

HEALTH EDUCATION PRACTICES IN THE TRAINING OF NURSING UNDERGRADUATES

Francisco Gilberto Fernandes Pereira¹, Joselany Áfio Caetano², Juliana Faheina Moreira³,
Márcia Barroso Camilo de Ataíde²

¹Nurse. Master's student in Nursing. Professor of the Centro Universitário Estácio do Ceará. Fortaleza-CE-Brazil.

²Nurse. Ph.D. in Nursing. Professor of the Federal University Ceará. Fortaleza-CE-Brazil.

³Nurse. Specialist in Health Services Management and Auditing. Hospital Antonio. Fortaleza-CE-Brazil.

ABSTRACT: The aim of this study was to understand the importance of health education practices in the training of nursing undergraduate students, through a qualitative descriptive study, conducted between September and October 2014 with fifty nursing undergraduates. Data were collected by means of semi-structured interviews; the statements were organized and analyzed according to the Collective Subject Discourse. Ethical standards were applied by means of opinion 889.504. Three synthetic discourses emerged, anchored on the following core ideas: concept of health education; importance of educational practices in academic education; and, difficulties in performing educational activities. It can be noted that there are similarities between the biomedical model and the implementation of educational activities; however, these are evidenced as an important professional building tool. Health education occupies a prominent position in the training of nursing students; however, it is necessary to rediscuss its concept.

DESCRIPTORS: Health education; Nursing students; Health promotion.

PRÁTICAS EDUCATIVAS EM SAÚDE NA FORMAÇÃO DE ACADÊMICOS DE ENFERMAGEM

RESUMO: Objetivou-se compreender a importância das práticas educativas em saúde na formação de acadêmicos de enfermagem, por meio de um estudo descritivo qualitativo, realizado entre os meses de setembro a outubro de 2014 com cinquenta estudantes de enfermagem. As informações foram coletadas por entrevista semiestruturada, os depoimentos organizados e analisados conforme o Discurso do Sujeito Coletivo. Foram respeitadas as normas éticas por meio do parecer 889.504. Emergiram os três discursos-síntese, ancorados nas seguintes ideias centrais: conceito de Educação em Saúde; importância das práticas educativas na formação acadêmica; e, dificuldades ao executar atividades educativas. Nota-se que há convergências entre o modelo biomédico e a execução das atividades educativas, no entanto é evidenciada como importante ferramenta de construção profissional. Por fim, conclui-se que a Educação em Saúde ocupa posição de destaque na formação de acadêmicos de enfermagem, no entanto, sendo necessário rediscutir seu conceito.

DESCRIPTORIOS: Educação em saúde; Estudantes de enfermagem; Promoção da saúde.

PRÁCTICAS EDUCATIVAS EN SALUD EN LA FORMACIÓN DE ACADÉMICOS DE ENFERMERÍA

RESUMEN: El objetivo de la investigación fue comprender la importancia de las prácticas educativas en salud para la formación de académicos de enfermería, por medio de un estudio descriptivo cualitativo, realizado entre los meses de septiembre y octubre de 2014 con cincuenta estudiantes de enfermería. Las informaciones fueron obtenidas por entrevista semiestruturada; los testimonios, organizados y analizados de acuerdo con el Discurso del Sujeto Colectivo. Fueron respetadas las normas éticas por medio del parecer 889.504. Surgieron tres discursos síntesis, fundamentados en las siguientes ideas centrales: concepto de Educación en Salud; importancia de las prácticas educativas en la formación académica; y dificultades al ejecutar actividades educativas. Se percibe que hay convergencias entre el modelo biomédico y la ejecución de las actividades educativas, pero estas son evidenciadas como importantes herramientas de construcción profesional. Así, se concluye que la Educación en Salud es esencial en la formación de académicos de enfermería, siendo necesario, sin embargo, rediscutir su concepto.

DESCRIPTORIOS: Educación en salud; Estudiantes de enfermería; Promoción de la salud.

Corresponding author:

Francisco Gilberto Fernandes Pereira
Centro Universitário Estácio do Ceará
Rua Professor Vicente Silveira, 100 - 60410-322 - Fortaleza-CE-Brasil
E-mail: gilberto.fp@hotmail.com

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INTRODUCTION

Health education is a dynamic educational process in the construction of knowledge in health, which aims at the thematic appropriation by the population, making it a set of practices that contribute to increase people's autonomy in their care. It seeks to strengthen a healthcare model that values the needs of individuals, as well as enhance the exercise of social control over health services and policies, so that they meet the needs of the population⁽¹⁾. Thus, health education aims to promote social inclusion and the autonomy of the population in health participation.

By promoting health and quality of life, and providing a humane and safe environment being primary objectives in the provision of nursing care, education in nursing should take into account this direction and prepare students for this type of care⁽²⁾. This preparation should involve an appropriate theoretical basis, but also pay attention to attitudes, values and skills, so that future professionals, entrants into the labor market, can provide quality care and be true promoters of health for the population, rather than targeting health education only as a guide and teaching to prevent diseases⁽³⁾.

In this sense, top-level nursing schools have permeated their curricula with greater emphasis on the teaching of health education, and they have based their practices by placing this theme transversely in all healthcare disciplines. However, there are no studies to demonstrate the situation of this phenomenon in technical and vocational teaching.

This study is relevant because it emphasizes the awareness that students, in nursing schools in Brazil, have on health education values, the need to work these attitudinal contents and to point out the methodological and philosophical values to which should be given more attention in each course. Nursing training, specifically, cannot be oblivious to the issue of values in health education.

Thus, we have to keep in mind that the health education programs should not be limited to initiatives that inform the public about health problems. They should go beyond the field of information, considering the values, customs and social models that lead to liberating educational behaviors and practices, in which professional

and user are seen as subjects with significant roles, able to promote changes in the reality faced by both of them and in the current health model⁽⁴⁾.

Therefore, the process of training can equip graduates with technical and political competence, which would allow nurses to assume a consistent and conscious stance with their know-how and according to the real needs of the public⁽⁵⁾. The objective of this study was to understand the importance of health education practices in the training of nursing students.

METHODOLOGY

This study has a descriptive exploratory design with a predominantly qualitative approach, given the characteristics of the variables. The research was developed between January and February 2015, in a private higher education institution with students from the nursing program. This institution has a bachelor's degree program in nursing which lasts for five years, with a large curriculum consisting of theoretical hours in the classroom throughout the course, and practical hours in simulation laboratories and in the healthcare network of the city of Fortaleza (health centers, clinics and hospitals), Ceará state, as of the fourth period.

The research population comprised a group of 200 students, who were having health education practices during their academic periods. From these, approximately 50 people were selected, as informant subjects, so that a higher quality of the answers presented could be obtained, to assist in the analysis and discussion of the results, by the criterion of answer saturation. Inclusion criteria were: students from the 4th to the 10th period of the nursing undergraduate program and who had already performed or experienced at least one educational activity in healthcare units during internships. Those who had not participated in health education practices were excluded.

Data were collected by means of semi-structured interviews, which were conducted individually, in a private room, ensuring the confidentiality of the information provided and offering participants the freedom to explore their experiences. The interview contained questions related to the existence, importance and fragility felt by these students during educational activities in health services together with the public.

The organization of the testimonials was given through the Collective Subject Discourse (CSD) technique⁽⁶⁾, which is a proposal for the organization and tabulation of qualitative data, of a verbal nature, obtained from testimonials. Being based upon the theory of Social Representation and its sociological assumptions, the proposal basically consists in analyzing the verbal material collected, extracted from each of the testimonials. The Collective Subject Discourse is a form of presenting qualitative research results, which have testimonials as raw material, in the form of one or more synthetic discourses written in the first person singular, in order to express the thought of a collectivity, as if this collective were the issuer of the discourse.

This technique consists of selecting, from each individual answer to a question, the Key Expressions, which are the most significant excerpts of these responses. These Key Expressions correspond to Central Ideas (CI) that are the synthesis of the discursive content manifested in the Key Expressions. With the material of the Key Expressions from the Central Ideas, the synthetic discourses are constructed, in the first person singular, which are the CSDs, in which the thought of a group or collectivity appears as if it were an individual discourse⁽⁶⁾.

Thus, in this study, three CSDs were constructed, from the following CIs: CI - A: Health education concept; CI - B: Importance of educational practices in academic training; CI - C: Difficulties when performing educational activities.

All bio-ethical issues were respected, in accordance with resolution 466/12⁽⁷⁾ of the Ministry of Health, through ethical approval 889.504, issued by the Research Ethics Committee of the Centro Universitário Estácio do Ceará.

RESULTS

Through the organization of the testimonials, the following Key Expressions were extracted: health education; intervention; lecture; patient; change in behavior; health; disease; team work; and, primary care. From there on, three CSDs were organized based on the responses arising from the application of semi-structured interviews.

In the first one, as per CI - A, the concept was

extracted, internalized herein by nursing students about the health education subject, in which it was perceived that there are still remnants of the biomedical model in the conceptual construction, giving it an eminently preventive character. On the other hand, it is noteworthy that the incorporation of the fundamental guidelines from the contemporary healthcare system are also intertwined in the statements, such as: multidisciplinary, social participation, universality and regionality.

IC A: Health education concept

Health education is a type of intervention that healthcare professionals can use to inform the population about ways to prevent disease, but also for direct access to health services. It can be done through lectures, workshops, conversation circles, in short, depending on the type of issue that will be addressed and the target audience, strategies can keep on changing. Maybe it will help change people's behavior on certain concepts or preconceptions. (CSD - A)

In the second CSD, there are aspects related to those that have been raised in relation to CI - B, corresponding to the degree of importance that nursing students attribute to the execution of health education activities for their professional and curricular training. It is noticeable that academics understand this educational moment with a high degree of importance in the context of health promotion, as they do their best to clarify the information provided in educational sessions.

It is also possible to extract from CSD - B that the act of preparing an educational activity arouses the student to increase their base of theoretical knowledge on various subjects, thus demonstrating that the educational process has a double benefit for both the client and the professor-student.

CI B: Importance of educational practices in academic training

Yes, they are important, because we have the ability to get along with all kinds of people, from those that are more enlightened, to those that can 'get by', in order to be able to put the information

across more clearly. I also think it is important, because every time we do a lecture, we study, striving to learn more about the topic, and both us and the patients end up gaining. One good thing is that the supervision of the professors gives us greater security, and then we end up feeling more confident in passing on the information. (CSD - B)

As regards the difficulties presented during the execution of educational sessions, it was reported in CSD - C, that there are factors ranging from the poor infrastructure of services to the amount of time spent on planning and evaluating the effectiveness of the activities.

Another important aspect is that students feel the need to expand simulation scenarios in educational activities, suggesting, for example, the hospital environment, which by virtue of having a greater legacy in the biomedical model, is still not as fertile for this type of intervention.

CI C: Difficulties when performing educational activities

The most complicated part of performing health education is that one does not always have a mastery in certain subjects, regardless of how much you study. And, also, as we spend little time practicing in the field, there's no way we can know if what has been taught by us will be incorporated by the patient, because we know it's very difficult to change people's behavior, especially the more elderly. Another thing that makes it difficult is that most of the time there is no welcoming environment to perform the workshops, for example, people get restless because it is not comfortable, and this also really limits us to create different things to facilitate transmission of the information. I had the opportunity to promote health education, but it could have been more, for example, in the hospital. Too often, we do it in health centers, in community centers, in schools, but, in the hospital, it is more difficult. (CSD - C)

DISCUSSION

As is evident in this study, academics conceptualized health education as a way to 'teach patients to prevent disease', which

translates into a reductionist view of the ample capacity that such an activity has. This view is probably explained because there is still a legacy of the Cartesian model in the curriculum models and in popular culture, developing a mechanistic approach that presents the idea that education is intended as being inseparable from the act of prevention. This is indeed a paradigm that tends to reduce health education practices to preventive activities, with a merely informative and coercive nature⁽⁸⁾.

Health education should be regulated as an instrument of intervention in reality, with the priority of sharing knowledge, aimed at creating an environment for exchange, conducive to the acquisition of healthy behaviors or risk minimization⁽⁹⁻¹⁰⁾. In this study, it was observed that academics seek, still timidly, to incorporate the needs of educational work to customer knowledge, placing them in the position of active subjects in the process of construction and consolidation for knowledge in health.

The active subject in this process strengthens the bond with the healthcare teams, promotes popular organization allowing the inclusion of new actors in the health field, expanding dialog to consider popular knowledge in the practices of health education⁽¹¹⁾.

Thus, it is necessary to incorporate a teaching model whose practices of health education are aimed at promoting the health of populations without the aegis of the technical model, going beyond the transmission of knowledge, establishing bonds with the subjects involved, and reducing the gap between healthcare institutions and the population.

Currently, there are great efforts in Higher Education Institutions to meet the Ministry of Education's guidelines regarding the training of professionals that are more committed to the humanization of care and the relationship with the client. In this regard, the inclusion of health education activities in the training of healthcare students is an important tool for building a professional future, because, seen as a social practice, it can be thought of as a way to promote the reflection and critical awareness of people about their living situation⁽¹⁰⁾.

Nonetheless, it is still necessary to develop more intensive training policies for healthcare professionals that consider education as a popular

method in their education⁽¹¹⁾. The conceptions of values in health education practices are distinct between the courses in healthcare and those in the area of humanities and social sciences. The further evolution of values occurs in nursing courses, which emphasize social and holistic values, autonomy and democracy⁽¹²⁾.

The inferences presented with this research strikingly confirm the further evaluation of health education practices in nursing education, which, upon checking the dimensions of the educational process, critical conception of education and interdisciplinarity, concluded that the teaching developed remains largely linked to the preventive biomedical model, and that the concepts of critical education and 'popular' educational practices are scarce, due to the deficient political education of professors and, more broadly, as a consequence of the confrontation of the academic context in the implementation of neo-liberal ideas⁽¹³⁾.

Another study conducted in the Brazilian reality showed that, although professionals have proper sedimentation on the concept of health education, there is a gap between theory and practice, as the fundamental pillars of autonomy and empowerment are not added to this activity, thus weakening the credibility of users (clients) in this tool for health promotion⁽¹⁴⁾.

As can be noted in the speeches presented in the results, there are elements that constitute barriers to the practical application of educational activities, with intelligible language and disadvantaged environments being the main determinants for the academics. A similar study agrees with these findings and adds that the main difficulties in implementing educational activities in daily work range from the dismantling of teamwork to the lack of resources to support the educational process, the limitations of infrastructure at the facilities and the devaluation of the population⁽¹⁰⁾.

The difficulties to implement a health education process, in a more effective way, also consist in the weakness presented in some curricular frameworks in undergraduate courses, which, once based on a biological-technical health model, do not develop the political consciousness linked to this strategy in the student, thereby making it a more purely academic obligation, when it should be primarily a social duty.

In this sense, there is the need to strengthen educational institutions and their trainers to establish creative, participatory and critical-reflective mechanisms to deal with health education practices, so that they take on a transversal and resonant character in the future professional lives of academics, making them develop the principles of autonomy and empowerment of the subject in their communities.

FINAL CONSIDERATIONS

Health education has an important highlight in the training of nursing students, and the development of this research reinforced that there is an urgent need to remove the traditional educational models, based on the passivity of the subjects and the relationship in the domination of knowledge, to appropriate a more consistent model with the guidelines of the Brazilian Unified Health System, aimed to promote health, which seeks to greatly enable the dialogic relationship, the role of all actors involved in the educational process and the enhancement of empirical knowledge in the community, in the consolidation of the training of nursing students.

This study presents limitations because it was developed in just one higher education institution, emphasizing the need for it to be extended to other institutions. It is expected, however, to contribute to a reflection about the health education activities developed by the students, as well as to guide professors as regards new strategies to smooth the rough edges raised by the research.

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