STRATEGY FOR CONTRIBUTING TO THE EDUCATION OF PROFESSIONALS REGARDING LEPROSY*

ESTRATÉGIA DE CONTRIBUIÇÃO PARA A EDUCAÇÃO DOS PROFISSIONAIS EM HANSENÍASE*

ESTRATEGIA DE CONTRIBUCIÓN PARA LA EDUCACIÓN DE PROFESIONALES DE LA LEPRA*

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ABSTRACT

Objectives: to report on the strategy for contributing to the education of professionals regarding leprosy. Method: it is a qualitative, descriptive, research-action type study, which is a collective appropriation of knowledge, with the participation of a nurse/researcher and animator of the Circles of Culture, where an interaction is established with the health professionals who work in the three studied municipalities, subjects of the study, determining the conjugation of the investigation with the broader processes of the educational action. Results: it is realized that training is a way to guide the path that must be followed. It has been shown that learning and teaching, with the use of the problematizing methodology, leads the individual to transformation. Conclusion: it is noted that the discussion circle based on participatory management promotes innovative and transformative professionals in everyday work and provides subsidies for leprosy-related health education.

Descriptors: Strategies; Discussion Circle; Workshop; Health Care Professional; Education; Leprosy.

RESUMO

Objetivos: relatar a estratégia de contribuição para a educação dos profissionais em hanseníase. Método: trata-se de um estudo qualitativo, descritivo, tipo pesquisa-ação, que é uma apropriação coletiva do conhecimento, com a participação de uma enfermeira/pesquisadora e animadora dos Círculos de Cultura, onde se estabelece uma interação com os profissionais de saúde que atuam nos três municípios estudados, sujeitos do estudo, determinando-se a conjugação da investigação com os processos mais amplos da ação educativa. Resultados: percebe-se que capacitar é uma forma de se orientar o caminho a ser seguido. Mostrou-se que o aprender e o ensinar, com o uso da metodologia problematizadora, levam o indivíduo à transformação. Conclusão: observa-se que o círculo de discussão baseado na gestão participativa promove profissionais inovadores e
transformadores no cotidiano do trabalho e fornece subsídios para a educação em saúde relacionada à hanseníase.

Descritores: Estratégias; Círculo de Discussão; Oficina de Trabalho; Profissional de Saúde; Educação; Hanseníase.

RESUMEN

Objetivo: informar la estrategia de contribución para la educación de los profesionales de la lepra.

Método: es un estudio cualitativo, descriptivo, tipo investigación-acción, que es una apropiación colectiva del conocimiento, con la participación de una enfermera / investigadora y animadora de los Círculos de Cultura, donde se establece una interacción con los profesionales de la salud quienes laboran en los tres municipios estudiados, sujetos del estudio, determinando la combinación de la investigación con los procesos más amplios de acción educativa. Resultados: es evidente que la formación es una forma de orientar el camino a seguir. Se ha demostrado que el aprendizaje y la enseñanza, utilizando una metodología problematizadora, llevan al individuo a la transformación. Conclusión: se observa que el círculo de discusión basado en la gestión participativa promueve profesionales innovadores y transformadores en el trabajo diario y otorga subsidios para la educación en salud relacionada con la lepra.

Descriptores: Estrategia; Círculo de Discusión; Taller; Profesional de la Salud; Educación; T Lepra.

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It is known that leprosy is an infectious disease caused by Mycobacterium leprae, which has an affinity for skin cells and the interstices of peripheral nerves, being a persistent public health problem in the Brazilian territory in different regions.¹

Clinical diagnosis is made by physical examination of the skin and peripheral nerves. Laboratory tests are used to collaborate with the diagnosis, but none are considered gold standard. It is noted that the evolution of the disease is slow, highlighting that the period between contact with the sick person and the appearance of the first symptoms can take from five to seven years and the notification of the complaint is compulsory throughout the country through the Grievance Notification Information System (SINAN).¹⁻³

Several strategies are adopted for the elimination of the disease as a public health problem, aiming at the universalization of the population's access to the diagnosis and treatment of the bill of review, emphasizing the decentralization of programmatic actions and the permanent education of professionals.²⁻⁴

The decentralization of leprosy services is described as a strategy to improve care, as the Basic Health Unit (BHU) offers the link, easy access to diagnosis and treatment. However, despite being pointed out as the best strategy, many municipalities still maintain centralized care and the great concern is related to the lack of integration between the two systems and the diversity of program performance by professionals when there is no integration of the entire system.⁵ It is observed that the permanent education proposed in the National Policy of Permanent Education in Health (NPPEH) considers the health worker as the protagonist in the development of educational actions, as it problematizes the work process and transforms its reality.⁶

Paulo Freire's problematizing education, in which the circle of culture is used as a strategy, is indicated as a theoretical reference that matches this method of participatory teaching. It is called "circle" because everyone is around a work team that does not have a teacher or a alphabetizer, but a discussion leader who, as a literate companion, participates in a common activity where everyone teaches and learns at the same time.⁷ It is evaluated that the more reflection there is on the reality of the student, the more committed he will become, because he will be ready to solve the problems of reality.⁸

The methodology of problematization and the Manguerez arch method are used by health professionals as a rich yet complex line of teaching and research, since those who decide to go through it must follow the five stages,⁹ which occur from the social reality: observation of reality; key points; theorization; hypotheses of solution and application of reality.¹⁰⁻¹
Health education is considered a transformative practice, which should be inherent to all leprosy control actions developed by the health teams with the users, family and community. It is necessary to provide permanent education to the professionals at the BHUs, in addition to making the professionals responsible for the health units aware of their problems within their area of coverage.

**OBJECTIVE**

To report on the strategy for contributing to the education of professionals regarding leprosy.

**METHOD**

It is a qualitative, descriptive, research-action type study, which consists of the collective appropriation of knowledge, where the nurse/researcher and animator of the Circles of Culture establishes an interaction with the health professionals who work in the studied cities, subjects of the study, determining the conjugation of the investigation with the broader processes of educational action.

The discussion circles were applied in three small municipalities located in the interior of São Paulo State, where 57 professionals were selected by the health departments, who worked in the basic health network of the cities and were involved in actions to care for leprosy patients and control household contacts.

The names and professional categories of the participants were indicated by the health coordinators of the municipalities in order to organize the discussions. The following was followed by recognition of the current scenario of the disease in the municipalities through the search for official municipal data between 2006 and 2013 and also through research in leprosy patients' records and their intradomiciliary contacts, to observe the flow of care, the work process, the management of care, among other information, for the preparation of the facilitator.

After the appointment, the professionals in their work units were approached, the invitation was made and clarifications were given regarding the research, its objectives and methodological procedures.

In the first phase, two instruments were used for data collection: the medical records and a printed questionnaire with four open questions.

The first instrument collected data from the clinical and epidemiological records, which contained data on the patient's clinic, the disease, treatment, intradomiciliary contacts, and professionals involved in the treatment and written notes. It is detailed that the questions of the second instrument, which were answered before starting the discussion circle, intended to know how the leprosy patient’s care happened in the unit of origin, the difficulties encountered in this
care and the actions taken. In face of the answers, they tried to make the intersection of learning and action in the health service to which the individual was connected. Therefore, the following question was elaborated: “What is your contribution to leprosy control in your municipality?”.

Work began by introducing discussion circles with groups of 20 people per municipality. This was followed by a description of the entire educational process, the filming and annotation of the sheets, and the situations proposed by the group.

The five phases are listed: 1. observing the reality - elaboration of the fictitious story based on the collection of data from the medical records, then narrated to the professionals; 2. identification of the key points - talking about the professionals and use of blackboard; 3. theorization - relating the phrases to the theory and search for the needs of the clients; 4. identification of hypotheses/solution - the group of professionals lists proposals for improvement of the process/care management and 5. Application to reality - creation of workflow and care.

The analysis was performed through discourse, multiple sources and triangulation, evaluating whether the action taken was considered an adequate solution to the initial problem and creating, subsequently, the adequacy of the solution and review by others. By comparing the ideas and positions of each member of the research, the disagreements and agreements between the statements of the interviewees were studied.

It is pointed out that the method used as a guiding principle was the problematization of reality as a strategy in the development of the circle of culture, which is “where one perceives the position of man as a being in the world and with the world”.12-4

Circles of culture are reported to use a facilitator to help develop discussions and include three important moments: Thematic research, through which the components of the circle and the facilitator seek, in the vocabularies of the participants and the society where they live, the words and central themes of their biographies; the themetization, in which these themes are codified and decoded and their social meaning is sought, thus taking awareness of the lived world and the problematization, where the participants seek to replace the "magical vision" with a "critical vision", departing for the transformation of the lived context.15-6 Therefore, Charles Manguerez's arc (Figure 1) was used, composed by five phases.
Figure 1. Schematic representation of Maguerez’s problematization arc.

![Diagram of Maguerez’s problematization arc]

Fonte: 9

It is pointed out that the first phase of Charles Manguerez’s arch is the observation of reality, which stimulates and makes an active participation of the subjects involved, because it is a moment in which reality is analyzed, choosing the points that need to be improved, reviewed, worked on or developed.

The second phase is characterized as the moment when a synthesis is made, that is, the key points that will lead the discussion and collaborate for the reflection on the subject in question are defined. The third phase is constituted by the moment in which individuals are based on theoretical principles and not only on experiences and experiences. It is highlighted that theorization makes the participants understand the problem, favoring intellectual growth.

It is necessary, in the fourth phase, to look for viable alternatives to solve the problems identified, therefore, it is a time when creativity and originality must be greatly stimulated. According to Bordevane, “the student uses reality to learn from it, at the same time as preparing to transform it”. 10 It is understood, finally, in the last phase, from application to reality, that it is the moment that allows to practice, intervene and perform situations related to the solution of the problem. 9-17 It is observed, constituting a strategy of liberating education, that the Circle of Culture is a place where everyone has the word and where everyone reads and writes the world. It is defined as a space of work, research, exposition of practices, dynamics and experiences that enable the collective elaboration of knowledge. 12-4

This study was approved by the Research Ethics Committee of the Medical School of São José do Rio Preto/FAMERP, with CAAE nº 14355413.0.0000.5415.

RESULTS

The results of the study are shown below, highlighting how the stages of the method applied were developed.
Step 1 - Anticipating the discussion circles

A meeting with the secretaries of the three municipalities was held for the collection of data, presenting the lesson plan, where it was agreed that the discussion circles would take place in six moments, due to the difficulty of covering the absence of professionals in the unit's services, and it was also the secretaries' responsibility to define the best date, location and professionals. It should be noted that the schedules were defined within the working hours of the professionals, who were released.

The dates for meetings with professionals from the municipalities of Jaci, Neves Paulista and Mirassol have been set in advance, on three consecutive days.

For the recognition of the current state of the disease in the municipalities listed for this study, the medical records were analyzed between 2006 and 2013, detecting 98 cases diagnosed and treated. It is pointed out that 45 (45.9%) cases presented the multibacillary form of the disease and the smear had a negative result in 61 (62.2%) of the cases.

Among those who fell ill, it is recorded that 87 (88.8%) were unaware of their source of transmission. The absence of the treatment scheme was noted in ten (10.2%) of the medical records, and 49 (50%) of those that were, referred to WHO/QP - multibacillary. It should be noted that only one third of the patients (37; 37.7%) were evaluated in prevention of disabilities in the diagnosis of the disease and, of these, 15 (40.5%) already had some type of disability (grades one and two). It is pointed out that 86 (87.8%) people were not evaluated at the time of discharge from the medicine.

Most professionals were informed that the care was carried out mainly by the staff who carried out the treatment of the patient in the units where the leprosy programme was established, but other professionals, who participated in the discussion circle, were unable to answer any of the three questions, indicating that they did not know how the care of individuals with leprosy occurred, the treatment and even how the municipal management of the leprosy care process was carried out.

Step 2 - The discussion circles

The second stage was characterized by the action of the discussion circles, with the presence of the participants and facilitators in a welcoming environment and comfortable chairs. The participants were asked to sit in a circle and were given folders containing sulfite paper, folder, badges, pins, the leprosy protocol of São José do Rio Preto (SP), pens, the lesson plan and the FICT. The objective of the research was explained and the authorization of audio and video recording was requested. The printed questionnaire was handed in, and after the participants had finished writing their answers, the presentations were made, for 15 minutes, in a simple way, asking the
name, age, place of work, the health unit, the professional category and if the participant had already worked or is working with leprosy.

Phase 1. Observing the reality

Shortly after the presentations, a story was narrated about the arrival of a patient in the health unit with an aggravated condition, receiving the diagnosis of leprosy from the doctor. Slides with figures from the Serial Album of the São Paulo Foundation to Fight Leprosy were used. The story was about the main problems of the disease, diagnosis and treatment of family members. Two questions were listed for discussion at the end of the story: "Will my son also have to go through all this, like me?" and "What do you think could happen?".

The knowledge and feelings of the participants were registered at that moment in relation to their professional experience, highlighting that the majority was hesitant to expose themselves.

Phase 2. Identification of the key points: talking about professionals and use of blackboard

After the narration, some problematized questions and key questions were suggested: "Is the story real in everyday life?"; "Could this be avoided? How?"; "What are the group's suggestions? Is there a way out?" and "What can be changed/improved?". From each answer, the generating words were created and, consequently, the debate was conducted based on them, elaborating more questions as if everything were a guessing game: "Could he catch it?"; "Whose lack of knowledge?" and "If it doesn't kill, then, all right?". For the annotation of keywords and generators, the whiteboard was used, as well as the sheets of the serial album, and the subjects were divided by affinity of content: treatment; prejudice; work process; difficulties; among many others.

Phase 3. Theorization: relate the phrases x theory. Search for the clients' needs

The keywords of the subjects of the research were grouped, using them as a starting point in discussion circles, covering the gaps in knowledge about leprosy and its care (transmission, contagion, symptoms, treatment, side effects of drugs used in treatment, clinical and dermatoneurological examinations, doses, suspicion), as well as knowledge of the development of the disease (disabilities, prevention and permanent lesions). In addition, the reality found in the medical records was portrayed, characterized by the difficulty of noting epidemiological data from the municipalities involved. This stage was concluded with the following question: "What can be improved?".

Phase 4. Identification of hypothesis/solution

Sub-groups were formed and participants were asked to raise the needs of leprosy patients, noting them on sulphite paper, and which health workers would be involved with this action.
Phase 5. Application to Reality

![Image of white and colored sheets of paper with text]

Figure 2: Formation of the service flow with the active participation of professionals. São José do Rio Preto (SP), Brazil, 2016.

It was suggested to the professionals to set up a flow of care for the leprosy patient according to their reality. It was created, with the agreement of all, a flow of care with the opinions of the participants, the activities carried out, which should be effective, the professionals involved, which should be, among other suggestions. Then, the professionals identified the action on white paper sheets and, on colored sheets, the title of the professional. The flow was assembled manually, on the floor, problematizing the possible flow to be accomplished by the reality of each city (Figure 2).

The creation of material by the trained team was evaluated, identifying the group’s competence (Figure 3). At the end of the meeting, material was made available for participants to evaluate the meetings, the theme, resources used, learning, among others, to observe the effectiveness of the method for facilitators.
The experience of applying the problematizing methodology with professionals from different categories is considered to corroborate the experiences of other authors by reaffirming the importance of carrying out this proposal. It is believed that the acts of thinking, discussing, analyzing and exchanging experiences with professionals from their own unit and others enabled the modification of shy and fearful behavior, permeated by the fear of showing the lack of

**DISCUSSION**

Figure 3: Flowchart of care for people affected by leprosy and their intradomic contacts, produced by participants. São José do Rio Preto (SP), Brazil, 2018.
knowledge and misinformation of the reality in which they acted, revealing the difficulties in the care of leprosy.

In this study, the methodological trajectory was guided by the arc, with the objective of reaching the transformation of knowledge, the discovery and the surprise of walking paths not observed with emotion, an important factor for the educational actions in health to be effective, taking into consideration that it also depends on the understanding and commitment of professionals with the collective proposal.\textsuperscript{19} It is argued that the vision of the new, with a critical reading of reality, enables the formation of true links between the health team and care and, consequently, with the reorganization of health services.\textsuperscript{20-22}

The discussion circle was highlighted, by many of the participants, as a way to change a practice, with the inclusion of other professional categories, aiming at updating and acquiring knowledge, since the commitment to reduce the disease burden involves actions of promotion, protection and recovery\textsuperscript{5} in which all professionals can contribute.

During the survey of the client's needs, it was noticed that part of the professionals working in the network were unaware of the topic proposed at the time before the discussion and that, right after the activity, they were able to talk about the topic and took the initiative to suggest the creation of manuals and protocols for leprosy care as a way of feeling secure about the conduct and standardization of quality care. It is known that in the municipalities studied, the lack of these documents is a reality, which ensures the provision of care with quality.\textsuperscript{23} Its implementation is justified by the situations and problems the teams experience in relation to leprosy control.

However, it is warned that the existence of protocols and manuals does not mean the guarantee of access to treatment for those in need, making it necessary for professionals working in the Health Care Network (HCN) to know more than just the documents mentioned, organizing the reference and counter-reference, so that there is no transfer of responsibility from one point to another.\textsuperscript{5} It is evaluated that HCN should meet all the health needs of its users, as well as the lines of care, represented by assistance flows that show the care that must be provided to patients at all levels of the network (primary, secondary or tertiary), draw the therapeutic path of users.\textsuperscript{24}

As a result of this study, it is pointed out that the participants appropriated the knowledge of both the disease and the health actions related to leprosy control,\textsuperscript{19} and were able to refute what was said and suggest possible changes anchored in the reality of the work by building the flow of leprosy patient care.

Study limitation

It is emphasized that participatory methodology studies require engagement, proactivity of participants and dynamism and that they do not always succeed in encompassing the experience of
all participants, especially those who are shy, inmates and do not recognize in themselves their practical and theoretical capabilities. It is suggested that this fact may have limited the density of the content. Another important factor is the wide turnover of public health professionals whose contracts are performed by a Social Organization (SO) system. It is also considered that this element may have contributed to the final formatting of the attendance flow, since, despite the presence of professionals with time working in health in the municipalities, some had recently started the work.

It should be noted that research conducted in public health depends on the collaboration of managers, constituting a limitation to its development. Despite the fact that the process was planned in advance and a documental apparatus was required and with clarification of all steps for effective qualification, it is worth mentioning that the manager needed to allow the displacement of employees, the removal of their activities during the qualification period, the environment, the materials propitious to the development of activities in loco so that researchers could act with the participation of professionals from the municipality, who would be actors of the proposed changes.

It was suggested that the implementation of the proposals for change that emerged during the training be followed up, so that they could be evaluated and translated, in the text of this article, something that was not possible and can be seen as a limitation of this study. Thanks to the mastery of the technique, it is evaluated that, despite all the difficulties, they were overcome with previous planning and throughout the study.

The need to implement permanent training in health services for professionals in the areas of Nursing, Health and Public Policies is revealed, as well as the updating of knowledge using participatory methodologies, which bring better results and greater learning to participants.

**CONCLUSION**

It is concluded that health education, through participatory methodology, leads the individual to transformation. It is noted that discussion circles have provided input for the construction and planning of leprosy-related health education. It is argued that the method, guided by the learning needs identified, favored the professionals in a clear way, since this knowledge could be observed by the creation of the flow of care done in groups and according to the reality of the area of work in which the participants acted.

It is noted that the strategy used, based on the problematizing methodology, proved to be an appropriate way to facilitate the construction of a new reality, because it transformed the previous solitary vision and allowed the emancipation, the empowerment of those involved and the feeling of commitment to knowledge. It is suggested that researches in the area of health education be expanded, due to the scarcity of national studies in the area.
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