of the way how this met subject leads her/his life. It also implies understanding, in the same context of the way how the other leads her/his life, the care offers needed.^{6:371}

Thus, the FHS, as a National Public Policy, has as its strategy the reorganization of primary care and it should mainly focus on human interaction, embracement, experience exchanges between professionals and users, as well as commitment and living together.⁷ So, one of the main challenges faced by health professionals in the FHS is fulfilling the education process through group activities. These collective activities are challenging because they propose new health conditions for the community, which starts to actively participate in partnership with professional from the multidisciplinary team at the FHS unit.

The formation of organized group meetings is regarded as a space where the person arrives loaded with specific characteristics, such as values, customs, and kinds of knowledge, enabling the participants and collectivity's growth.⁸ In this sense, the adherence group marks its difference from the group psychological treatment as it constitutes a therapy group, focused on the task of raising awareness of the need to care and promote self-care.⁵ So that the goal of therapy operative groups is improving the individuals' pathological situation, both organically and psychically, and the formation of a group with people who suffer from SAH and DM may be classified as primary health care.⁹

This report was inspired by the experience of female undergraduate Nursing students who participated in the organization and execution of the group of hypertensive and diabetic individuals. Therefore, this study aims to report the health education experiences with a group of hypertensive and/or diabetic individuals.

METHODOLOGY

This is a descriptive study, with a experience report nature, which describes the performance of health education activities with a group with SAH and DM in a town located at the western border of the state of Rio Grande do Sul, Brazil. The activities were designed between 2008 and 2010, by Nursing professors and undergraduate students, supported by a multidisciplinary health team at the FHS unit concerned.

The tools used in the activities with the group aimed to strengthen self-care, adherence to treatment, knowledge on SAH and DM and their complications. Besides, the goal is enabling experiences of other forms to care for the user who seeks the FHS.

The group of people with SAH and/or DM was developed in a FHS unit, located at a neighborhood on the outskirts of a town in the western border of Rio Grande do Sul. The education activities occurred on a monthly basis in the FHS unit, and the participants were previously invited through home visits conducted by community health workers (CHWs).

The nursing team at the FHS unit was receptive and supportive with regard to the formation of the group of people with SAH and/or DM, something which contributed to the continuity of activities during the years of work. The Nursing undergraduate students who developed the activities were from

different semesters of the course and participated voluntarily in the deployment and execution of the activities conducted along with people with SAH and/or DM; organizing the activities was the task of a scholarship holder involved in the teaching of the discipline Public Health. The approaches used in the formation of the group were related to the participants' skills, always exploring their involvement, besides appreciating the kinds of knowledge brought by each one, derived from her/his belief and culture.

After conducting the activities with the groups, the undergraduate students prepared their record in field diaries. This instrument allowed the description of the activities, observations, and reflections¹⁰ of the undergraduate students involved in the process to form and develop groups.

The meetings as professional training and health intervention spaces

Health education, with regard to SAH and DM, is regarded as a foundation for conscious self-care, prevention of complications, and, especially, improvement of quality of life. It's believed that it's a health care booster, and it can be used as an instrument to conduct education activities for health promotion at all levels of service to the community, as well as individual and group activities.

Health education, when performed by means of groups, may constitute a great opportunity to promote a better quality of life.¹¹ When specifically analyzing these diseases, health education contributes to the treatment and search for treatment, where knowledge on these diseases leads to a reduction in the number of complications and hospitalizations and a better acceptance of disease.¹²

Regarding the group of people with SAH and/or DM as a space for growth favoring the health education practice may contribute so that Nursing solidifies in this field of clinical and educational activity. It's realized in this context that Nursing has produced knowledge through work with groups because they constitute one of the possible spaces for empowering those involved, both individually and collectively, through the appreciation of various kinds of knowledge and the possibility to creatively intervene in the health/illness process of each being.¹²

Group health education should be conducted in an interactive way, so that the participant users can think through and criticize their reality, observe the most usual problems among them, and exchange

experiences. Thus, in order to make health education effective, it must be liberating/transformational; in the teacher/student relationship, there're no knowledge owners, but different kinds of knowledge which must converge to reflection, awareness, and freedom of choice.¹³ Thus, it's suggested that health professionals adapt information to the individuals' needs and knowledge must flow without imposing ideas, in order to facilitate the clarification of doubts, increasing user's confidence in sharing her/his anxieties and fears.

From this perspective, the group of people with SAH and/or DM in the FHS unit, coordinated by the undergraduate Nursing students had an operative, community, and therapeutic nature, aimed at developing health education strategies along with users with SAH and/or DM. It's pointed out that working with groups is directly connected to the dynamics of nursing work, something which requires the direct insertion of the nurse into this kind of activity. Besides, dialogue and knowledge exchange between professionals and users may construct, in a shared way, knowledge on the health/illness process and the strengthening of user's trust in the health services, favoring long-lasting changes in health habits, through the construction of new individual and collective meanings.¹⁴

During the activities with the groups, various health themes which helped in the modification and improvement of quality of life were addressed, advising and encouraging them to self-care, early diagnosis of family members, appreciation of the wish to reduce the blood glucose and blood pressure levels, as well as strengthening the importance of adherence to treatment and search for social support to cope with these situations. This way, the meetings which took place with the group that participated in this study had a therapeutic perspective, since they were intended to improve some situation, especially if it was related to cope with the difficulties that users had when experiencing them. Moreover, this space was a motivational environment for treatment and self-care, as the participants share common difficulties and seek alternatives to overcome them.

The meetings began by measuring the participants' blood pressure and serum levels, in the room of outpatient care procedures at the health service. Then, the group started with the "icebreaker", performing stretching, using music, sometimes with the presence of a physical educator who supported the proposal. For the operationalization of the

meetings with the group, playful tools were chosen, such as cards, music, video, and games, in order to support the discussions and the dynamism.

The use of illustrative cards on SAH and DM for developing health education activities proved to be an effective way to address the themes SAH and DM, as it allowed drawing, in a playful way, the participants' attention, based on what they knew about these diseases, providing greater interest in the subject. It was a favored space for answering questions, making available a welcoming environment for information and relaxation. As an example, it's cited one of the activities conducted, in which they used cards addressing the themes SAH and DM, illustrating the signs and symptoms of these diseases, their treatment, and the possible complications. Thus, each participant chose a card and expressed the reason for that choice. At this time, the undergraduate students contributed to the discussion, advising and encouraging them to perform self-care. So, at the same time they intend to suggest which actions could constitute self-care, by hearing the participants' reports these actions took a practical sense when socialized with the participants, instead of being simple suggestions given by the female undergraduate Nursing students became concrete possibilities.

This way, working with the use of cards allowed a greater participation and closeness of users to the undergraduate students. The approach is also named "Wall", and it's regarded as an effective way of learning concepts and contents.¹⁵ In turn, working with the use of drawing/image can reveal the subconscious, often hidden in formal discourse.¹⁶

In health education, both verbal and written information are important. Often, only verbal information isn't enough due to the fact that the user prioritizes the information which she/he recognizes as needed. There's also the possibility that the patient doesn't understand verbal information, forget it, or reject it, so, the provision of other information, such as the written ones and the cards has become an effective instrument to support the verbal advices.¹⁷

It's worth stressing that some undergraduate students from our research group were already performing academic activities at this FHS unit, something which facilitated their work along with users, as well as the nursing team and knowing the family reality of participants. Thus, as in other

experiences involving health promotion activities along with therapeutic groups¹², it's believed that the health education actions should prioritize the mobilization and encouraging of users to know and participated in the practices and share knowledge which aim to improve quality of life and health.

In the choice of issues to be addressed, it has always been taken into account the interest of the group participants, who were consulted beforehand. Some themes which were addressed in the group focused on: the causes of SAH and DM, the main signs and symptoms, the treatment and complications of these pathological processes, the ability to purchase food and healthy feeding habits, the alternatives to excessive use of sodium and fats, the sedentary lifestyle, and the importance of practicing physical exercise.

Working with groups is recognized as a health promotion strategy, whose practice has been increasingly appreciated and discussed, especially in the nursing context. This is due to the fact that, in a group, it becomes easier to deepen discussions, increase knowledge on health, and lead the health education process, something which may encourage the adoption of healthy habits and behavior change, thus favoring the treatment adherence proposed.^{18,19}

The use of cards was one of the main health education strategies used in this study, however, other teaching tools were used, such as magazine clippings pointing out what could be eaten or not; the food shaped toy game; informative posters and illustrations; film and multimedia to explain the human body, physiology, and pathology related to SAH and/or DM. An interesting way for getting closer to the participants was the inclusion of the undergraduate students into the groups, to celebrate festivities, such as Easter, June Festival, and Christmas, even conducting various dynamics along with them.

These themes were addressed in a didactic and dynamic way, during the meetings; a clear language was used, so that everyone could understand each subject matter. And, for the undergraduate students involved, the nurse's performance possibilities in these scenarios became clearer, and care, inherent to their prospective profession, is put into practice through various ways. By using a language accessible to the user's understanding, or a group of users, the professional establishes a more suitable communication and, thus, she/he develops a care ruled by a good quality interaction.²⁰ Additionally, participants were encouraged to bring for discussion their experiences with

regard to their disease. This led to an experience exchange, enabling a discussion on their health practices, thus contributing to the improvement of empowerment and self-care strategies.

Referring to the model aimed at life defense, health care would require a restructuring of care production. This way, the professionals have “toolboxes”, regarded as three suitcases: that in their hand, which represents equipment or hard technologies; that in their head, which are structured knowledge or soft/hard technologies; and, finally, the suitcase relational space worker/user, containing soft technologies and enabling various instruments in their daily life work.²¹ Thus, it's believed that the group work conducted by the undergraduate students along with users from this community enabled the use of the three suitcases indicated above, but, especially, the soft technologies, involving bond, embracement, co-accountability, and empowerment with regard to health. This issue was the biggest difference in this activity, the development of soft technologies by the undergraduate students, showing that the increased complexity lies on the same space of lower technological density.

It's also highlighted that, in each activity conducted with the group, there were positive changes, in which it's worth stressing the increased number of people who started attending the FHS unit and participating in the activities conducted, respect to the limits, and the pursuit of quality of life. A reward on the part of the group was observed, by expressing well-being feelings, reported that the group was a leisure and relaxation time that they had found. In this sense, the recognition bond promotes the individual's belonging to the group, the need for individuals to recognize the other's right to be different and emancipated.²²

Another important factor was mutual learning, proving that it's possible to promote health education in groups. In this sense, Pichón-Rivière's understanding with regard to learning was that of “an action training the subject to life, rejecting the simple transmission of ‘canned knowledge’ [...] it's the ability of understanding and the action transforming a given reality”.^{23:30} This way, the ability to transform both the user and the health professional's reality is shown, as well as the undergraduate Nursing students.

It's worth highlighting the reflection that changes are needed in nurses' professional training, and its importance is due to the leading role these professionals play in health

promotion.² It's believed that the participation of undergraduate students in health education groups at their various spaces is a proposal that can contribute to improve their qualification.

FINAL REMARKS

It's believed that using the physical space of the FHS units or that in the community itself to gather the users who are living with diseases such as SAH and/or DM is of great importance to the work done by the teams, as well as to the users involved themselves. These meetings require technical and relational skills to share information inherent to the pathological process, treatment, and construction, with the participants, of ways to cope with difficulties. Thus, participants can understand how to live with the clinical condition of the disease concerned and live their lives with quality and well-being.

We highlighting that the importance of sharing this kind of experiences lies on promoting the reflection of those professionals who are dedicated to work along with groups of people with SAH and/or DM and appreciate the experiences involving these theme. There's a need to have in mind the magnitude of these diseases and the costly expenses for the health care system, their relevance to the lives of the users of health units and for health professionals, since their results are viewed in the long term.

Given the above, it became clear that, through the subjects' active participation, the health education strategy, in its group modality, may be an alternative for promoting a higher people's adherence to treatment, besides allowing the professionals' greater contact and involvement with the health status of people with SAH and/or DM. In addition to the materiality enabled to the undergraduate students involved with regard to the factors interfering with the users' health.

Group discussion and active participation of the individual in the caring procedures may allow different kinds of knowledge to get closer, enabling more effective and contextualized health practices. The actions conducted provided the undergraduate students with a positive outcome, due to the community's adherence to the proposed meetings, the growing interest of the target public in obtaining more information on the disease concerned, the treatment they undergo, and the discussion of habits which could improve quality of life.

We conclude that the activities carried out with the group were of great importance, because, in this practice of exchanging experiences, the female undergraduate Nursing students had the opportunity to think through and understand the universe of people with chronic pathologies, proposing new alternatives for care. We stress the importance of therapeutic groups for the people and for nurses' work, by showing the possibilities of making the health care practices closer and more adequate to users' reality, enabling an exchange of different kinds of knowledge in the relational dimension implied in care.

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