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USER DISINFORMATION AND OPPORTUNITY FOR NURSING DESINFORMAÇÃO DO USUÁRIO E OPORTUNIDADE PARA A ENFERMAGEM DESINFORMACIÓN DEL USUARIO Y OPORTUNIDAD PARA LA ENFERMERÍA

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ABSTRACT

Objective: to analyze the immediate repercussions of the educational action of the nurse performed in the waiting room of hemodynamics, aimed at patients and caregivers, before a procedure of cardiovascular intervention. **Method:** qualitative, descriptive, comparative study, anchored in the theoretical-methodological framework of dialectical hermeneutics. Carried out through individual interviews, with semi-structured script, and, collectively, in the waiting room of hemodynamics. **Results:** two categories emerged << Unveiling the unknown >>, << In search of a protagonist >>. **Conclusion:** there are gaps in the information on cardiac catheterization and absence of a mediator of technical-scientific knowledge, a situation that generates opportunities for the nurse to assist in the construction of knowledge and exchange of experiences. **Descriptors:** Nursing; Health Education; Cardiac Catheterization; Nurse; Nursing Assistance.

RESUMO

Objetivo: analisar as repercussões imediatas da ação educativa do enfermeiro realizada na sala de espera da hemodinâmica, voltada aos pacientes e acompanhantes, antes de um procedimento de intervenção cardiovascular. **Método:** estudo qualitativo, do tipo descritivo, comparativo, ancorado no referencial teórico-metodológico da hermenêutica dialética. Realizado por meio de entrevistas individuais, com roteiro semiestruturado, e de forma coletiva, na sala de espera da hemodinâmica. **Resultados:** emergiram duas categorias <<Desvendando o desconhecido>>, <<Em busca de um protagonista>>. **Conclusão:** existem lacunas nas informações sobre cateterismo cardíaco e ausência de um mediador do conhecimento técnico-científico, situação que gera oportunidades para o enfermeiro auxiliar na construção de saberes e troca de experiências. **Descritores:** Enfermagem; Educação em Saúde; Cateterismo Cardíaco; Enfermeiro; Assistência de Enfermagem.

RESUMEN

Objetivo: analizar las repercusiones inmediatas de la acción educativa del enfermero realizada en la sala de espera de la hemodinámica, voltada a los pacientes y acompañantes, antes de un procedimiento de intervención cardiovascular. **Método:** estudio cualitativo, tipo descriptivo, comparativo, anclado en el referencial teórico-metodológico de la hermenéutica dialéctica. Realizado por medio de entrevistas individuales, con guión semiestructurado, y de forma colectiva, en la sala de espera de la hemodinámica. **Resultados:** emergieron dos categorías << Desvendando el desconocido >>, << En busca de un protagonista >>. **Conclusión:** existen lacunas en las informaciones sobre el cateterismo cardíaco y ausencia de un mediador del conocimiento técnico-científico, situación que genera oportunidades para el enfermero auxiliar en la construcción de saberes y el cambio de experiencias. **Descriptor:** Enfermería; Educación para la Salud; Cateterismo Cardíaco; Enfermera; Cuidados de Enfermería.

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INTRODUCTION

Nursing has evolved considerably in the area of interventional cardiology and has been moving along a line that traces a course of development of assistance through the growth of cardiology itself and technological innovation, which requires adequate training of professionals in relation to the procedures performed in this area.

In addition to the growth of Nursing actions in the hemodynamic environment, it is also noticeable the need that most patients present to know and understand about their state of health when faced with cardiovascular diseases.

Health education is perceived as an educational practice that works the critical and liberating view of living conditions, not just the transfer of knowledge. Educating demands respect for the learners' knowledge, involves risk and acceptance or rejection, critical reflection and common sense, for the sake of a common good: autonomy.¹ The development of health education translates into the strengthening of attitudes and knowledge with the intention of improving individual and collective health, always in the sense in which the individual responsible for their health.²

Cardiac catheterization is an invasive exam performed in the hospital environment, usually in the hemodynamic laboratory, which is widely used in the early treatment of patients with heart problems and in helping to choose appropriate therapy.³

Answering a patient who will perform cardiac catheterization requires, from health professionals, knowledge, skills and attitudes, which involve all conceptions of care and which can have repercussions: the quality of the usual interventions during and after the procedure; in guiding the proper preparation of the patient for the examination; in patient cooperation during the examination; in the reduction of anxiety and of insecurity and in the immediate detection of intercurrents that may arise during and after the procedure. Therefore, the differentiating element, in this service, will be the professional and his knowledge about this environment and the procedures performed there, considering that a systematized planning is essential, respecting the potentialities of each individual.⁴

In the daily routine of the hemodynamics nurse, several complex technologies are used, including, the less dense ones, based on social relations, such as health education. This allows professionals, to develop their skills as

a nurse and educator, helping them in the perception of the world, health, through the use of pedagogical processes and techniques for socializing knowledge and training of the subject, including, their own formation as an individual and as professional.

The educational practice, like the waiting room, is configured as a health education tool to strengthen nurses' work. In addition, it allows the professional-patient relationship to be narrowed and the nurses' perception of doubts and users' wishes, which will enable them to provide guidance in health.

This study is justified by the need to understand that health education is a strategy that can permeate the daily practices of nurses and broaden their view on this field and on the possibilities of acting also in this area.

OBJECTIVE

- To analyze the immediate repercussions of the educative action of the nurse, performed in the waiting room for hemodynamics, aimed at patients and companions, before a procedure of cardiovascular intervention.

METHOD

Qualitative study, descriptive and comparative, based on the theoretical-methodological reference of dialectical hermeneutics.⁵

The study scenario was a hemodynamic service, which serves users of UHS and contracted from the city of Juiz de Fora / MG. Five patients and five companions participated in the study. The principle of data saturation was followed. As inclusion criteria for the patient, the proposed examination should be cardiac catheterization in an elective and outpatient setting, and involve people of both genders and over 18 years. For the companions, they should accompany patients with the aforementioned criteria.

Recorded interviews were conducted in the period from July to September 2014, using semi-structured script, in two ways: by the initial interview (first stage), individualized, in an antechamber. Subsequently, the participants were gathered in the proper waiting room, and then, approached by the nurse of the service, to listen to the Nursing guidelines and watch the video of help, and then, talk about them. Next came the final interview (second stage), also individualized, in the immediate post-test. In order to preserve the anonymity of the participants

and promote a better understanding of the analysis during the discussion of the results, the patients (Interviewees) and the companions (Interviewees companions) were identified by the letters I and IC, respectively, followed by the order number of the interviews.

For the organization and analysis of the data⁶, the data categorization was followed⁶, which proposes the steps of data ordering, data classification and final data analysis, that is, ordering the speeches after the transcription of the interviews in their entirety and a reading empirical material. The similar ideas and connections between them, were selected, so that the units of meaning were constituted, which were organized in categories, relating them to the themes.

The development of the study respected all the ethical principles of research involving human beings and was presented to the ethics committee of the Institution researched and approved under CAEE Num. 26151514.0.0000.5147.

RESULTS

◆ Unraveling the unknown

This first category was identified due to the lack of knowledge and information of the patients and companions about the procedure that would be performed. They defined, each one in its own way, the procedure, in an attempt to explain or even to show that they already had some information.

[...] I have heard that it takes a dent in the groin [...]. (I2)

I understood that it is an examination to analyze how the vein is (IC2)

In the same way, the participants did not know to inform what they were undergoing, or, even, they did not remember about what would be the procedure.

Well, I think it's an examination of [...] to know where it is obstructed [...]. (IC3)

I already did, but it was not here. Now, I can not remember [...]. (I1)

Inquiring about how they obtained information before reaching the hemodynamic service, they reported that the medical professional, with whom they had follow-up, reported on the need for cardiac catheterization, but no information was provided on how the procedure is performed.

Those who had some knowledge did not bother to get more information about the subject, because they found the prior knowledge sufficient.

I have a notion more or less: if you do not, it will infarct! [...]. (I4)

Patients who were taking the test a second time or more felt safer when talking about the procedure. It can be inferred that the previous experience of the examination contributed to a better knowledge about the procedure and about the necessary care before and after, even exposing the patient to greater anxiety about the possibility of unexpected outcomes.

[...] I already did it by the wrist, but this time they asked to shave the groin; because it should be done by the groin, right ?. (I1)

I've been with him once. I know you make a treadmill, a business that runs. (IC1)

Considering the aspects of ignorance and the need for further clarification in search of a specialized knowledge, the following category was constructed, based on the nurses' potential to perform the activities of health educator.

◆ In search of a protagonist: opportunity for Nursing

Interviewees' speech has shown, at various times, that there is no mediator of knowledge about how procedures occur in hemodynamics. The lack of clear answers, regarding the professional who guided the examination, allowed us to interpret that patients who are directed to perform the cardiac catheterization, as well as their companions, acquire information on the procedure by other means.

No, the orientation was only what I had to do before I got here: shaving my groin, these things [...]. (IC1)

It was my goddaughter [...] she takes damn care of me [...]. (I5)

No, but I talked to the doctor, and he just said he had to do [...]. (IC2)

When questioned about what they would like to know about the procedure, they demonstrated a certain insecurity and need for the guidelines to focus on the reality of the process of how the test occurs, to demonstrate what would actually happen, and for the professionals to not use half- words.

[...] always be the truth ... we want to hear that it is simple, that it does not hurt ... a professional who speaks the real is better. (IC6)

The protagonist of the education process was not revealed. The figure of a professional as responsible for the actions of education was not apparent in the speeches of the participants. In the search to find lines that pointed a professional to the health orientations, there were no clear demonstrations that the nurse was the professional intended to perform the guidelines for the catheterization exam,

although certain statements indicated it for this position, but, without a specific characterization involving the nurse as a member of the health team.

I think it must be by a health professional. (I1)

Chief nurse or even doctor. (I2)

[...] Could be the most qualified nurse, right? (I5)

DISCUSSION

There are reports in the literature³⁻⁴ that knowledge about cardiac catheterization is deficient and that its understanding helps in the process of adherence to treatment. Professionals need to be aware that information is critical to understanding procedures and treatment-related aspects after discharge, as most patients have unsatisfactory knowledge about the examination. In addition to information and understanding, other aspects may also influence adherence to treatment, such as socioeconomic issues, where some studies already point to this difficulty and the need to address more about it, just as it did not happen either in this study.⁷

However, even though it was not an unknown procedure by some of the interviewees, the answers showed a false understanding about the exam and allowed to consider that, the professionals are probably, not promoting enough communication, able to reach the understanding of the other. It should be emphasized that communication is an instrument of Nursing and is present in all actions practiced by this professional and is not only the word verbalized, should be based on the individuality and individuality of each individual.

The lack of clear information makes it difficult for the patient to make a decision to perform the proposed procedure, especially, with regard to invasive examinations, such as cardiac catheterization. Thus, it is possible to infer that the scenario of disinformation increases the chance of the patient having an erroneous perception of the situation and may worsen their clinical evolution.

This reality provides a reflection on the practice of health education and raises questions about how it is theoretically advocating the realization of health education and how the service network is implementing it in practice. There is a clear need for an organizational improvement of the health system as a whole, expanding access, facilitating the use of services and seeking to reduce bureaucracy in actions. There must be conceptual changes in the focus of care

provided, shifting it from illness to care centered on the effective health needs of the user and contemplating their relationships and living spaces, as well as their quality.

Thus, the role of hospital care in the health services network, as well as the professionals who carry out their activities, can be aligned to the fulfillment of their actions, to the health needs of the population, making institutions an active part of the whole process. Some authors⁸ emphasize that the nurse must act considering the reality and objectifying its transformation by the subjects that construct it, and this implies experiencing the reality in the progressive network of care, constituted by the primary, secondary, tertiary and quaternary services, always in perspective of completeness, in addition to basing its practice on better evidence.

In this sense, the importance of the health professionals' position on the cardiac catheterization approach to patients and their families can be encouraged, and what these subjects really want to gain knowledge.

The form of reception should, therefore, be taken into account. Is Nursing really accommodating the health and wellness needs of the individuals who reach it in the hospital setting? How are you understanding and redefining this need? Are you being responsible, through your actions, for the change in the behavior of individuals?

From the moment that the professional constructs his object of action, this becomes central to his production of health care. One of the competencies needed by health professionals is to be attentive to talk about their needs.

When considering the theoretical relations that involve the health education, the health promotion, the empowerment, the culture, among other subjects, and the understanding of the role of nurses in their education and health relations, it is necessary for them to appropriate the theoretical understanding that involves these issues and bring users closer to self-care.²

Possibly, through this resignification, the nurse, as a health professional, a member of the health team, could become protagonists of the education process with patients who will undergo cardiac catheterization examination in hemodynamics.

Hospital Institutions, based on the implementation of the National Humanization Policy (PNH), are improving the patient / patient care model and better cultivating

collective spaces for problematization, reception, listening, among others.

Slowly, the population has come to realize that, in these spaces, it is possible to actively participate in their health-disease process. In this way, it is feasible to soften the hospital's toughness, rescue the bond and dignity, through the actions of the professionals that take place in the space called hospital.⁹

The absence of the protagonism of the nurse, perceived in this study, in the hemodynamic service, diverges, in a certain way, from what studies on health education, which exalt this professional as the main element for the health education process, as well as its formation curricular¹⁰, thus, becoming, the appropriate professional for this activity.

It is well known, in the health services, both in primary, secondary and tertiary care, the presence of health education in care practices. In any environment, the nurse is the potential agent of change that develops educational actions, opening up great possibilities for discussion between common sense and science. However, nurses need to show themselves as educators, to highlight this tool as a method of enhancing their care, to put the practice of health education as an integral part of their profession and to awaken, the patient's self-care and changes in their lifestyle.

It is important to understand the view that nurses can have of their attitudes related to health education within the hospital, since most of these professionals are more directed to the educational practice with the Nursing team and not with the patients. Could they present difficulties of discursive vocalization, since they had little space for this, unlike the nurse trained for activities in the public health area, as can be seen in the daily routines of the FHSs performed by the majority of the nurses? Or would it be the lack of looking and perceiving the patients being treated and what difficulties are they experiencing?

How are health professionals promoting health education so that it is effective? How is the educational process being applied to change learners' behavior? What tools can be used? What attributes, of the learner, positively or negatively, affect learning?

For nurses to fulfill the role of educators, their audience may consist of patients, family members, students, and staff members. Although all nurses are able to act as disseminators of information, it is necessary to acquire the skills of facilitators of the learning process, in order to, effectively

respond, with actions to the aforementioned questions.

Learning is an active process that happens as individuals interact with their environment and incorporate new information and experiences, relating them to what they already know or have learned. It is also characterized as a dynamic and permanent system by which individuals acquire new knowledge or skills and modify their thoughts, attitudes and actions.¹ This was observed in the speeches of the final interview: the recognition of something new being added in thought and susceptible to change, through new attitudes, despite being encompassed by anxiety, insecurity and limited time.

This educational practice, provided by learning, makes patients and caregivers create ways to improve or adapt to the different demands and circumstances of life and is crucial to health care.

Knowing that there are gaps in the information and that the nurse is a professional of potential protagonism in this scenario, if they would be willing to undress ourselves from the knowledge considered absolute (scientific) and traditional, so that we can build new knowledge based on the experience of the other, and in this way, to build true liberating education? It is also worth considering the nurses' training.

The training of nurses today is still characterized by the traditional teaching model, based on the transmission of compartmentalized knowledge, with practices that highlight the memory and reproduction of knowledge, which leads us to question the real competencies and responsibilities in the formation of a professional capable of acting and transforming its practice.¹¹ This can also be characterized by the difficulty of this professional's performance in face of the demands of the world and the complexities of the human being. It is believed that education can transform when, the one in which he is in the position of teacher, to appreciate the experiences and prior knowledge of those who are in the position of students.

Training a health professional requires a co-responsibility for the educational system and the health service, involving the professionals working in these settings and, consequently, resulting in a higher quality of training.¹²

Teaching models more adapted to the current reality are being used in some Brazilian universities, such as, for example, the realistic simulation, that explores several problem situations, so that the practice is improved and valued in curricular structures

and favors the construction of the knowledge by the development of technical skills and competences.¹³ It is necessary, however, to rethink the way of teaching since basic education.¹⁴

The approach of the teacher with the student, in a horizontal transmission line, through a non-hierarchical methodology, is a facilitator in the education process. This is also, the case with regard to health education with individuals in a collective or individualized manner and with experiences of daily living, problematizing and aiming at the training of nurses with critical-reflexive thinking.¹⁵ This is a way to educate in a more present way, in health, in the life of the users and liberator for both these, and the professionals.

CONCLUSION

Educating involves a dialectical relationship between teaching and learning. Health Education, then it is a strategy that guides the actions in order to promote integral care, so that the user is subject of his health-disease process and care.

When considering health care and, in particular, care for patients submitted to cardiovascular intervention procedures, the study allowed a reflection on the waiting room of hemodynamics as an important space in the construction of health care, since, many people circulate in it, holders of different needs and in different moments of life, who already arrive at the service weakened and with little information and orientation about cardiac catheterization. It is important to highlight the importance of health education programs, carried out by nurses to assist in the knowledge and rehabilitation of these patients.¹⁶

The great challenge for an educational activity in health, is to enable all the actors involved, the maturity of accumulated knowledge, deconstructing preconceived ideas and favoring possibilities for citizenship experience. Nursing, in this context, despite the difficulties, is a promoter of changes and new possibilities for patients and their families, and the innovative vision of health education is also the exercise of the nurse's actions focused on education.

In this aspect, nurses need to assume their role as a health educator not only in formal planning, but also, consciously using, their knowledge in active participation of people and following the follow-up results of this important practice.

Nurses are expected to use this tool to become protagonists of the health education process in this environment.

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