

**Health education in undergraduate nursing education: students' perceptions****Educação em saúde no ensino de graduação em enfermagem: percepção dos acadêmicos****Educación en salud en la enseñanza de pregrado de enfermería: percepción de los estudiantes****Received: 20/07/2020****Approved: 06/04/2021****Published: 14/10/2021**

**Michele Carla Gonçalves<sup>1</sup>**  
**Nylze Helena Guillarducci Rocha<sup>2</sup>**  
**Maria Paula Custódio Silva<sup>3</sup>**  
**Bethania Ferreira Goulart<sup>4</sup>**  
**Jesislei Bonolo do Amaral Rocha<sup>5</sup>**  
**Divanice Contim<sup>6</sup>**

This is a qualitative study of a descriptive and exploratory nature, carried out between November 2018 and April 2019, in a Brazilian public university. It aimed to identify the perception of undergraduate nursing students about the Health Education discipline. Data collection was performed through a semi-structured instrument and interview, and the analysis through the Discourse of the Collective Subject. Thirty-five students from the ninth and tenth periods participated, of which: 80% were female and 20% were male; with an average age of 24 years; 54.28% of the tenth period and 45.72% of the ninth period; 77.14% were single. Four central ideas emerged: *Importance of the Health Education discipline for academic development; Practices of the Health Education discipline from the perspective of students; Discipline of Health Education as a teaching strategy for the population; and Critical view of learning health education.* It was found that the Health Education discipline in the context of nursing academic training can qualify their performance, showing itself as a work tool and strategy for health promotion and disease prevention.

**Descriptors:** Health education; Education, Nursing; Students, Nursing; Education, Higher; Teaching.

Trata-se de estudo qualitativo de caráter descritivo e exploratório, realizado entre novembro de 2018 e abril de 2019, em uma universidade pública federal com objetivo de identificar a percepção de graduandos em enfermagem acerca da disciplina *Educação em Saúde*. A coleta de dados foi realizada por meio de um instrumento semiestruturado e entrevista, e a análise pelo Discurso do Sujeito Coletivo. Participaram 35 acadêmicos do nono e décimo períodos, dos quais: 80% do sexo feminino e 20% do sexo masculino; com média de idade de 24 anos; 54,28% do décimo período e 45,72% do nono período; 77,14% solteiros. Emergiram quatro ideias centrais: *Importância da disciplina de Educação em Saúde para o desenvolvimento acadêmico; Práticas da disciplina de Educação em Saúde pelo olhar dos discentes; Disciplina de Educação em Saúde como estratégia de ensino para população; e Visão crítica do aprender educação em saúde.* Verificou-se que a disciplina *Educação em Saúde* no contexto de formação do acadêmico de enfermagem pode qualificar sua atuação, mostrando-se como ferramenta de trabalho e estratégia de promoção da saúde e prevenção de agravos.

**Descritores:** Educação em saúde; Educação em Enfermagem; Estudantes de Enfermagem, Educação superior; Ensino.

Se trata de un estudio cualitativo descriptivo y exploratorio, realizado entre noviembre de 2018 y abril de 2019, en una universidad pública federal con el objetivo de identificar la percepción de los estudiantes de pregrado de enfermería sobre la asignatura *Educación en Salud*. La recogida de datos se realizó a través de un instrumento semiestructurado y de una entrevista y el análisis mediante el Discurso del Sujeto Colectivo. Participaron 35 estudiantes de los períodos noveno y décimo: 80% mujeres y 20% hombres; edad media de 24 años; 54,28% del décimo período y 45,72% del noveno; 77,14% solteros. Surgieron cuatro ideas centrales: *Importancia de la asignatura de Educación en Salud para el desarrollo académico; Prácticas de la asignatura de Educación en Salud desde la perspectiva de los estudiantes; Asignatura de Educación en Salud como estrategia de enseñanza para la población; y Visión crítica del aprendizaje de la educación en salud.* Se comprobó que la asignatura *Educación en Salud* en el contexto de la formación de los estudiantes de enfermería puede calificar su desempeño, mostrándose como una herramienta de trabajo y estrategia de promoción de la salud y prevención de enfermedades.

**Descritores:** Educación en salud, Educación en Enfermería; Estudiantes de Enfermería; Educación superior; Enseñanza.

1. Nurse. Uberaba, MG, Brazil. ORCID: 0000-0003-1281-6384 E-mail: michele.uftm@outlook.com

2. Nurse. Specialist in Neonatal Nursing. Master in Health Care. PhD Student in Health Care at the Universidade Federal do Triângulo Mineiro (UFTM). Uberaba, MG, Brazil. ORCID: 0000-0002-6615-1667 E-mail: nylze@hotmail.com

3. Nurse. Master in Health Care. PhD Student in Health Care at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0001-8694-1589 E-mail: maria\_paulacs@hotmail.com

4. Nurse. Specialist in Public Health. Master and PhD in Nursing. Adjunct Professor of the Undergraduate Nursing Course (CGE) at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0003-2855-6767 E-mail: bethaniagoulart@yahoo.com.br

5. Nurse. Master in Nursing. PhD in Health Care. Adjunct Professor of CGE at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0002-0591-7972 E-mail: jesisleiamaralrocha@gmail.com

6. Nurse. Specialist in Public Health. Specialist in Pediatrics and Childcare. Master and PhD in Nursing. Associate Professor at CGE and at the Graduate Program in Health Care (PPGAS) at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0001-5213-1465 E-mail: d.contim@uol.com.br

## INTRODUCTION

**H**ealth education is understood as a process of construction of knowledge in health, aiming at the appropriation of the theme by the population<sup>1</sup>. It is a set of practices that contribute to increasing the individual and collective autonomy of subjects for the debate with professionals and managers, in order to achieve health care according to the needs of individuals and communities, seeking improvement in the population's quality of life and health<sup>1,2</sup>.

The nurse contributes to the provision of comprehensive health care to individuals and communities, through supervision, coordination and performance of health education activities<sup>2</sup>.

High-quality nursing care directly depends on the training of nurses and has revealed weaknesses in terms of teaching-learning and the construction of a critical-reflective posture in the face of different health conditions. The development of skills of the undergraduate must be focused on qualified teaching, through methodologies that are suited to different situations, both in the context of education and in their performance in the field of health<sup>1-3</sup>.

With regard to the training of health professionals, numerous changes have occurred, which affect the exercise and practice of their work, such as the National Curricular Guidelines (*Diretrizes Curriculares Nacionais - DCN*), which brought a new aspect to teaching and learning process<sup>2</sup>. Education is part of people's daily lives, requiring the use of innovative teaching methods for the development of skills, which requires the reformulation of pedagogical practices<sup>1</sup>.

In the context of nursing, health education (HE) is one of the essential attributions in the process of caring for the health of individuals with a view to promoting the autonomy of care through dynamic dialogues, integrating physical/mental, environmental and social aspects, evidencing, thus, its importance in the formation of the undergraduate<sup>4-6</sup>.

HE and its actions are concentrated among subjects, community and society, through health care, at the same time as a relevant theme as a disciplinary content for training. Despite this, there are still restricted practices aimed at the biomedical approach, focused on preventive aspects, thus showing that the peculiarities of the educational process require specific training that is not inherent in the technical training of health professionals<sup>4-7</sup>.

HE is a fundamental instrument for comprehensive care and the educational function of nursing practice. In turn, there are peculiarities of the educational process that require specific preparation in the technical training of nurses<sup>1-10</sup>, which also calls for a rethink about undergraduate nursing education and how teaching methods have responded to the changing scenario.

The DCN for Undergraduate Nursing Courses, published by the National Council of Education<sup>11</sup>, indicated that at the end of training, nurses have competencies and skills to act according to the complexity and challenges presented in the Unified Health System (SUS), ensuring that the graduate student is able to overcome challenges, stimulate independent practices, aim at progressive autonomy and, thus, go through knowledge demanded of the economic, political and cultural structure, which responds to the demands of the population<sup>12,13</sup>. Thus, this study aimed to identify the perception of nursing students about the health education discipline.

## METHODS

Descriptive, exploratory study of a qualitative nature<sup>14</sup>, carried out in a federal public institution of higher education located in the interior of the state of Minas Gerais. The research participants were undergraduates of the Nursing course selected by stratified random sampling.

Inclusion criteria was: graduates who had taken the Health Education subject and being enrolled in the 9<sup>th</sup> and 10<sup>th</sup> semester, because, in these periods, students experience, among other things, health education actions.

Data collection was carried out between November 2018 and April 2019, developed through a semi-structured instrument, composed of two parts: sociodemographic data (gender, age, marital status and academic period) and a script with questions guiding principles, namely: *What is your conception of health education? What did the experience in the discipline of health education mean to you? How did you feel when carrying out the practices of the Health Education discipline?*

The interviews were scheduled and recorded in digitally, according to the availability of the participants in a private environment. During the interviews, the importance of the research and the reading of the Informed Consent Term (ICT) were explained. All participants signed it, confirming their agreement.

The interviews lasted an average of 40 minutes, after which they were transcribed in the Microsoft Word text editor. The subjects were identified by the letter S followed by a number referring to the order of the interview (S1, S2, S3...S35.), for the confidentiality of the participants.

To organize and interpret the data, the Collective Subject Discourse (CSD) was chosen, which comprises four methodological figures: Key Expressions (KE), which reveal the essence of the content of the statements; the Central Ideas (CI), which indicate the sense or linguistic expression of an analyzed statement and of each set of KE of the same sense or complementary sense that will later make up the CSD; Anchorage (AC), which comprises assumptions, principles, hypotheses and theories that support key expressions, and the CSD. The next step was to group the KEs from all the interviews related to the highlighted CIs, thus making it possible to formulate and build the CSD in the first person singular and elaborated with the most significant extracts from similar statements. Connectors were used to make sense of the CSD, without altering the structure of the elaborated sentence<sup>14</sup>.

The study met the ethical requirements of Resolution 466/2012 of the National Health Council, approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro, in 2015, under the Certificate of Presentation for Ethical Assessment CAEE: 1 67860917.6.0000.5154 , through No.: 2,134,887.

## RESULTS

Thirty-five undergraduate nursing students participated, of which: 80% were female and 20% were male; with an average age of 24 years; 54.28% of the tenth period and 45.72% of the ninth period; 77.14% single and 22.66% married.

Four CIs and their respective CSDs emerged: *Importance of the Health Education discipline for academic development; Practices of the Health Education discipline from the perspective of students; Discipline of Health Education as a teaching strategy for the population; and Critical view of learning health education.*

### **Importance of the Health Education discipline for academic development**

*CSD1. For me, the subject of Health Education served more to open my horizons. It showed me new ways of working with the population, especially in primary care. It was important for me to elaborate, to set goals for activities according to the population's needs. I was able to propose educational themes for the patients in the hospital and in the community. It made me understand the need to educate the population. I was able to show users good health practices. I was able to develop activities in order to avoid some health problems. I learned to recognize the needs of the population. Helped me while graduating to improve people's health practices. With health education actions I was able to empower the community. I think I collaborated in sharing knowledge about good health practices and facilitated dialogue between professionals and the community.*

### **Practices of the Health Education discipline from the perspective of students**

*CSD2. I was able to carry out health promotion and prevention actions in order to raise awareness among the population. For me it was that moment when I had contact with a health service user and taught him to take care of*

himself, improve his health condition, his survival, improve his daily life. I was able to develop activities with the population. I gave information and guidance to users of health services. I made the community interested in the subject discussed. I could learn how to approach the population correctly. I learned to always check if people were understanding what I explained and taught. For me, this discipline made me learn that this is a very important function of nursing that deals with patients.

### **Discipline of Health Education as a teaching strategy for the population**

*CSD3. They are strategies on how to teach a certain population, with the purpose of promoting health and preventing diseases. For me, it was the ways and ways of sharing knowledge, exchanging information about health for people. I had a new vision on some educational topic in the best possible way. I was able to make the community learn about a subject and be multipliers of the information learned in the community. I managed to learn strategies to raise awareness among the population served by me. I learned techniques and strategies to teach people to be interested in self-care. I learned that users are responsible for improving their health condition. I learned that the discipline of health education is a safe strategy to improve people's vulnerable living conditions regarding the injuries and peculiarities that are caused in their absence.*

### **Critical view of learning health education**

*CSD4. May we have more incentive during graduation. For me, the discipline could have had a larger workload. I think there could have been more practical activities, and the participation of other teachers. It should be a more integrated discipline. I would have liked to have had more dynamic classes with a more practical approach. For me the discipline got too caught up in theory. I think the practical part could have been bigger. For me, it could have been more directed towards the health problems that are in evidence. I think students should be more active and interested during the course. For me, students would have to be motivated from the beginning and give due importance to health education. I discovered the nurse's responsibility towards the care of the population.*

## **DISCUSSION**

The discipline has been shown to bring numerous benefits to the formation of the academic, effectively and with quality of all aspects that involve this process based on the CSD of the Nursing Course.

Nurses must consider HE as a powerful technology in health, which enables the encounter between professional and patient, representing a space that promotes exchange and mutual learning. For this, it is necessary to develop skills and abilities to act in different situations, among them, recognizing problems in different instances and particularities of the population it serves. Therefore, propose solutions, whether at levels of prevention, health promotion or rehabilitation, for the individual, family or community<sup>11</sup>. HE represents a relevant tool to promote quality care efficiently and effectively, favoring development for self-care<sup>15</sup>.

Graduate students pointed out the relevance and subsidy that the discipline brings to professional practice. Studies show that in the training of nurses for HE actions, the direction should be: based on the problems and prior knowledge of each individual, with a view to transforming the organizational dynamics, through the proposal of problematizing the work process<sup>16,17</sup>. Studies have shown that nursing students who participated in educational activities in health showed competence, which is essential for nurses' performance, whether in research, teaching, extension or care<sup>18-20</sup>.

The pedagogical role of the nurse must be performed continuously as a natural part of the nurse/client/patient relationship, with pedagogical skills and awareness, as well as the ability to be attentive to the needs of clients and patients, in order to understand and motivate them for lifestyle changes<sup>16</sup>. Also, despite the importance of documenting HE activities, in practice this is not verified, especially in nursing<sup>15-17</sup>.

Health care is inserted in the scope of HE and in humanized actions, as it is a social practice that encompasses processes capable of developing reflection and critical awareness of those involved. Higher education must be based on communication through dialogue between people in plural scenarios, promoting the autonomous protagonism of their own history, in the perspective of significant changes to improve their living conditions<sup>20</sup>.

In this sense, HE activities constitute a decisive contribution in the formation of undergraduates, as they expand references that allow contact with major contemporary issues

and social reality, which makes this experience terms of learning the ethical and solidary commitment with society<sup>4,6</sup>. In this perspective, it is worth emphasizing that higher education must be based on a broader view of health, transcending actions linked only to prescriptive and vertical conducts.

The preparation of undergraduates to carry out higher education activities has been a challenge, because when adopting dialogic strategies, changes in the behavior of participants and everyone involved in the process were observed. Students can then act as facilitators of new possibilities regarding the needs of the assisted population and the practices adopted for health care<sup>19</sup>.

It was possible to identify the importance of HE as a care strategy, since health education is a mechanism capable of providing changes in the lives and environments of the people we care for. Higher education requires a plurality of perceptions for the construction and resignification of concepts and practices. Higher education seeks, in nursing work, to raise awareness of the individual in relation to their health condition and, consequently, the creation of new habits and behaviors, thus favoring positive results for the lives of people and the community<sup>20</sup>.

It is necessary that educational actions in health become a reality in this context, providing the creation of comprehensive care, in addition to the correlation between assistance, education and management, favoring the improvement of health practices<sup>17</sup>. In this way, it allows for the creation of a bond between users and professionals, strengthening the system, through the combination and enhancement of different types of knowledge, relying on the patient's role in the entire process of change<sup>21,22</sup>.

The practice of higher education by nursing students should be an experience still in their training, anticipated by theoretical contents that merge it<sup>22-23</sup>, which will allow future professionals to implement higher education as a work tool and change paradigms.

## CONCLUSION

Through the speeches, it was found that the subject of HE in the context of nursing academic training can qualify their performance, showing itself as a work tool and strategy for health promotion and disease prevention.

It is considered as a limitation of the study the fact that it was carried out in a single undergraduate nursing course, with a limited number of participants, thus making generalizations impossible, so further studies are needed to know other contexts in order to deepen the knowledge produced on the subject. In turn, the research in question brings the importance of higher education as a discipline in undergraduate nursing, as well as reinforces the experience of students still in training.

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### CONTRIBUTIONS

**Michele Carla Gonçalves** participated in the design, collection and analysis of data and writing. **Nylze Helena Guillarducci Rocha, Maria Paula Custódio Silva** and **Jesislei Bonolo do Amaral Rocha** collaborated in the writing and revision. **Bethania Ferreira Goulart** contributed to the review. **Divanice Contim** participated in the design, collection and analysis of data, writing and review.

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