

## Social-Educational experiences for health promotion in older people: assessing the intervention

### Vivências socioeducativas para promoção da saúde em idosos: avaliando a intervenção

### Vivencias socioeducativas para promoción de la salud en ancianos: evaluando la intervención

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The aim of this study is to analyze the development of socio-educational experiences for health promotion of a group of older people and to evaluate their impacts. It's a mixed method case study from the sequential transformative perspective, divided into phases: qualitative report of the elaboration and conduction of socio-educational intervention, quantitative exploratory approach on sociodemographic characteristics and Integration of Results. Five groups (mean of 22.2 participants) were implemented, mostly women, with low level of education and no stable relationship. In general, the results of the groups provided: interaction with colleagues (26.2%), going to new places (15%), recreation/leisure (15%). The main contributions were: health gains (22.9%), emotional support (29.8%), disposition/energy (10.0%), self-perception of active mind (10.0%). Implementation of socio-educational experiences in the groups made it possible to reconfigure health gains perceived by the older adults. Thus, it is considered that the experience group presented itself as alternative assistance contributing to an expanded approach to aging in health services.

**Descriptors:** Health of the elderly; Group processes; Health promotion; Health services for the aged; Primary Health Care.

Este estudo tem como objetivo analisar o desenvolvimento de vivências socioeducativas para promover a saúde de um grupo de idosos e avaliar seus impactos. Trata-se de estudo de caso por métodos mistos pela perspectiva transformativa sequencial. Composto pelas fases: relato qualitativo da elaboração e condução da intervenção socioeducativa, abordagem exploratória quantitativa sobre características sociodemográficas e Integração dos Resultados. Foram implementados cinco grupos (média de 22,2 participantes) sendo maioria de mulheres, com baixa escolaridade e sem relacionamento estável. De forma geral os resultados dos grupos oportunizaram: convívio com colegas (26,2%), conhecimento de lugares inéditos (15%), recreação/lazer (15%). Obtendo como principais contribuições: ganhos para a saúde (22,9%), suporte emocional (29,8%), disposição/energia (10,0%), autopercepção de mente ativa (10,0%). A implementação de vivências socioeducativas nos grupos possibilitou reconfigurações dos ganhos para a saúde percebidos pelos idosos. Assim, considera-se que o grupo de vivência apresentou-se como alternativa assistencial que contribuiu para abordagem ampliada ao envelhecimento nos serviços saúde.

**Descritores:** Saúde do idoso; Processos grupais; Promoção da saúde; Serviços de saúde para idosos; Atenção Primária a Saúde.

Este estudio lleva como objetivo analizar el desarrollo de vivencias socioeducativas para promover la salud y de un grupo de ancianos y evaluar SUS impactos. Se trata de estudio de caso a través de métodos mixtos por la perspectiva transformativa secuencial. Compuesto por las fases: relato cualitativo de la elaboración y conducción de la intervención socioeducativa, enfoque exploratorio quantitativo acerca de características sociodemográficas e Integración de los Resultados. Fueron implementados cinco grupos (promedio de 22,2 participantes) siendo mayoría de mujeres, con baja escolaridad y sin relacionamiento estable. De forma general los resultados de los grupos propician: convívio con compañeros (26,2%), conocimiento de sitios inéditos (15%), recreación (15%). Obteniendo como principales contribuciones: beneficios a la salud (22,9%), soporte emocional (29,8%), disposición/ energía (10%), autopercepción de mente activa (10,0%). La implementación de vivencias socioeducativas en los grupos permitió reconfiguraciones de los beneficios a la salud percibidos por los ancianos. Así, se considera que el grupo de vivencia se presentó como alternativa asistencial que contribuyó al enfoque ampliado al envejecimiento en los servicios de salud.

**Descriptor:** Salud del anciano; Procesos de grupo; Promoción de la salud; Servicios de salud para ancianos, Atención Primaria de Salud.

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## INTRODUCTION

The population aging brings global challenges regarding the need for differentiated approaches to the health of the aged population. Current policies in this respect consider that aging needs to be an active and healthy process, and therefore, advocate that health institutions shall provide the opportunity for meeting the needs of the older adult, especially through group formation<sup>1-2</sup>.

Thus, group educational practices are essential to the performance of the health promotion in the older people population<sup>1</sup>.

In addition, it is necessary to stimulate knowledge appropriations among the aged for good management of their lives, for the construction of co-responsibility in health care - both individual and collective level, and interactional practices between health professionals and the population<sup>2</sup>.

Multi-professional approaches in gerontology include actions of care and guidance in the management of the predictable risk factors and promotion of healthy behaviors. It highlights efforts in limiting the development of chronicity, in the maintenance of comorbidities in controlled conditions, and the maintenance and recovery of functional independence through the performance of activities of daily living and self-care<sup>3</sup>. Group activities stand out as actions capable of promoting the exchange of experiences and autonomy of older people (since they are the main characters in the search for their health), and the development of personal skills<sup>2-5</sup>.

Above all, it is necessary to make easier to the older adult to participate in group activities in processes that allow the acquisition of new experiences, exchanges and the construction of meaning of care from experiences. The experience can be understood as structured activity in an analogous or symbolic way to everyday situations of social interaction, being capable of mobilizing feelings, thoughts and actions, to maximize social skills<sup>6</sup>.

In this sense, strategies as groups of coexistence are important contributions to healthy ageing with quality of life, besides

serving as an instrument for the individual empowerment, providing him/her with greater control over his/her life and social engagement<sup>7-9</sup>.

However, an investigation on the participation of the older adults in health services group practices revealed surprising data, meaning that the quality of life of the aged who participate in such groups is lower than that of non-participants<sup>10</sup>. This fact demonstrates it is a challenge for health care practice, including the practice of the multidisciplinary team, to build group educational activities really meaningful to participants that offer them new experiences in a differentiated interaction environment. In this way, a renewal of health collective practices is needed<sup>4-5,10</sup>.

Although a recent review has identified world health leaders commitment regarding the expansion of the strategies for health promotion, starting from the improvement of local health systems, undertaking studies that address this perspective for the health of the older people has revealed important, facing the gaps of contemporary production<sup>2,4-5,10-13</sup>.

Further studies are needed in this area so as to investigate and discuss the living conditions, health and social support for the aged, in order to receive subsidies enabling the local planning of actions<sup>14</sup>.

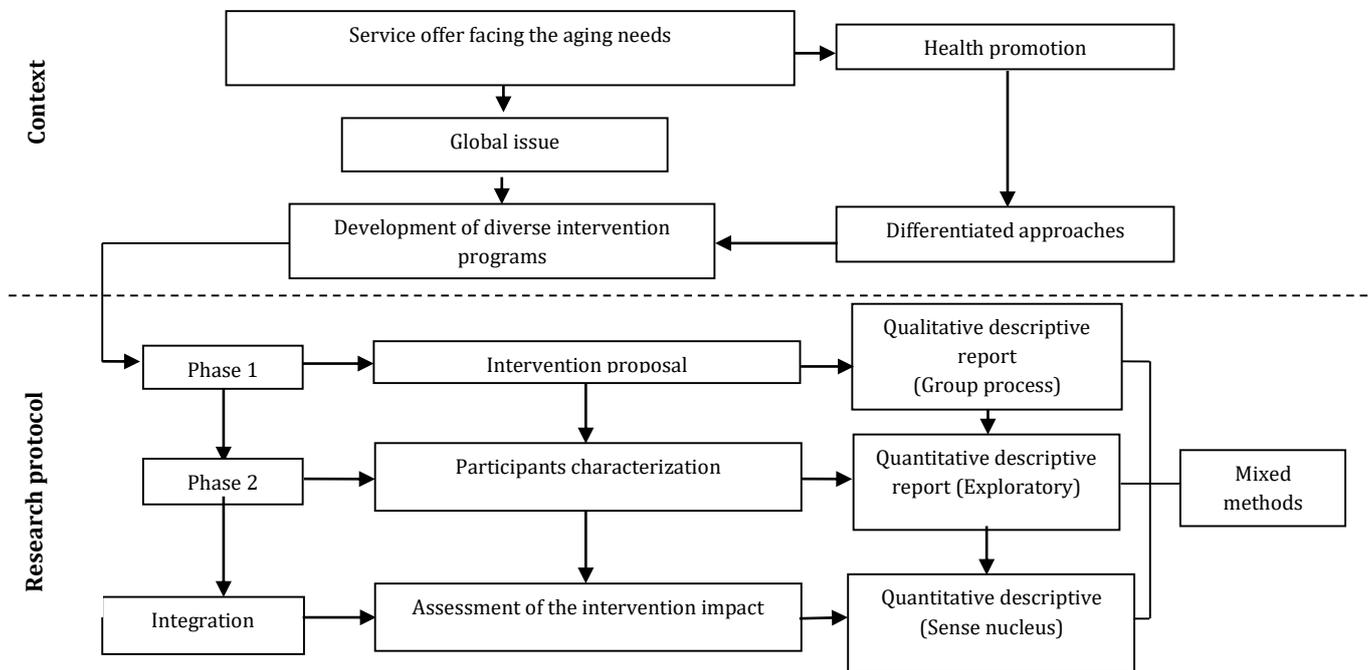
In view of that, this study presents as questions: how to develop socio-educational experiences for health promotion with the aged group of a school health center? What is the profile of the participants and their evaluation of these experiences? In this perspective, this study aims to analyze the development of socio-educational experiences to promote the health of the older adult group and assess their impacts.

## METHOD

It is a mixed methods research. This type of study provides understanding of a phenomenon by a link between quantitative and qualitative research, considering that the comprehension of the phenomenon cannot be achieved only by one of these approaches<sup>15,16</sup>.

The reliability of mixed methods is guided by the temporal distribution and the combination of the types of research and theories. It is worth noting that, as crucial step involving mixed methods research, the integration of results for subsidizing the

answers of the questions of the study is needed. Another aspect concerning this method refers to the need to express the search steps through an implementation matrix<sup>15,16</sup> (Figure 1).



**Figure 1.** Diagram of the structure of the methodological course of the study as the perspective of mixed methods — implementation matrix. Uberaba, Minas Gerais, 2018.

From this definition, it was adopted as a strategy the sequential transformative perspective to *integrate* results<sup>15-16</sup>. The target audience of this study was older adults participants in a gymnastics group developed in area of a school healthcare center linked to the teaching hospital. The school healthcare center is characterized as a unit to support six family health teams/primary level of attention, with coverage to approximately 5,600 families, in different conditions of socio-epidemiological vulnerability<sup>12</sup>.

The planning and implementation of these actions, including data collection, occurred from July to October 2017. Concerning the steps for the development of the mixed method, the sequential transformative strategy was composed by two phases, with the initial phase by qualitative descriptive reports about the preparation and conduct of experiences.

The guiding framework for the descriptions of the reports was based on

concepts about group processes and organization of the work on family health, as discussed by Fortune and co-workers<sup>17</sup>. These concepts consider that, for the group process, it is necessary to coordinate the explicit and implicit tasks, the project, and the goals in the organization of work on family health. For the qualitative report the reading of field notebooks and records of the residents was done.

In sequence, the second phase, of exploratory-descriptive quantitative approach, there was the socio-demographic characterization of the aged participating in the activities<sup>16</sup>. A structured questionnaire was applied, which was developed by the authors, including age, gender, marital status, education, housing, means of transportation, income and time of engagement in the gym group.

For the results integration, it was considered an adaptation of methodological procedures for the intervention assessment

presented by Camargo and co-workers<sup>18</sup>. With this, integration of results considers the impact of experiences. At the end of each group intervention, associated with issues of socio-demographic characterization, an instrument was distributed to the participants, containing the following semi-structured questions: "1) What did today shine?", "2) The most important thing I learned today.", "3) One thing I would change to what happened today." and "4) What is my perception about the relationship between this activity and my health and quality of life."

With regard to the sample of participants, they were intentionally included, in order to understand aspects related to each specific activity. Every participants present at the time of educational experiences were considered for analysis. For data analyses, measures of central tendency and dispersion for numeric variables were undertaken, and for categorical variables, absolute and relative frequency. Regarding the semi-structured questions, for the evaluation of the intervention, they were analyzed according to the sense nucleus by absolute and relative frequency.

The initiative of this study arose from the *lato sensu* Post-Graduation Program Integrated Multidisciplinary Residency in health — Health concentration area for the older adults, a public teaching hospital, reference in high complexity in Triângulo Sul region of Minas Gerais, Brazil. On the ethical aspects, it was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro (Federal University of Triângulo Mineiro) in 2017, under the Opinion n° 2,427,323, respected the resolution CNS 466/2012<sup>19</sup>. Data collection was performed after the participants have signed the Free Informed Consent.

## RESULTS

A conducting group was organized among the residents to carry out this initiative, integrating planning and mediation of all activities proposed. The group was composed

of three physical therapists, two nurses and a nutritionist, who worked collaboratively in the conception and development of the activities. Systematic meetings were held before and after each activity to assist in the planning of intervention techniques, evaluation of the activity, and possible adjustments of the process that could be strategic for its implementation.

The activities were organized to enable the experiences and had the aim of enabling operational links in the group process among the aged participants, to support health behaviors and skills, in order to guide them on how to keep the aging in satisfactory health conditions — especially with regard to aspects that go beyond the physical and motor skills, such as social interaction, cognitive and emotional support ones.

The process articulated diverse procedures and promoted interventions capable of involve differentiated dimensions for the health promotion for the aged, such as symbolic exchanges and socialization, interactive activities, physical and recreational activities and contact with the environment (Table 1). The group actions occurred during four days of a normal week, and it was for that reason that it was called "Older adult week" (Semana do idoso).

In the activities of the "Older adult week" the characteristics of participants remained similar among all groups developed, being the greater participation of women with low education level (incomplete elementary school), no stable relationship and considered young old. Most participants presented satisfactory living conditions, in relation to social vulnerability, in order to have home ownership, private transport and receive pension (Table 2).

The impact analysis comprised two dimensions: Understanding the experiences - identified terms related to the development of group activity; and contribution to health care on the aspects the group activities contributed to health and self-care conditions of the aged participants.

**Table 1.** Activities undertaken at the “Older adult week”. Uberaba, Minas Gerais, 2018.

Group	Activity	Objective	Explicit task
1	“Handcraft workshop”	To provide improvement for the fine motor skills, creativity, concentration and attention to the aged, as well as collective work.	To manufacture of object holders using recyclable material under the guidance of the team of residents.
2	“Gymkhana”	To encourage teamwork, interaction and cooperation among older adults, physical conditioning, memory and reasoning.	To development of dynamics that used ludic, sensory techniques, competition games, guessing and memory.
3	“Cinema”	To provide the aged with moments of culture and leisure. To encourage activities that enhance the routine and the insertion of new activities in their everyday life.	Collective tour to the movies with a vehicle from the university, with a national film being chosen.
4	“Guided gymnastics and moment of reflection”	To encourage the regular practice of physical activity; highlight the importance of self-care and self-knowledge through moments of reflection and discussion after practice of physical activity.	Physical activity guided by physiotherapists and reflection conducted to the discussion about the rights and social participation.
5	“Guided gymnastics and picnic at the park”	To encourage the practice of physical activities considering appreciation of green spaces, such as parks, which are alternative environments for exercises. To provide moments of friendship and encourage social interaction, cooperation and solidarity among the aged.	Provided contact of the aged with the environment for physical activities, and discussed the satisfaction in being in touch with nature.

Living with colleagues (26.2%), going to new places (15%), recreation and leisure (15%), and the renewal of the understanding about aging (6.5%) were the main understandings expressed by the participants. At the same time, the understanding of unspecified gains for health (22.9%), emotional support (17.5%), disposition, energy and self-perception of the active mind (10%) were recognized as major contributions to health arising from the activity (Table 3).

## DISCUSSION

As for the descriptive report, with regard to the preparation and organization of the proposal, the idea of the Group of residents emerged in line with the National Day of Older Persons (established by law no. 11,433 of 28 December 2006, celebrated on the 1st day of October each year) in Brazil. It is understood that at that time there is a need to strengthen the rights of the aged and their participation in society and social control. Thus, the idea was to provide a set of experiences that encourage awareness and sensitization about health and aging.

The initiative reported articulated diverse procedures, capable of involve differentiated dimensions of the older adult health: provided physical conditioning, cognitive abilities such as memory, reasoning, concentration, attention and learning, encourage teamwork, interaction and social participation, increase the routine, and others. Furthermore, it can support scientific productions that seek to characterize groups of physical activity and living groups for the aged, as the description of the activities undertaken have been presented in a scarce way<sup>20-22</sup>.

As to the sociodemographic characterization of the participants, the profile identified resembles the participants from other groups in different national locations. In an older adult living group (n=60 participants) in the State of Paraíba/Brazil, the majority were women (80%) aged 65-69 (35%), incomplete elementary school (53%), no current stable relationship (50%)<sup>23</sup>.

In Santa Catarina/Brazil, a group of physical activity for the older adults (n=12 participants) showed a predominance of women (75%), aged 60-65 (58.3%), in a

stable relationship (83%), but most had high school or graduation (66%)<sup>24</sup>.

**Table 2.** Characterization of the socio-demographic aspects of the participants. Uberaba, Minas Gerais, 2018.

Socio-demographic aspects	Groups									
	n	1 (%)	n	2 (%)	n	3 (%)	n	4 (%)	n	5 (%)
<b>Gender</b>										
Female	13	(68.4%)	17	(81.0%)	23	(76.7%)	14	(82.4%)	17	(70.8%)
Male	6	(31.6%)	4	(19.0%)	7	(23.3%)	3	(17.6%)	7	(29.2%)
<b>Age</b>										
≤ 59 years	3	(15.8%)	2	(9.5%)	3	(10%)	2	(11.8%)	3	(12.5%)
60  -  69 years	7	(36.8%)	10	(47.6%)	16	(53.3%)	10	(58.9%)	12	(50.1%)
70  -  79 years	7	(36.8%)	8	(38.3%)	8	(26.7%)	4	(23.5%)	7	(29.2%)
≥ 80 years	2	(10.5%)	1	(4.8%)	3	(10%)	1	(5.9%)	2	(8.3%)
<b>Marital status</b>										
Stable relationship	7	(36.9%)	10	(47.6%)	14	(46.7%)	10	(58.8%)	11	(45.8%)
No relationship	12	(63.1%)	11	(52.4%)	16	(53.3%)	7	(41.1%)	13	(54.2%)
<b>Own income</b>										
Retired	13	(68.4%)	15	(71.4%)	23	(76.7%)	11	(64.7%)	17	(70.8%)
Retirees	2	(10.5%)	3	(14.3%)	3	(10.0%)	2	(11.8%)	3	(12.5%)
Not specified	4	(21.1%)	3	(14.3%)	4	(13.3%)	4	(23.5%)	4	(16.7%)
<b>Housing</b>										
Own	16	(84.2%)	18	(85.7%)	28	(93.3%)	16	(94.1%)	21	(87.5%)
Rented/given	3	(15.8%)	3	(14.3%)	2	(6.6%)	1	(5.9%)	3	(12.5%)
<b>Transport</b>										
Own	12	(63.2%)	13	(61.7%)	13	(43.3%)	8	(47.1%)	11	(45.8%)
Public	7	(36.8%)	8	(38.3%)	17	(56.7%)	9	(52.9%)	13	(54.2%)
<b>Education</b>										
Incomplete elementary school	13	(68.5%)	11	(52.5%)	21	(70.0%)	10	(58.9%)	15	(62.6%)
Complete elementary school	1	(5.3%)	3	(14.3%)	2	(6.7%)	2	(11.8%)	2	(8.3%)
Incomplete high school	2	(10.5%)	2	(9.5%)	2	(6.7%)	1	(5.9%)	2	(8.3%)
Complete high school	3	(15.8%)	4	(19.0%)	3	(10%)	3	(17.6%)	4	(16.7%)
Complete Higher education	-	-	1	(4.8%)	1	(3.3%)	1	(5.9%)	1	(4.2%)
Did not study	-	-	-	-	1	(3.3%)	-	-	-	-
<b>Group time</b>										
≤ 1 year	8	(42.2%)	5	(24.2%)	13	(43.4%)	5	(29.5%)	10	(41.7%)
2  -  5 year	9	(47.5%)	13	(61.7%)	16	(53.3%)	11	(64.9%)	12	(50.1%)
> 5 years	2	(10.5%)	3	(14.3%)	1	(3.3%)	1	(5.9%)	2	(8.3%)
<b>Total</b>	<b>19</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>24</b>	<b>100%</b>

**Table 3.** Frequency of sense nuclei by thematic dimension according to evaluation.-Uberaba, Minas Gerais, 2018.

Thematic dimension	n	(%) <sup>a</sup>
<b>Understandings about experiences</b>		
Living with colleagues	28	(26.2%)
Going to new places	16	(15.0%)
Recreation and leisure	16	(15.0%)
Renewal of the understanding about aging	7	(6.5%)
Motivation to social participation	5	(4.7%)
Concentration and memory instigation	5	(4.7%)
Development of manual skills	5	(4.7%)
Interaction and support to peers	4	(3.7%)
Integration in social activities	4	(3.7%)
Expanding the friendship circle	4	(3.7%)
Encouragement to self-worth and self-esteem	3	(2.9%)
Strengthening the bonds of friendship	3	(2.9%)
Encouraging reasoning and memorization	2	(1.8%)
Contact with nature	2	(1.8%)
Competitive dispute in the sense of the game proposed	2	(1.8%)
Criativity	1	(0.9%)
<b>Contribution to healthcare</b>		
Understanding of health gains (not specified)	25	(22.9%)
Emotional support and distraction	19	(17.5%)
Contribution to disposition and energy	11	(10.0%)
Active mind	2	(1.8%)
Physically active	8	(7.4%)
Overcoming the monotony of everyday life	8	(7.4%)
Sharing of experiences	6	(5.5%)
Improvement of fine motor skills	6	(5.5%)
Strategy for overcoming loneliness	4	(3.6%)
Faith and spirituality	3	(2.7%)
Everyday stress reduction	2	(1.9%)
Knowledge about self-care	2	(1.9%)
Self-esteem	2	(1.9%)
Aid in the control of diseases	1	(0.9%)
<b>Improvement of social and familial relationships</b>	1	(0.9%)

<sup>a</sup> Relative frequency according to the number of appearance of the answers among the participants of the "Older adult week", and one participant can present more than one answer.

Among the aged attending a living Centre in Minas Gerais/Brazil, there was also a majority of women (82%), most of them aged 60-79 (44.7%), and schooling above 4 years of study<sup>22</sup>.

The results of this study showed that women live longer and participate in groups more often. This longevity can justify the significant number of women with no stable relationship in living groups<sup>21</sup>. As for the social vulnerability, this study identified that the majority of the public presents satisfactory living conditions. Similar results were identified elsewhere when the target population was composed of women and young old ones<sup>22,25</sup>.

In relation to the understanding about the experiences of interventions, interaction

with colleagues was the understanding most cited in this study (26.2%). Thus, it is believed that the search for groups of coexistence is an alternative to loneliness, for encouraging the emergence of friendships, social interaction and the interaction<sup>25</sup>, and this dimension shall be encouraged while practice of caregivers by health teams. Especially when one understands that social isolation impacts in order to decline the health conditions of the aged population<sup>25-26</sup>.

Regarding the health needs, it is necessary to have all the available technological resources for the production of care<sup>26</sup>, as this experience of working with groups of coexistence.

The groups have been important instruments of resocialization for the aged,

promoting the reconstruction of relationships and affective ties, giving space to a variety of social practices and new knowledge<sup>23</sup>.

This study also showed the stimulus to social participation and the renewal of the understanding about the aging as a contribution to health care. It also revealed the analysis of the contemporary productions on the importance of leisure for the older adults, as a way to find motivation and satisfaction in living, a point also reported by the participants of this study, in which the old persons realized that these activities contribute to their disposition and energy<sup>22,23</sup>.

Integrating the results made it possible to identify that the experiential strategy contributed to enhance intra- and interpersonal aspects, seeking to maximize health care skills. Analyzing the sense groups, it can be observed that the experiences ran to serve the group operation, allowing reaching, in addition to the objectives of the activities, subjective reconfigurations on what is health regarding aging<sup>6,26</sup>.

As to the limitations of the study, it was observed that the proposed method does not allow extrapolation of the results for groups in similar conditions, since the evaluation of socio-educational activities would be linked to the ability of the conducting group to mediate the interventions. Despite this result have reached similar understandings, it is conditioned to the subjectivities of the group involved.

About the sample size, it is observed that towards the objective of this study, the number of participants involved as much as possible of the reference population. Studies using mixed methods are still limited in the contemporary productions, although its use is relevant to the understanding of complex and contextual phenomena, such as the description and evaluation of interventions to the population of older adults for the health promotion.

This, in turn, using the mixed method of research allowed operating steps of intervention proposal preparation to be presented, and the *integration* of results - in transformative sequential perspective - evaluated positively by the participants. The

main limitation of the study concerns the generalization of the findings. However, further studies should be undertaken as to the reasons interfering with the adhesion of the aged to group activities, evaluating the clinical conditions and the handling of morbidities among those who participate in these activities.

To society, studies like this are alternative approaches in health care for the aged population, considering that the population aging presents itself as a global challenge, requiring a reordering of health actions for its approach. As practical implication, the intervention presented can be reproduced in similar contexts for the care of the older person considering the benefits achieved by the participants of this study.

Identifying alternative solutions on the aspects has been raised by organizations worldwide, such as the European Union and the World Health Organization, so that there is an intensification of innovations in the field of active and healthy aging<sup>28-29</sup>.

## CONCLUSION

Organizing health services in order to provide differentiated attention to the aged population is a global challenge, especially when it touches the health promotion. With this in mind, this study represents an alternative, seeking to extend the approach of the healthcare needs of the older adults.

The work with the group and the implementation of socio-educational experiences enabled differentiated reconfigurations regarding the health gains perceived. The main impacts were: interaction with colleagues, new places recognition and renewal of understanding about the aging process were the most recurring perceptions among the participants. Other perceived contributions related to emotional support, expansion of disposition and energy, and overcoming the monotony of everyday life.

However, this investigation represents a care alternative that contributes to an expanded approach to aging. The experience made possible the construction of knowledge through practical experience and contributed

to the scientific literature in undertaking different methods of research - mixed methods. Organizing health services in order to provide differentiated attention to the aged population is a global challenge, especially when it comes to health promotion. With this in mind, this study represents an alternative, seeking to extend the approach the healthcare needs of the older adults.

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**CONTRIBUTIONS**

**Francielle Thaisa Morais** and **Fernanda Camargo Carolina Camargo** have contributed in the design and writing of the research project. **Ana Luísa Nunes Marques** and **Hayanny Pires Neto Guimarães** participated in the critical review. **Luana Rodrigues Rosseto Felipe**, **Matheus Marques e Marques** and **Simone** acted in the analysis and data interpretation.

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