

UPDATE OF PROFESSIONALS FOR PRACTICE OF HEALTH EDUCATION WITH GROUPS OF ELDERLY*

ATUALIZAÇÃO DE PROFISSIONAIS PARA A PRÁTICA DE EDUCAÇÃO EM SAÚDE COM GRUPOS DE IDOSOS

ATUALIZACIÓN DE PROFESIONALES PARA LA PRACTICA DE EDUCACIÓN EN SALUD CON GRUPOS DE ANCIANOS

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The objective of this study is to describe the experience in conducting an update course for primary care professionals on health education groups with seniors. This is a study of experience report type, which describes the experience of teachers, masters and scholars in the implementation of a training course component of the project "Health Education for Elderly: training needs of health professionals and creating groups in Uberaba." Participants were 98 professionals. The course took place from May to August 2014. Topics included organizational aspects of health education activities, playful-pedagogical techniques, topics of interest to seniors and main health problems in old age. The training course provided a dialogic interaction space among participants, facilitating discussions on the topic and enabling the development of the form of action in educational practices.

Descriptors: Health education; Elderly; Professional training.

O objetivo deste trabalho é descrever a experiência na realização de um curso de atualização para profissionais da atenção primária sobre grupos de educação em saúde com idosos. Trata-se de um estudo do tipo relato de experiência, que descreve a vivência de docentes, mestrandos e acadêmicos na implementação de um curso de capacitação integrante do projeto "Educação em Saúde para Idosos: necessidades de capacitação dos profissionais de saúde e criação de grupos no município de Uberaba". Participaram 98 profissionais. O curso aconteceu no período de maio a agosto de 2014. Os temas abordados incluíram aspectos organizacionais das ações de educação em saúde, técnicas ludopedagógicas, temas de interesse para os idosos e principais agravos de saúde na terceira idade. O curso de capacitação proporcionou um espaço de interação dialógica entre os participantes, facilitando as discussões sobre o tema e possibilitando o incremento da forma de atuação nas práticas educativas.

Descritores: Educação em Saúde; Idoso; Capacitação Profissional.

El objetivo de este trabajo es describir la experiencia en la realización de un curso de actualización para profesionales de atención primaria acerca de los grupos de Educación de salud con las personas mayores. Es un estudio del tipo relato de experiencia, que describe la vivencia de profesores, estudiantes de graduación y pós grado en la implementación de un curso de capacitación del proyecto "Educación en salud para las personas mayores: necesidades de capacitación de profesionales de salud y creación de grupos en la ciudad de Uberaba, Minas Gerais, Brazil." Participaron 98 profesionales. El curso ocurrió en el período de mayo a agosto de 2014. Los temas tratados incluyeron aspectos organizativos de la educación en salud, técnicas ludopedagógicas, temas de interés para las personas mayores y principales agravios de la salud en la tercera edad. El curso proporciono una interacción dialógica entre los participantes, facilitando las discusiones sobre el tema, lo que permitio el aumento de conocimientos para las prácticas educativas.

Descriptores: Educación en salud, Anciano; Capacitación profesional.

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INTRODUCTION

Scenarios for health professionals performance are the most diverse, with rapid development of new technologies and changes related to the health needs of people. To be always able to act so as to ensure comprehensive care and the solvability of the system, new knowledge is constantly needed for these professionals¹.

It is known that in many countries the elderly population is increasing. According to estimates between the years 2000 and 2020 the number of elderly will double in Brazil, from 14.2 to 29.3 million, and in 2060 it will reach 73.5 million, representing more than a third of the entire population².

With the increase of this population, the diseases deriving from aging have come to have greater expression throughout society, resulting in greater demand for health services before these situations³. Therefore, the demographic transition observed in recent decades in the country has come with new requirements before the health professionals.

Since 2006 the National Health Policy for the Elderly (PNSPI in Portuguese)⁴ determines that health services must meet the needs of this population promoting training and continuing education of professionals in health care of the elderly, in addition to active and healthy aging for people.

In order to achieve this active and healthy aging, the policy recommends that health professionals should promote and facilitate the participation of older people in groups of seniors, activities that include actions of integration and strengthening of ties between the participants, as well as an opportunity to conducting health education actions.

Health education should be understood as an educational process of building knowledge about health aimed at the appropriation of the theme by the population, making it a set of practices that contribute to increase the autonomy of people in their care⁵. Thus health education promotes the empowerment and autonomy

of people with regard to their own life and health.

Several studies⁶⁻⁹ have shown results of experiments with health education groups with seniors and have emphasized the recommendations of PNSPI⁴, showing that the group activities can contribute to the enhancement of life, self-care, personal growth and active search for health.

However, despite the importance of health education carried out with a focus on health promotion for older people, many teams are still not prepared for the development of this activity and maintain traditional health education practices using knowledge transfer methodology, with little benefit to the population¹⁰⁻¹².

Thus, to promote health education for the elderly population it is also necessary that we have education aimed at health professionals¹. The objective of this study is to describe the experience in conducting an update course for professionals of primary care, about health education groups with elderly.

METHOD

This is a study of experience report type, which describes the experience of teachers, academics and postgraduate students in the implementation of an update course, component of the project "Health Education for Elderly: training needs of health professionals and creating groups in Uberaba".

This project was carried out from September 2013 to January 2015 and divided in three phases: the first sought to investigate with the primary care professionals topics of interest for training course on health education groups with elderly; the second phase was characterized by the completion of the training course; and the third by supporting professionals to create pilot groups. This work refers to the second phase of the project – training course with professionals of Primary Health Care (PHC) in the city of Uberaba.

The training course was based on the participatory and dialogic methodology¹³, allowing them to exchange experiences and

discuss the possibilities of implementation of health actions. The course objectives were to sensitize health professionals on the practice in educational health with the elderly, to improve and to build new knowledge, and to provide space for discussions and promotion of learning with the collective and multidisciplinary participation.

To achieve the objectives we used group dynamics, contextualization and experiences, based on prior knowledge about health education and on the practical reality of the participants. In addition, we counted on the support of professionals in nutrition, nursing, occupational therapy, physical education, physical therapy, medicine and homeopathy areas, who provided a technical and objective basis in relation to the issues discussed.

The meetings were held in classrooms at the Federal University of Triângulo Mineiro (UFTM), on Thursdays, from 1pm to 5pm, from May to August 2014.

During the meetings, the performed actions, the behavior of the participants and the issues discussed were recorded in a field diary.

The project was approved by the Research Ethics Committee of UFTM under the opinion 1658/2010, with the help of the Foundation for Research Support of Minas Gerais (FAPEMIG).

RESULTS

Health professionals of PHC of the three health districts in the city of Uberaba, Minas Gerais, participated in the training course, totaling 98 professionals, divided in three classes.

The themes were based on the results of the first phase of the project, and after discussion with representatives of the Municipal Health Secretariat (MHS) for compliance with the themes. So the topics were defined: organizational aspects of health education activities, playful-pedagogical techniques, topics of interest to seniors, and major health problems in old age. Each topic was addressed in a day, in four meetings of four hours duration, totaling 16 hours of training for each class.

At the end of the last meeting a questionnaire that assessed the participants' perception about the applicability of knowledge achieved was applied.

In all course days the participants were placed in a circle to provide better contact and dialogue between them.

First day of training course

On the first day the organizational aspects of health education activities with elderly were discussed, and issues underlying the creation of groups (epidemiology, use of databases - IBGE, SIASUS, DATASUS, observation, local culture, among others) were discussed; planning (group location, professionals involved, day and time, resources, themes and publicizing, among others); implantation (language, interaction, approach, techniques, community therapy, among others); and also the importance and forms of evaluation of the group by the participants and the professionals (qualitative research, focus group, interviews, questionnaires).

The group and the discussions were mediated by the teacher responsible for the course. At the end of the explanation of the topics, participants were divided in groups and each group got a stage of the planning of the educational activity in health, as it had been discussed earlier. Then each group presented other examples of how the implementation of that step in their work unit would be possible. The suggestions and ideas from each group were evaluated by all participants considering the work reality of those present.

Participants reported some difficulties in planning health education groups, particularly with respect to addressing issues, publicizing meetings and use of techniques and teaching resources.

Second day of training course

In the second meeting it was presented to the participants some techniques and dynamic possible of being applied in health education groups. The objectives and the applicability of playful-pedagogical techniques were discussed. Participants were previously divided in groups and asked to present some techniques extracted from a

Handbook on Health Education, freely accessible and widely used.

Then reflections were made about each technique, highlighting the strengths and weaknesses along with the possibilities of adaptation of the technique to the environment to which is to be applied.

During the training meeting several techniques that help in the presentation, the integration between group members, and warm-ups to initiate activities or reflection on a specific topic were presented.

Some techniques were simpler, need few materials and were easy to be conducted. However some techniques required more materials, more time and space, and also better training by the coordinator. In addition, it was sometimes necessary that the activity was conducted in a calmer and more precise way, enabling the understanding and cooperation of all participants so that the dynamics did not lose its focus and the goal was reached.

For the choice of the techniques used in the course, the composition and goals of the group were taken into consideration, which in this case were directed to the elderly population, therefore we selected techniques that were suitable to the skills of the elderly, that did not offer any danger to falls and that could not offer embarrassment.

Third day of training course

In the third meeting we presented issues directly related to the elderly and for which there is need for discussion. The topics covered were: cognitive stimulation, temporal and spatial orientation, adherence to treatment, physical activity and leisure, food and nutrition, and sexuality, as well as ways to deal with these conditions to aid and promote the quality of life of the elderly. Just as in the previous meeting, there was a prior division of participants in groups, each group being responsible for presenting a subject for other peers.

Professionals working in the area of the themes were invited to accompany the meeting. Thus, each group made their presentation and, soon after, professionals stressed the most important topics, and, if

necessary, they added some information not mentioned.

As for cognitive stimulation, the groups presented ways to maintain and stimulate cognition of older people through playful activities, reading and games, most made by the participants themselves.

Regarding the temporal and spatial orientation, suggestions of modifications in the home environment were given in order to reduce the risk of accidents. Among the guidelines were: to reduce the use of rugs on slippery surfaces, to bathe with shod feet, to make switch next to the bed available and to avoid walking in the dark.

Regarding treatment adherence, groups in charge of this topic have focused on tips to facilitate the organization of medicines and to avoid possible confusion at the time of medication, since the vast majority of the elderly makes use of multiple drugs and have visual and/or cognitive impairment. For this organization they sought to use inexpensive materials available in the health unit or in the patient's home, such as paper boxes or plastic pots.

When it comes to physical activity and leisure, the importance of practicing a physical activity on a regular basis and on a way that fits the limits and capabilities of each elderly was largely discussed, and also provision of leisure time, which promotes well-being and quality of life.

As for the food and nutrition, suggestions for discussing this subject in a group of elderly were given, since it is difficult to get a change of eating habits in this age group. One of the proposals was to carry out a day of gastronomy, showing in practice how one can change the way of food preparation. Other suggestions included the creation of community gardens, experimental cooking, use of condiments, accompanied visit to the supermarket and having meals together, in which each participant takes an item to be consumed by the group.

The last topic discussed was about sexuality in old age and the difficulty of addressing the issue. Often for this population the way of thinking on the

subject is traditionalist and conservative. Therefore, participants who presented the theme, suggested that this approach be made by professionals who already have a connection with the elderly, and that the time is appropriate for discussion of the topic, i.e., after a set time when people have become more integrated and more willing to talk about sensitive issues.

Professionals who participated in the training were interested and committed to put into practice the health promotion activities with the elderly.

Fourth day of training course

In the fourth meeting we focused in health problems that most affect the elderly and other topics: dementias, Parkinson's disease, Alzheimer's disease, depression; osteoarthritis; hypertension, diabetes mellitus, heart disease; homeopathy and polypharmacy. Again there was a division of participants in groups and each group was responsible for presenting one of the subjects. Professional linked to the respective themes were invited and helped in the discussions, whose emphasis was placed in the main epidemiological data, complications and approach strategies in primary care for the elderly.

We sought with this meeting to contribute to the improvement of knowledge about these problems and ways of managing them with the elderly population.

During the meetings participants had the opportunity to give their opinion on the issues, ask questions and discuss the possibility of applying new knowledge in the reality to which they belong.

In the last meeting of each group there was still the choice of two basic health units for creation of pilot groups of health education with the elderly, the third phase of this research.

DISCUSSION

The meetings were conducted in the more interactive way as possible and seeking to break traditional modes of educational practices. The use of circle and work with small groups was the keynote.

Positioning in a circle and the information and knowledge exchange devices benefit the significant learning, featuring a moment of continuous search for improvement of care quality provided by its broad affinity to the daily routine of workers and users¹⁴.

As regards the difficulties in practice, similar results were found as the study of Nunes et al¹⁵, which investigated the experiences and opinions of Community Health Agents (CHA) about educational activities in health. They have found that these professionals believe to be important the participation of users in the planning and development of the meetings, always seeking to discuss matters of interest to the group, and also that the first meeting should be very attractive to keep them in the group. The main difficulties mentioned were the location of the meetings, which often is privately owned and not the community itself, limiting the participation of some people for particular issues; how to make the publicity; and how to awaken the interest of users to participate in the group.

During the proposed activity it was observed greater difficulty of participants regarding the last stage of planning: the assessment of the group. It was found that participants did not know which assessment tools exist and how or when they could use them.

As stated Motta, Calda and Assis¹⁶, the assessment of the meetings is very important because it allows a positive return to the group, with a view to continuous adjustments and the possibility to interpret results and identify the level reached from the initial objectives.

In a health promotion project conducted at the State University of Rio de Janeiro (UERJ), the assessment was carried out continuously and systematically, with an assessment at the end of each meeting and one each semester. In the study the evaluation with the elderly was done through an open instrument (a remarkable moment, what has changed in your life, what you would change in the group). In addition to the recording of answers, it was

conducted a focus group for collective discussion and analysis of those information. Some data from this evaluation reinforce the reasons for the positive response by elderly participants of health promotion groups¹⁷.

As regards the pedagogical teaching techniques, we used as the basis one of the volumes of the set entitled "Manual of pedagogical and playful-pedagogical techniques for the operationalization of educational activities in Health System (SUS)-Sao Paulo¹⁸". This free access document has many techniques pointing title, targeted public, number of participants, care, among others. It has been highlighted the playfulness of the techniques and the stimulus to reflection.

In a study conducted at PUC-RS a team of multidisciplinary residents attended the meetings of a support group for seniors of a Basic Health Unit (BHU) for one year, and in the following year they produced a plan of workshops for health promotion. In the development of each workshop, residents sought to build teaching materials that had the purpose of illustrating the themes in a playful and dynamic way, with a view to better understanding and greater participation of older people in group dynamics, strengthening the bond and promoting mutual learning⁶.

Recreational activities have obtained great importance in health field. Funny moments (group or individual dynamics), games, art (painting, collage and puppet theater), body language (sports and dance), music therapy and playful therapy not only relieve stress, but also favor the development of social and emotional bonds, positive conditions to live in group¹⁹.

The dynamics and the pedagogical and playful-pedagogical techniques offer opportunities not only of reflection and analysis of different situations of day-to-day, but also to create a readiness for action, to enhance the bond between professionals and users, and to rescue emotional aspect, which is as important as the rational and conceptual issues¹⁸.

One aspect well-emphasized in the workshops was the adequacy of the

technical as well as the fact that the technique alone can do little, if participation and involvement and stimulating interest of the elderly are not reached.

Depending on the methodology and resources used, the educational process will be facilitated or hindered. So it is important to always seek to create a democratic and dialogical environment, favoring a broader and more critical view of reality, of problems and situations encountered in daily work or family of users and professionals involved¹⁸.

The use of playful-pedagogical techniques and dynamics provide moments of pleasure, satisfaction and joy; but certainly are moments that should be experienced with utmost responsibility and conducted with security and commitment. The objectives to be achieved must be well defined in order not to jeopardize the meeting¹⁸. As an example of this is the non-use of materials that can cause accidents.

Several issues related to quality of life and health were discussed and physical activity and recreation had important emphasis.

In study²⁰ performed in the state of Sao Paulo, participants considered important stimulus to leisure activities, especially when thinking about increasing the chances of a healthy physical and cognitive aging.

Working with elderly prescinds interest and bond by professionals, which was observed in the training course, in addition to extensive exchange of experiences.

As reported in another study¹⁴, was it was gradually observed a greater integration of the group and establishment of a horizontal and dialogical relationship between participants, invited professionals, teachers and masters, facilitating and contributing to the exchange of information.

Another important aspect is that sometimes health professionals know a lot about a disease, but little about what it represents in the collective, as well as the social costs it reaches, which was observed in this study.

The importance of knowing epidemiological data and discussing the

main causes of disease among the elderly occurs because, as quoted by Veras²¹, risk factors for the elderly population have already been identified. However this is just not enough, since it is necessary to know how to use this knowledge in the right way.

When arriving on the 4th day there was a broad satisfaction in the 3 different groups, because there was a clear expansion of creativity and awakened interest in taking the experience for their workplace, as well as the contribution of the educational institution to services.

As noted by Torres et al²², these courses are shown as a two-way street, characterized by the exchange of experience between the health service and the university.

Moreover, as in other published contexts, activities and techniques used helped in the awakening of personal skills of professionals²³.

CONCLUSION

There is a growing need for health education groups aimed at older people, since the Brazilian population undergoes an aging process, and this is the age group that most demands health care services. Thus health education groups have worked to promote health and disease prevention for this population.

By analyzing the activities, it was noted the establishment of a horizontal and dialogical relationship between participants and professionals involved, added to an awareness of the need of multidisciplinary approach to the elderly.

Regarding the discussions that took place in the training environment, the targeting method used by facilitators contributed to the emergence of different approaches and possibilities, which depended mainly on personal opinions and experiences reported by the participants. In addition, the possibility of, at any time, the activities be disrupted and the participants emit their opinions or solve their questions also contributed to the discussions.

Another aspect to be mentioned was breaking the traditional model of

information transmission. The division in groups and the preparation of the issues by the participants themselves allowed them greater integration in the learning environment, through practical activities and research they made. In most participants we realized great commitment and involvement, and they proved eager for knowledge and willing to change.

Health education activities are of great importance in health field, especially targeted at the elderly. The training course provided a dialogic interaction space among participants, facilitating discussions on the topic and enabling the development of the form of action in educational practices.

It is expected that this training have a future positive impact on the care for the elderly and the exercise of team work in a complementary way.

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CONTRIBUTIONS

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