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Health Education for Elderly: from Organization to Practice of the Nurse

Educação em Saúde na Terceira Idade: da Organização à Prática do Enfermeiro

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Abstract

For the effectiveness of actions of health education, the presence of professionals prepared for the care of the elderly population, besides the context of the cure or rehabilitation of the diseases, are required. The main objective of the study was to understand the health education actions implemented by nurses for the elderly in the Family Health Strategy (FHS). It was characterized as a descriptive research with qualitative approach, where the participants were 9 nurses filed in the FHS of the municipality of Juazeiro do Norte-CE. A checklist and a semi-structured interview script were used as instruments for data collection. The results included questions related to the way nurses organized and implemented health education actions focused on the elderly, as well as a reflection on the effectiveness of those actions. Thus, the organization of actions, based on health indicators and technical standards, needs to be broader, implying the reorientation of such practices so that they promote the health of the elderly population effectively and are not be restricted to specific pathologies. From these analyzes, it is necessary that professionals, with emphasis on nurses for this research, observe that their organizations and educational practices need to be worked in a differentiated way, seeking the needs of the community and providing a higher quality of life.

Keywords: Health Education. Geriatric Nursing. Aged.

Resumo

Um ponto crucial para a efetividade de ações de educação em saúde encontra-se na presença de profissionais preparados para o cuidado da população idosa, indo além do contexto da cura ou reabilitação das enfermidades. O principal objetivo do presente estudo consistiu em compreender as ações de educação em saúde implementadas por enfermeiros para a pessoa idosa na Estratégia de Saúde da Família (ESF). Tratando-se de um estudo do tipo descritivo com abordagem qualitativa, onde os participantes foram 9 enfermeiras lotadas nas Unidades de Saúde da Família do município do Juazeiro do Norte-CE. Um checklist e um roteiro de entrevista semiestruturada foram utilizados como instrumentos de coleta de dados. Os resultados englobaram questões referentes à forma como os enfermeiros organizavam e implementavam as ações de educação em saúde com foco em idosos, além de ser feita uma reflexão sobre a efetividade dessas ações. Desse modo, tem-se que a organização das ações, baseadas em indicadores de saúde e normas técnicas, necessita de uma maior abrangência, implicando na reorientação dessas práticas para que de fato promovam a saúde da população idosa e não se restrinjam a patologias específicas. A partir dessas análises é necessário que os profissionais, com ênfase nos enfermeiros para essa pesquisa, possam observar que suas organizações e práticas educativas necessitam ser trabalhadas de forma diferenciada, buscando as necessidades da comunidade e gerando uma maior qualidade de vida.

Palavras-chave: Educação em Saúde. Enfermagem Geriátrica. Idoso.

1 Introduction

The health-disease process has been widely discussed nowadays to be intrinsically linked to the concept of health directed to promoting the quality of life of individuals, and not only as the absence of disease.

In this sense, some conferences have occurred over the years, in order to deepen the discussion about the real meaning of health promotion. Thus, according to Ottawa Charter, a product of the First International Conference on Health Promotion in the year 1986, the promotion of health is understood as a process of capacitating the community to act in the improvement of their quality of life and health, including a higher participation in the control of this process[1].

In Brazil, the promotion of health is being affected mainly by the elaboration of public policies. Thus, there is the implementation of a National Policy of health promotion that has as main objective to promote the quality of life and reduce vulnerability and health risks related to its determinants and constraints- ways of living and working conditions, housing, environment, education, leisure, culture and access to goods and essential services[2].

Within this perspective, there is no denying the use of education in health as one of the main tools for health promotion, presenting itself as a vehicle modifier of practices and individual behaviors, and the development of autonomy and quality of life of the user[3].

The process of growth and population aging increases the necessity of promoting the quality of life of the elderly, that occupies more space in society. In view of the demographic transition that has been occurring recently, it is realized the importance of a health care focused on health promotion and disease prevention, having as its central objective an active and healthy aging, as well as the maintenance of functionality, independence and autonomy of those people[4].

A crucial point for the effectiveness of actions in health education lies in the presence of professionals prepared to care for the elderly population, going beyond the context of healing or rehabilitation of illnesses, but also active in activities that promote moments of reflection on the part of the elderly along with the professionals, and in the establishment of health practices, bearing in mind that they are more vulnerable to physical disabilities or weaknesses[5].

Thus, the health teams should act from the organized offer of services, considering their work process in order not only to meet the demand that comes spontaneously to health services, but mainly to develop actions to the people who still do not know or do not attend the health service[6].

Facing these aspects, there are some questions regarding the way in which the nurses plan and organize the actions in health education for the elderly person and how these professionals see these actions. In addition, it is a unique importance to understand whether the actions are effective and are meeting the needs of the elderly.

Therefore, the main objective of the study was to understand the health education actions implemented by nurses for the elderly in the Family Health Strategy (FHS).

2 Material and Methods

It is a descriptive research, with qualitative approach. Where the participants were nurses working in 9 health units, who, during the period of data collection, held in December 2013, claimed to have in their professional practice fixed educational activities directed to the elderly population.

The study was carried out in the family health units in the municipality of Juazeiro do Norte. This is located in the south of Ceará occupying an area of 248 km² with a population of nearly 300 thousand inhabitants.

For data collection, the instruments used were the *checklist* and the semi-structured interview. The first was applied at the time of an educative practice, addressing all aspects regarding the methodology of those practices, organization and evaluation of the same and the second was performed by nurses, addressing aspects about the organization of the educational actions, as these occur and with that purpose.

Thus, the observations together with the interviews provided an empirical material that allowed an organization through content analysis technique[7]. There was an organization of data by stages, seeking, from there, to know what is behind the words.

Bardin[7]proposes three steps to better direct the analysis, namely:

1. Pre-analysis: That is the phase of organization itself. In it the documents are chosen which will be subjected to the analysis, there is the formulation of hypotheses and objectives and the preparation of indicators that justify the final interpretation.
2. Exploration of the material: This phase consists mainly of coding operations, discount or enumeration, based on rules previously made.
3. Treatment of the results obtained and interpretation: At this stage the raw results are treated in such a way that in the end have a meaning. In it, the analyst can propose inferences and interpretations in advance for the purpose of the objectives, or which relate to other unexpected discoveries.

The analysis will take place from the literature relevant to the theme, contemplating the health policies geared to the elderly population, as well as the National Health Promotion Policy and relevant articles on the topic.

The study was subjected to the Committee for Ethics in Research, fulfilling the formal requirements set out in Resolution 466/12 of the National Health Council/Ministry of Health, receiving a favorable opinion under the number 195,428, issued by the ABC School of Medicine.

3 Results and Discussion

Considering that the participants in this study were nurses who in their practice developed some educational group aimed at third age, the study counted with the participation of 09 nurses working in Family Health Units in the municipality of Juazeiro do Norte- EC. All interviewees were female, aged between 28 and 53 years; in relation to working time in their health units, there was a variation between 7 months and 16 years; out of 09 the interviewed nurses, 08 of them have specialization/residency in family health.

The activities occur on a monthly basis, taking as specific themes to hypertension and diabetes, which are being carried out in the waiting room, churches or in a proper space for health education. In general, an average from 6 to 12 elderly people participate in each group.

During the activities of educational groups aimed at older people, it became apparent that the organization of those groups is based on what is recommended by the Ministry of Health, based on existing programs, as expressed in the following speeches:

> It is in accordance with the existing programs. (Enf1)
> Here at FHS, I do it with the groups of pregnant women and the elderly (hypertensive and diabetic patients). (Enf4)
> Here I do health education with various groups, pregnant women, elderly, hypertensive, diabetic and of adolescents. (Enf6)
> The actions in health education are with the groups of

pregnant women, adolescents, hypertensive, diabetic and women. (Enf7)
They are geared to all programs of the ministry of health, right? she advocates. (Enf8)
The actions of health education I carry out with the groups of pregnant women (prenatal), children (child care) and the elderly (hypertensive and diabetic patients). (Enf9)

With regard to the planning of actions of educational groups it is noted the existence of community participation in the construction of these actions, since there are meetings and discussions about the problems of the community along with community health workers (CHW) or through the evaluation of indicators, and these professionals are responsible for informing the community needs and, on the basis of the information, the nurses plan what will be performed. This fact is evidenced in the following sentences:

From there, we meet and the CHW's show me what the main needs of the community are, then we do a workshop and communicate the population.(Enf1)
[...] the choice of themes for health education is made from data collected by ACS's, because they go searching in the community to see what the needs and pass to me and then the group of organization of health education evaluates those data. (Enf2)
From this meeting, we see which theme we will approach, but this choice depends on the demands and needs that are observed in daily service to users. (Enf3)
Here it is done on the following way: the planning to carry out the activities is based on the analysis of the monthly indicators. (Enf5)

In terms of the strategies adopted by the nurses it was realized that they use a range of materials and methodologies for the achievement of the groups and believe that these tools facilitate interaction with users, for instance data shows, folders, lectures for communication with users, always with the adoption of a clear language.

I use several features, such as the lectures, folders, theaters, Data show, groups of music, presentations, a day of beauty, craft of the neighborhood and musical groups. (Enf4)
I also like use pamphlets, posters and Data show. (Enf5)
Well, the strategy used is with the help of the CHW's, because they are the ones who help to disseminate the days of educational actions."(Enf6)
The CHW's are the ones who call users to participate in these educational actions. During those activities posters, film screenings and discussions on the issue are used. (Enf7)
The strategy is usually, as I had told , of individual consulting or training of groups [...]. (Enf9)
It was noted that there is a participation of users in the group, which is made possible by means of questions, thus creating the group's interaction with the professional.
You know, the community responds satisfactorily to the educational actions, especially those fixed groups, I believe that this occurs by the fact that these groups has existed for more than seven years. (Enf2)
The users have demonstrated a good participation in educational activities, ask questions, attend and show themselves to be at ease with the team. [...] I see it as a positive interaction, because they take questions, doubts and talk among themselves. (Enf3)
They (the community) react well, positively. Everyone realizes, you know, who always comes, always likes. [...] sometimes yes, sometimes no. There are some who participate attentive, others do not. (Enf4)
They ask questions, they interact. [...] The participation of users is actively (Enf5).

The Nursing, by its own characteristics of autonomy and versatility, makes use of various tools that favor the process of care in different areas of assistance, for example have health education activities[8].

In the context of ESF, the organization of these educational actions is of utmost importance to promote health and prevent diseases in the population. Nurses, the main professionals involved in these actions, upon having greater contact with the users eventually realize their needs, which generates a contribution during the process of elaboration of these activities.

Naidoo and Wills[9] emphasize that the educational process can be based on three requirements: the normative, felt and perceived. The normative need is one in which the process is hierarchical, where educational actions are defined by professionals as to what will be covered, how and when the action will occur. The need felt occurs when health education is defined considering the needs of people, or even as to the diagnosis of the population based on epidemiological indicators present in the community worked. Whereas an educational process based on perceived needs is the way in which the user expressed, i.e., the population is consulted about their needs, to become part of the process.

According to Roecker et al.[10] to establish a health education action is satisfactory, it is necessary to know the reality experienced by individuals with whom it is wished to perform the activity, having their potentialities and susceptibilities evaluated based on completeness. Thus, the health education can and is to be conceived according to the needs, interests and prior knowledge presented by the population.

In this perspective, it is necessary that the health care professional know their coverage area so that it is possible to organize the actions more effectively, involving the largest audience possible. It is essential that the necessity of organization of health education activities for the population arose through the systematic observation of the habits and life style of users, and that the actions to be organized, consider the determining factors in the health/disease process, enabling the emergence of improvements in the conditions of life of individuals, families and communities[11].

Even in terms of the planning of educational actions, the fact that this be done with the CHWs takes place because they are professionals who are in closer contact with the community. Being pointed out in other studies, as well as in the Baratieri and Marcon[12] when they claim that the health team is participatory, there is greater collaboration and involvement of CHW in the monitoring of users over time and the effectiveness of their actions, which configures the professional who knows the best the reality of the population.

Another study conducted by Mossini and Boing [13] emphasizes the relevance of CHW before and during the

educational activities, with contributions in the period of dissemination, other times in the organization of the educational meeting, or even as listeners.

However, despite the importance of CHWs in the construction of these actions, it is necessary that the whole team is involved in its planning, and that can also be developed with the participation of the community so that it is possible greater effectiveness in their implementation and achievement of desired results. The participation of the population is essential to allow feedback and better sharing of knowledge[11]. In addition to stimulating them to be cooperative agents in understanding and construction of their health.

Since the education in health is a process which, by making use of the communication, seeks to give people knowledge and skills so that they can make informed choices about their health, arousing the critical awareness, recognizing the factors that influence the health and encouraging them to do something to change[14].

Thus, it is necessary that the professional encompasses all the care. In the case of the elderly, perform educational actions guided by the aging process, thus leaving aside the idea of addressing only the already installed diseases such as hypertension and diabetes. Since the educational activities are essential to ensure that the elderly feel inserted in society and can contribute to their quality of life, therefore, becomes an instrument capable of establishing the understanding of aging.

As exposed by Rocha et al.[15] It is essential that the elderly have knowledge about the amendments relating to the normal aging process and be able to recognize the abnormal or pathological changes, as well as how these can be prevented. What can be supplied through the educational focus, upon making it possible to sensitize the elderly to promote their self-healthy way according to the reality in which he or she lives.

Therefore, it should be emphasized that health education is an indispensable instrument to guarantee a quality care provided by nurses[16]. Because it allows, in addition to the exposure of content, exchange experiences, as well as combine opportunities to intervene in maintaining and promoting the health of the elderly subject through practices that seek to promote the care and the exercise of this autonomy in the conduct of their lives[10, 17].

4 Conclusion

Health education is an instrument responsible for promoting the quality of life of the community, combining scientific knowledge to the popular and thus performing an assistance based on the needs of the community, seeking to distance itself from the curative model, aimed at the disease.

The educational actions may cover several groups and one of them concerns the elderly person, which is so important, because at this stage there are several physiological, psychological modifications, and so this population needs to be especially cared, preserving their functional skills and autonomy.

It is concluded that the organization of actions because they are, in general, based on indicators of health and technical standards, requires a greater comprehensiveness, since users end up receiving timely information, facing their disease and there is the need to include more universal themes, implying the reorientation of these practices so that they actually promote the population health and are not restricted to specific pathologies.

Thus, from these analyzes, it is necessary that professionals, with emphasis on nurses for this research, observe that their organizations and educational practices need to be worked in a differentiated way, seeking the needs of the community and providing a higher quality of life.

References

1. Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Projeto Promoção da Saúde. As Cartas da Promoção da Saúde. Brasília: MS; 2002.
2. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde. Brasília: MS; 2010.
3. Lopes MSV, Saraiva KRO, Ximenes LB. Analise do conceito de promoção da saúde. Texto Contexto Enferm 2010;19(3):461-8.
4. Silva KM, Santos SMA, Souza AIJ. Reflexões sobre a necessidade do cuidado humanizado ao idoso e família. Saude Transf Soc 2014;5(3):20-4.
5. Cabral JD,Alencar DL,Vieira JCM,Cabral LR, Ramos VP,Vasconcelos EMR. Oficinas de educação em saúde com idosos: uma estratégia de promoção da qualidade de vida. Rev Enf 2015;1(2):71-5.
6. Alves GG, Aerts D. As práticas educativas em saúde e a Estratégia de Saúde e da Família. Ciênc Saúde Coletiva 2011;16(1):319-25.
7. Bardin L. Análise de conteúdo. Lisboa; 2002.
8. Freitas IMS, Medeiros JMP, Coelho MMF, Bezerra STF. Produções científicas de enfermagem acerca da educação em saúde com pacientes hipertensos. Rev Diálogos Acadêm 2015;(1):29-39.
9. Naidoo J, Wills J. Promoção da saúde: fundamentos para a prática. Baillière Tindall; 1994.
10. Roecker S, Budó MLD, Marcon SS. Trabalho educativo do enfermeiro na Estratégia Saúde da Família: dificuldades e perspectivas de mudanças. Rev Esc Enferm USP 2012;46(3). doi: http://dx.doi.org/10.1590/S0080-62342012000300016
11. Roecker S, Nunes EFPA, Marcon SS. O trabalho educativo do enfermeiro na Estratégia Saúde da Família. Texto Contexto Enferm 2013;22(1):157-65.
12. Baratieri T, Marcon SS. Longitudinalidade no trabalho do enfermeiro: identificando dificuldade e perspectiva de transformação. Texto Contexto Enferm 2012;21(3):549-57.
13. Mossini C, Boing AC. Promoção à saúde do idoso através de grupo educativo, uma experiência na atenção básica de saúde. Saude Transf Soc 2016;6(1):143-55.
14. Machado MFAS, Vieira NFC, Silva RM. Compreensão das mudanças comportamentais do usuário no Programa Saúde

da Família por meio da participação habilitadora. Ciênc Saúde Coletiva 2010;15(4):2133-43.

15. Rocha VD, Vieira SNS, Santos AT 1 Longuinier ACFL, Vieira DS, Silva JM. Educação em saúde em um grupo de convivência da terceira idade: experiêcia vivenciada. Rev Inovação Tecnol Ciênc 2015;1(1):173-80.

16. Bomfim ES, Slob EMGB, Oliveira BG, Ribeiro BS, Carmo ÉA, Santana MLAA, et al. Práticas educativas do enfermeiro no cotidiano na estratégia de saúde da família. Rev Saúde Desenvol 2016;10(5):37-52.

17. Mendonça FTNF, Santos ÁS, Buso ALZ, Malaquias BSS. Educação em saúde com idosos: pesquisa-ação com prof ssionais da atenção primária. Rev Bras Enferm 2017;70(4):825-32. doi: http://dx.doi.org/10.1590/0034-7167-2016-0349