



ROUND-TABLE CONVERSATIONS AS A TOOL FOR HEALTH PROMOTION IN NURSING

AS RODAS DE CONVERSAS COMO FERRAMENTA DE PROMOÇÃO DA SAÚDE EM ENFERMAGEM

LAS RUEDAS DE CONVERSACIÓN COMO UNA HERRAMIENTA PARA LA PROMOCIÓN DE LA SALUD EN ENFERMERÍA

Raphael Raniere de Oliveira Costa¹, João Bosco Filho², Soraya Maria de Medeiros³, Maria Betania Maciel da Silva⁴, Julia Gomes Fernandes Costa⁵, Ana Cláudia Cardozo Chaves⁶

ABSTRACT

Objective: to assess the use of working tools in nursing in the context of health promotion. **Method:** observational study with qualitative, descriptive and participant approach, developed in a group of ten caregivers of people with Alzheimer's disease in the city of Natal, State of Rio Grande do Norte, Brazil, selected by the criterion of intentionality. The data were recorded in individual interviews records and in a field diary, analyzed qualitatively and expressed in excerpts cuttings. The research project was approved by the Research Ethics Committee, CAAE 0106.0.051.000-10. **Results:** as a result of performing round-table conversations, it was possible to observe the integration of people in the cycle of reflections, in addition to the exchange of knowledge and information focused on life, which can culminate in benefits in the personal and collective context. **Conclusion:** round-table conversations can be considered a tool that produces caring spaces, creating opportunities for the development of health promotion strategies. **Descriptors:** Nursing; Health Promotion; Collective Health.

RESUMO

Objetivo: investigar sobre o uso de ferramentas de trabalho em enfermagem no contexto da promoção da saúde. **Método:** estudo de observação com caráter qualitativo, descritivo e participante, desenvolvido em um grupo de dez cuidadores de pessoas com a doença de Alzheimer da cidade do Natal, RN, Brasil, selecionados pelo critério de intencionalidade. Os dados foram registrados em fichas de entrevistas individuais e diário de campo, analisados qualitativamente e expressos em recortes de fragmentos. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE 0106.0.051.000-10. **Resultados:** como consequência do uso das rodas de conversas, percebe-se a integração das pessoas no ciclo de reflexões, além da troca de conhecimento e informações voltadas para a vida, podendo culminar em benefícios no contexto pessoal e coletivo. **Conclusão:** a roda de conversa pode ser considerada uma ferramenta que produz espaços de cuidado, oportunizando o desenvolvimento da estratégia de promoção da saúde. **Descritores:** Enfermagem; Promoção da Saúde; Saúde Coletiva.

RESUMEN

Objetivo: investigar el uso de herramientas de trabajo en enfermería en el contexto de la promoción de la salud. **Método:** estudio de observación de carácter cualitativo, descriptivo y participante, llevado a cabo en un grupo de diez cuidadores de personas con mal de Alzheimer en la ciudad de Natal, Estado de Rio Grande do Norte, Brasil, seleccionados por el criterio de intencionalidad. Los datos fueron registrados en fichas de entrevistas individuales y en diario de campo, analizados cualitativamente y expresados en recortes de fragmentos. El proyecto de investigación tuvo la aprobación del Comité de Ética en Investigación, CAAE 0106.0.051.000-10. **Resultados:** como resultado del uso de ruedas de conversaciones, fue posible observar la integración de las personas en el ciclo de reflexiones, además del intercambio de conocimientos e informaciones orientadas para la vida, pudiendo culminar en beneficios en el contexto personal y colectivo. **Conclusión:** la rueda de conversaciones puede ser considerada una herramienta que produce espacios para el cuidado, creando oportunidades para el desarrollo de la estrategia de promoción de la salud. **Descriptor:** Enfermería; Promoción de la Salud; Salud Colectiva.

¹Nurse, Simulated Hospital of the Health School, Potiguar University (UnP), Graduate student in Health Surveillance, Potiguar University (UnP), Student of the Graduate Program in Nursing, Federal University of Rio Grande do Norte (UFRN). Natal, RN, Brazil. E-mail: raphaelraniere@hotmail.com; ²Nurse, Master's degree in Nursing, PhD in Education, Department of Religion Science, University of the State of Rio Grande do Norte (UERN), Nursing and Psychology Courses, Potiguar University (UnP). Natal, RN, Brazil. E-mail: boscofilho@globol.com; ³Nurse, Master's degree in Education, PhD in Nursing, Department of Nursing, Federal University of Rio Grande do Norte (UFRN). Natal, RN, Brazil. E-mail: sorayamaria_ufrn@hotmail.com; ⁴Nurse, Master's degree in Nursing, Teacher of the Graduate Program in Nursing, Potiguar University (UnP). Natal, RN, Brazil. E-mail: macielbetania@hotmail.com; ⁵Nurse, Specialist in Occupational Nursing, Specialist in Pedagogical Practices in Higher Education, Master's degree candidate, Graduate Program in Nursing, Federal University of Rio Grande do Norte (UFRN). Natal, RN, Brazil. E-mail: julicost@yahoo.com.br; ⁶Nurse, Specialist in Family and Community Health, Master's degree candidate, Graduate Program in Nursing, Federal University of Rio Grande do Norte (UFRN). Natal, RN, Brazil. E-mail: anaccardoza@hotmail.com

INTRODUCTION

Health promotion is the term used to denote the training process of the community members in order to act in the improvement of their quality of life. This includes the participation and control on this process on the part of individuals and groups that, besides knowing how to identify aspirations and satisfy their needs, they must change the environment favorably.¹

This proposal suggests that interventions in health should extend their scope by targeting the problems and needs of health and its determinants and constraints. In this way, the organization of assistance and caring will involve both the actions and services that operate on the effects of the disease and those designed to the space beyond the walls of health units and the system. There will be an effect on living conditions, favoring the expansion of healthy choices on the part of the subjects and collectivities in the territory where they live and work.²

In this sense, the major challenge of health promotion, especially in the Latin American context, is changing the scenario, in which an enormous social inequality still prevails, with deterioration of living conditions of the majority of the population, along with the increase in health risks and decrease of resources to address them. Thus, the struggle for health represents improving the quality of life and must be present in the main health promotion strategies.²

In the Brazilian context, this proposal was adopted as national policy in 2006, with a focus on promoting life quality, reduction of vulnerabilities and risks to health, as well as on their determinants and constraints, such as: issues related to ways of living; working and housing conditions; environment; education; leisure; and culture and access to essential goods and services.³ It is important to understand that health promotion sets up another way to take health and illness into consideration. Its approach may bring relevant contributions such as helping to break the hegemony of the biomedical model.²

From this new perspective, health is understood in the context of well-being that relates to the most varied aspects, such as biological, social, cultural, psychical, and environmental. For this to materialize, five strategies for health promotion become necessary: development of healthy public policies; creation of favorable environments; strengthening community action; reorientation of health services; and the development of personal skills.^{4,5}

Working with the five strategies for health promotion in conjunction, through the articulation of these fields, represents a major force that could boost transformations on the reality of the health of the population.² Being nursing one of the healthcare professions, whose essence and specificity are care provided to human beings, individually, in family or in the community, it is of fundamental importance that this category can seek new horizons in order to develop more comprehensive strategies in the production of health.⁶

Care from the perspective of health promotion can be seen as one of the possibilities to be focused by nursing, prevented it is oriented to the expanded concept of the health-disease process. Thus, it is in nursing praxis that caring becomes effective and may contribute and engage with health promotion, whether individual or collective, through caring with a lens suitable for looking and caring taking cultural diversity into consideration.⁷

In this study, we seek to focus on one of the priority actions in health promotion, i.e., the development of personal skills, aimed at empowering people to learn through life and prepare them for all stages. Accordingly, the goal of this study is:

- To assess the use of work tools in nursing in the context of health promotion.

METHOD

This article was drawn from the monograph "Round-table of conversations as a measure for subjects' health and autonomy production: a mental health approach" submitted to the Nursing Program of the Health School, Potiguar University (UnP). Natal, State of Rio Grande do Norte, Brazil, 2010. The study was conducted with a group of professionals and caregivers of people with Alzheimer's disease in the city of Natal, State of Rio Grande do Norte, Brazil.

It is an observational research with qualitative approach, developed by participant and systematic observation of the subjects. The method of participant observation has great value in the academic-scientific field, especially in the application of qualitative research in healthcare, because it helps in investigating and providing a broad and detailed view of a reality resulting from the interaction between the researcher and the environment. At the same time, it can be useful as a basis for planning strategies for the sustainable development of the community under study.⁸

Ten participants were selected through the criterion of intentionality, defined by analyzing the frequency reports of the group. As criteria for inclusion, we considered: being a familiar caregiver; having attended the meetings of the group studied assiduously; and agreeing and signing an informed consent form. The reason for considering specifically the family caregivers originates in the prospect that, in the family, relationships are intensified and the projection of caring tends to be more explicit, and the caregivers become more exposed to the risks of this projection. From the round-table of conversations with the group, we exposed the goals and developed the study.

The data were recorded in individual interviews records and in a field diary. Subsequently, we analyzed these data qualitatively and expressed them in the form of excerpts cuttings. As a way to preserve the anonymity of the subjects involved, the excerpts of the statements exposed in this work were identified and distinguished by the letter 'c' in reference to the term 'caregiver', varying only the numbering from 1 to 10. Therefore, the excerpts were represented consecutively as: c1, c2, c3, c4, c5, c6, c7, c8, c9, and c10.

The study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte (CEP-UFRN) under the Protocol No. 092/10 and CAAE 0106.0.051.000-10. In addition, we took into consideration the norms governing research involving humans, which are established by the Resolution No. 196 of the National Health Council.⁹

RESULTS

As a methodological strategy of health promotion actions, the round-table of conversations emerge as a careful listening space for collective participation and community intervention, designated by a method that allows discussing and expressing of wishes and confidences, resulting in the exchange of ideas and experiences, and learning.¹⁰

It is recommended to follow three methodological steps in these spaces: problematization; exchange of information; and reflection for action. The first step, i.e., problematization, corresponds to viewing. The participants are encouraged to talk about their feelings and experiences in relation to the topics discussed, thus allowing a reflection on the reality of each member. At this moment, participants talk about their own experiences and listen to what the others

have to say, sharing their experiences without giving advice, judging or questioning.^{10,11}

During the second step, that is, the exchange of information, participants are encouraged to recall their doubts and express their knowledge about the topics covered. This is a participatory form of learning and teaching, thus contributing to the development of opinions, decision-making and more responsible behavior towards their goals.

In the third step, namely reflection for action, the highest stage of the learning process is achieved, in which participants will judge, i.e., reflect on a concrete situation to help them to incorporate new knowledge. From the reflection on what was discussed, participants can feel better prepared to make decisions more consciously. It is worth mentioning that the central idea of this moment of reflection is to choose a single topic or situation that has been addressed in previous moments. Thus, this topic should be discussed taking into account its positive and negative aspects, as well as the consequences on everyone's life.¹¹

In addition to the aforementioned benefits, since they represent educational and community action spaces, the round tables integrate people in a cycle of reflection and mutual exchange of knowledge and information focused on life. In short, it is a tool that produces caring spaces and which allows the development of strategies that include health promotion. From the perspective of health promotion, the goal is to make risk factors to the health of the population visible, as well as their different needs, with a view to developing mechanisms for reducing the situations of vulnerability. This aspect can be evidenced in the second step of the round-table of conversations, when the participants express their knowledge, develop opinions and make decisions regarding the situations that surround them in their individual and collective life.³

To the extent that the discourses are socialized, the group starts being aware of the situations, associates information already acquired to the new ones, and modifies or ensures that knowledge, thus contributing to more conscious decision-making.¹⁰ In this way, from the question "Have you learned anything since you started attending the meetings?" we picked up some excerpts cuttings from the discourses of the subjects of the study, which follow below.

Every day that I come to the meetings I learn with people's reports and I increasingly learn with them. It's an exchange of experiences. (c3) (ipsis litteris)

I just learned, I've learned a lot, and I teach those who are at home [...] (c1) (ipsis litteris)

Every day I learn more and more, and I grow stronger. (c2) (ipsis litteris)

A lot, the process of the disease itself, its stages, its steps and its differences too. (c4) (ipsis litteris)

Yes, because there's always something new to learn, and also the exchanges of experience teach us to be more supportive, leading us to reflect on the meaning of life. (c5) (ipsis litteris)

Yes, from caring for hygiene, food, some emergency measures, such as: how to act when the patient develops choking [...] (c6) (ipsis litteris)

Yes, constantly. Every meeting with dynamic and varied themes, providing pleasant moments and lifestyle modifications, obtaining improvements and well-being, achieving positive aspects and significant developments within the reality experienced. (c7) (ipsis litteris)

I learned a lot [...] And it was here at these meetings that I found balance, it was pleasuring for me, getting the care and attention from professionals and companions-in-arms. (c8) (ipsis litteris)

I learned to be more charitable; I realized that if I thought that my problems were big, other group members' are much bigger, liking the beauty of life better, feeling pleasure with small achievements, which are victories for me. (c9) (ipsis litteris)

I'm learning a lot, even more than I believed, because I felt totally lost and incredulous. Today I am another person, I believe that I'm a better person [...] (c10) (ipsis litteris)

It is possible to identify that all statements point to positive results obtained through the round-table of conversations. They emphasize: learning from each other's experience; personal transformation; satisfaction from socializing with peers; and the acquisition, as well as the significance of knowledge exploited according to each one's reality and collective universe.

DISCUSSION

Reflecting on the statements in the framework of personal skills development, it is observed that such methodology can be widely used due to the characteristics of the methodological steps that build it, (problematization, exchange of information and reflection for action). This way, the participants are provided with the possibility

to not only share feelings, but also to socialize, spread and seek new possibilities in order to project people to a more autonomous life regarding the individual and collective needs.

Learning, which was the most quoted word in the statements, can be understood as the seed of personal skills development, taking subjectivities and needs into account. This can initiate a process of evolution that involves participation, control, collecting, and improvement of individual reality in the context in which these subjects are submerged.

Changing the healthcare paradigm is being configured as a strategy for a new healthcare model.¹² From this idea, it is possible to work with the challenging task of breaking the Cartesian, traditional and biomedical paradigm. To that end, one must think and compose a healthcare service that primes for a caring model based on social, humanists, cultural, environmental and educational benchmarks, based on health promotion. It is necessary to build and rebuild social awareness of the problem.¹²

Although there are healthcare practices focused on collectivity, healthcare completeness and health promotion, it is known that the hospital-centered system is still prevalent, providing stratified and immediate healthcare.¹³ On the basis of these considerations, it is valid to assess the necessity and the importance of reflecting about current nursing healthcare in view of the models based on the individuals and their complexities, as well as on collectivity, completeness, humanization and scientific theories of the profession.¹³

FINAL REMARKS

As already discussed, this methodological strategy for health promotion actions, i.e., the round-table of conversations, emerges as a space that allows a careful listening of collective participation in a process of community intervention. This process is developed by means of a method that fosters discussion and the expression of wishes and confidences. As a result, exchanges of ideas and experiences as well as learning are obtained. This is a tool for the production of healthcare spaces, enabling the development of the health promotion strategy.

It is also considered that the search for more comprehensive ways of producing health requires actions from workers of this area in order to exceed the healthcare model based on the Cartesian/flexnerian paradigm of the health-disease process that, in primacy, has

its interventions oriented towards a hospital, individual and curative scope. Instead, workers must be able to produce effective strategies in order to recognize human beings in their entirety, taking into consideration their way of living and their life stories. In this way, the round-table of conversations, understood as ample space for others' healthcare, may contribute to the achievement of these searches regarding health.

Healthcare is considered an immeasurable social good, whose meaning is related to life and constitutes one of the actions aimed at the maintenance and promotion of health. For nurses—as active professionals and social environment transformers—caring is an essential element of their praxis. In this sense, it is of utmost importance to understand that nursing must seek new horizons in order to build more comprehensive healthcare strategies and, consequently, to produce health, embracing and contemplating their social actors, the population and its healthcare spaces, and the community, that is, life.

REFERENCES

1. Brasil. Ministério da Saúde. As Cartas da Promoção da Saúde. 1ª edição. Brasília: Ministério da Saúde; 2002 [cited 2011 Dec 12]. Available from: http://dtr2001.saude.gov.br/editora/produto/s/livros/pdf/02_1221_M.pdf
2. Buss Heidmann ITS, Almeida MCP, Boebis AE, Wosny AM, Monticelli M. Promoção à saúde: trajetória histórica de suas concepções. Texto & contexto-enfermagem [Internet]. 2006 Apr/June [cited 2011 Dec 02];15(2):352-8. Available from: <http://www.scielo.br/pdf/tce/v15n2/a20v15n2.pdf>
3. Brasil. Ministério da Saúde. Política Nacional de Promoção da Saúde. 3ª edição. Brasília: Ministério da Saúde; 2006 [cited 2011 Dec 14]. Available from: <http://portal.saude.gov.br/portal/arquivos/pdf/PNPS2.pdf>
4. Lahtinen E, Koskinen-Ollonqvist P, Rouvinen-Wilenius P, Tuominen P, Mittelmark MB. The development of quality criteria for research: a Finnish approach. Health Promot Int [Internet]. 2005 Set [cited 2012 Dec 02];20(3):306-15. Available from: <http://heapro.oxfordjournals.org/content/20/3/306.full>
5. Cezario KG, Oliveira PMP, Baptista RS, Pinheiro AKB, Pagliuca LMF. Promoção da saúde e deficiência visual: produção das pós-graduações brasileiras. Rev RENE [Internet]. 2010 Apr/June [cited 2012 Jan 06];11(2):187-96. Available from: http://www.revistarene.ufc.br/vol11n2_pdf/a21v11n2.pdf
6. Rocha, SMM, Almeida, MCP. O processo de trabalho da enfermagem em saúde coletiva e a interdisciplinaridade. Rev Latino-Am Enfermagem [Internet]. 2000 July [cited 2011 Dec 12]; 8(2):96-101. Available from: <http://www.scielo.br/pdf/rlae/v8n6/12354.pdf>
7. Cunha RR, Pereira LS, Gonçalves ASR, Santos EKA, Radunz V, Buss Heidemann ITS. Promoção da Saúde no contexto paróia: possibilidade de cuidado de enfermagem. Texto & contexto-enfermagem [Internet]. 2009 Jan/Mar [cited 2011 Dec 12];18(1):170-6. Available from: <http://www.scielo.br/pdf/tce/v18n1/v18n1a21.pdf>
8. Queiroz DT, Vall J, Souza AMA, Vieira NFC. Observação participante na pesquisa qualitativa: conceitos e aplicações na área da saúde. Rev Enfermagem UERJ [Internet]. 2007 Apr/June [cited 2012 Jan 14];15(2):276-83. Available from: <http://www.facenf.uerj.br/v15n2/v15n2a19.pdf>
9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras sobre pesquisa envolvendo seres humanos. Resolução 196. 1996. Brasília: CNS; 1996.
10. Bechelli LPC, Santos MA. O paciente na psicoterapia de grupo. Rev Latino-Am Enfermagem [Internet]. 2005 July [cited 2011 Dec 12];13(1):118-25. Available from: <http://www.scielo.br/pdf/rlae/v13n1/v13n1a19.pdf>
11. Pastoral da criança. Rodas de Conversas - Encontros de Educação Comunitária Participativa sobre Afetividade e Sexualidade: guia para organização. Curitiba (Brasil); 2001.
12. Brum CN, Lima MP, Carmo MLC, Zuge SS. Assistência de enfermagem: uma reflexão pautada na promoção e na educação em saúde. J Nurs UFPE on line [Internet]. 2007 Jan/Mar [cited 2012 Jan 28];4(1):423-9. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/689/pdf_340
13. Kebian A, Kebian LVA. As diferentes práticas de cuidado na história da enfermagem em saúde pública brasileira. J Nurs UFPE on line [Internet]. 2010 Jan/Mar [cited 2012 Dec 22];4(esp):1124-130. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1065/pdf_95

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Corresponding Address

Raphael Raniere de Oliveira Costa.
Rua Pedras Grandes, 1982
Conjunto Santa Catarina
Bairro Potengi
CEP: 59110-010 – Natal (RN), Brazil