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RESEARCH

Percepção dos usuários sobre os grupos de educação em saúde do pet - vigilância em saúde

Patients' perception of groups on health education of pet health surveillance

Percepción de usuarios sobre grupos de educación para la salud pet - vigilancia en salud

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ABSTRACT

Objective: to describe the perceptions of patients about groups of health education PET - Health Surveillance. **Method:** data were collected during the first half of 2014, through interviews with hypertensive and/or diabetics patients from the groups of health education conducted in a municipality in the northwest of the state of Rio Grande do Sul. Data were analyzed using analysis technique of the content of the interventions, by thematic analysis. The results were grouped into categories for analysis. **Results:** it was found that participants assess the activities as good or excellent. **Conclusion:** health education for the prevention of the complications of these disorders, as well as investments in the health sector actions toward these users, are strategies for achieving a better quality of life. **Descriptors:** Health education, Hypertension, Diabetes mellitus, Primary health care, Qualitative research.

RESUMO

Objetivo: descrever as percepções dos usuários acerca dos grupos de educação em saúde do PET - Vigilância em Saúde. **Método:** os dados foram coletados, durante o primeiro semestre de 2014, mediante entrevistas com usuários hipertensos e/ou diabéticos dos grupos de educação em saúde realizados em um município no Noroeste do estado do Rio Grande do Sul. Os dados foram analisados por meio de técnica de análise de conteúdo das falas, na modalidade de análise de temática. Os resultados foram agrupados em categorias de análise. **Resultados:** constatou-se que os participantes avaliam as atividades como boas ou muito boas. **Conclusão:** a educação em saúde para a prevenção das complicações destas patologias assim como investimentos do setor da saúde em ações para estes usuários são estratégias para alcançar uma melhor qualidade de vida. **Descritores:** Educação em saúde, Hipertensão, Diabetes mellitus, Atenção primária à saúde, Pesquisa qualitativa.

RESUMEN

Objetivo: describir las percepciones de los usuarios acerca de los grupos de PET educación para la salud. **Método:** los datos fueron recolectados durante el primer semestre de 2014, a través de entrevistas con los usuarios hipertensos y/o diabéticos de grupos de educación para la salud llevado a cabo en un municipio en el noroeste del estado de Rio Grande do Sul. Los datos fueron analizados utilizando la técnica de análisis del contenido de las intervenciones, en forma de análisis temático. Los resultados se agruparon en categorías para el análisis. **Resultados:** se encontró que los participantes evalúan las actividades como buenas o muy buenas. **Conclusión:** la educación sanitaria para la prevención de las complicaciones de estos trastornos, así como las inversiones en las acciones del sector de la salud hacia estos usuarios son las estrategias para lograr una mejor calidad de vida. **Descriptor:** Educación para la salud, Hipertensión, Diabetes mellitus, Atención primaria de la salud, Investigación cualitativa.

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INTRODUCTION

Traditionally, health education model is founded on the biomedical model, that is, focused on the concept of health as the absence of disease.¹ The educational activity historically is distinguished as a normalizing practice, with a hygienist discourse to control and prevent diseases, context inspired by a concept of education based on the transmission and reproduction of knowledge, without critical reflection, in a condition of passivity from the student, which had thought and action controlled by the educator.² However, education in current health involves more than complete information. It is a health promotion instrument³ rooted in empowerment, in the role, in co-management for achieving better living and well-being conditions, focusing determinants and health conditions.

Therefore, it is necessary to warn that health education activities should be dialectical and meet the needs of patients. The dialogic model recommended “the construction of knowledge through conversation, respect of the ideas and knowledge, in which the teacher and the student take an active role in the learning process,” strengthening citizenship of the student, considering how to be unique, free and participant in his learning. The popular classes have their knowledge about diseases and their healing processes. This knowledge is maintained, as it is assembled horizontally among health professionals, mediators or facilitators through an educational conversation.⁴

In this context, we can highlight the health education interventions provided to patients with hypertension and diabetes mellitus of a community, as they are limiting and even disabling diseases of significant morbidity and mortality. According to unpublished data from the city health department under study, there are about 4000 diabetetic and/or hypertensive patients registered.

In South and Central America, the prevalence of diabetes mellitus is approximately 26.4 million people, and for 2030, it is estimated that diabetes mellitus will reach 40 million individuals.⁵ With this perspective, we emphasize that diabetes mellitus mortality rate in the state of Rio Grande do Sul increased from 1996 to 2009.⁶ Data from 2010 show that hypertension has a prevalence of 22% to 44% in adults, 50% aged from 60 to 69 years old and 75% of patients over 70 years old.⁷

Thus, it is important to remember that health education carried out in groups to guide and socialize knowledge for health promotion and disease prevention, combined with healthy eating, physical exercise and the correct use of medicines helping to keep balanced blood pressure levels, and blood glucose of hypertensive and diabetetic patients. The Basic notebook Care on Strategies for People Care with hypertension points out that assistance to the bearer

of this pathology addresses the aging process, changing lifestyle habits, such as the use of tobacco, alcohol consumption and physical inactivity, complications of the disease and the drugs in use.⁸ Thus, the significant challenge is to carry out sensitization to these people, to participate effectively in health education activities.

We cannot neglect that health education activities are part of public policy in Primary Health Care because the government, in all its three levels, preconized for the Health Education and Health Promotion in several documents prepared by them.⁹

On the other hand, the proposal of health education groups conducted by the Education Program for Working for Health - Health Surveillance (PET/VS), aims at interdisciplinarity of knowledge, that is, health care courses working together to achieve comprehensive care for diabetes and/or hypertension patients. The main topic worked by PET/VS was the "Education in interdisciplinary health: a proposal to reduce morbidity and mortality in chronic diseases".

This program aims at teaching-service-community integration and education for the work through a reorientation of professional training of the students in area health courses. The PET is as an "instrument for achieving the development and specialization programs in service of health professionals, as well as initiation of work, internships, and experiences, aimed at students in the area, according to the needs of the Unified Health System (SUS)".¹⁰ Thus, the general objective of this research was to describe the perceptions of patients about the education groups in the health of PET/VS. The study is justified by helping to reflect on the actions that are being developed in groups of hypertension and diabetes to qualify the health care to patients, providing opportunities to improve the quality of life of these subjects. Also, it promotes innovative academic experiences to have the perspective of improving training, strengthening of citizenship, contributing to the transformation of practices with an emphasis on health promotion.

METHOD

It is a descriptive research since it addresses the characteristics of people, situations or groups¹¹ and a qualitative approach since it applies to the study of social representations, beliefs, interpretations consequences that human beings have about how they live, feel and think.¹²

The study was conducted with patients of health education groups carried out by PET/VS in a municipality located in the northwest of the state of Rio Grande do Sul. According to 2010 census, the population of this municipality is 76.275 inhabitants.¹³ The inclusion criteria for the research was part of the group since the first meeting. Exclusion criteria were not often joining the group, or if the inclusion was recent. The groups began to be developed in August 2013, with weekly meetings.

Data were collected through semi-structured interviews with participants, conducted in June and July 2014. The form used for the interview consisted of open questions, so the respondent had the opportunity to speak on the subject.¹² A tape recorder was used to record the speeches of the participants, enabling the reliable recording of information.

The questions that guide the study were: (1) For you, how was to be part of a health education group? (2) How were the groups?; (3) What has changed in your life after participating in the health education group?; Were there benefits to your life? Which ones?; (4) How do you evaluate this type of activity?

Interview data were analyzed using thematic analysis, which consists of discovering the core meaning of communication. The three stages of thematic analysis were followed: pre-analysis, the researcher had “direct contact” with the field material through extensive reading and organization of data. In the second stage, exploration of the material sought to codify and elaborate categories of significant expressions or words on which the contents of the speeches will be organized. Finally, the researcher performed “interpretations”, basing on scientific reading.¹²

The study was approved by the Ethics Committee of the Regional Integrated University of Alto Uruguai, Santo campus Ângelo/RS, under Opinion No. 445.493, November 2013. All the participants who agreed to participate were asked to sign a consent form (TCLE). The identity and anonymity of the participants were preserved, adopting the code names P1, P2, P3 and so on, to identify them.

RESULTS AND DISCUSSION

The study was conducted with eight participants in the health education group, five were men, and three were women. The age range of the participants was 55 to 80 years old. The main level of education was incomplete primary education.

Before the analysis, the following topics were listed: The dynamics of the groups and patients' satisfaction and Experience Evaluation in the patients' perception.

The dynamics of the groups and patients' satisfaction

The groups were conducted weekly with one-hour duration, with the open participation of school courses in Nursing, Pharmacy, Physical Education and Psychology. Topics addressed in the groups were about diabetes and hypertension, healthy eating, exercise, medication use, self-esteem, among others.

The meetings were based on the methodology of conversation rounds or “culture circles” instigating the participation of the members of the group. Participants were invited

to participate in the proposed dialogue always organized by rules that have been set collectively at previous meetings. The project fellows started the meeting with a question, news, everyday situations to enter the subject that would be discussed at that time. The topics should be addressed within the estimated time, however in a comprehensive and insightful way in which everyone had the opportunity to speak, question and relevant explanations.¹⁴ This way of working groups was chosen to enable the active participation of users in the meetings, as well as the exchange of experiences and knowledge between them. Brandão¹⁵ states that “in the culture circle” dialogue is no longer a simple methodology or group action technique and becomes the guideline of a learning experience centered on the assumption that learning is learning to “say your word”. It is grounded in dialogical, approaches and concepts relationships still shy in some health production scenarios.

The activities of the groups also measured blood pressure and blood glucose levels of all patients and once a month the patients were weighed. Measurements were a reference to the participants and assisted in the implementation of co-participation of users in monitoring their blood pressure and blood glucose, giving the user the role and co-management of their health needs as a stimulus for their presence at the meeting.

Measurements were a kind of “bargaining”, that is the user participate in some activity to get “rewards”. Thus, the patients involved in the group receive the exams, however, it is emphasized that, unlike some traditional practices of biomedical nature, just informative, it was a thought-out strategy for reducing consultations and medicines, looking for disease prevention from the exchange of knowledge between staff and service users, discussing the daily lives of these individuals and the association with the maximization or minimization of signs and symptoms collectively.

It is also believed that this activity favored the critical consciousness of the participants to provide an opportunity to manifest omissions, difficulties of access and resolution in the health service production process. For transformation become applicable to reality, it is essential to harmonize spaces for reflection, individually and collectively, “from questioning and strategic planning, surrender values, search for knowledge, labor, ideological emancipation and professional determination”.¹⁶

Time is also a variable that cannot be neglected. In an experiment carried out with the popular participation in the management of the ESF, in two communities in the city of Campina Grande, Paraíba, it was observed in the perception of health professionals, the time, and frequency of educational groups were factors that inhibited or hindered the user participation in educational activities.¹⁷ Active involvement in the group contributed to the planning and development of activities to permanently meet the needs and perspectives of the participants of this type of activity.¹⁸

It is noteworthy that the groups do not bring benefits only for those users with chronic diseases, but also to the scholars, who are playing extracurricular activities they have the opportunity for personal growth and a more comprehensive view of their future profession, improving their technical skills, developing values, facilitating interpersonal relationships and assisting the development of the most complete professionals.¹⁹ Taking the habits of users as a sample, it was found that the care with food and physical exercise, determining factors for disease control, are not practiced by the majority of group participants, similar to another

study.²⁰ In this sense, possibilities for students emerged to seek knowledge in conversation rounds, interdisciplinary exercise, strengthening their growth, while students. The lines show that the field is fertile for the construction of knowledge and also for the student.

The meeting is weekly, always with the students bringing the information, both the nursing as pharmacy and physical education information. So, it is important for us that way and significant for professionals to have the first contact with people with health problems, as this disease, diabetes. In this way I see it, which is important to the university, that tomorrow or later is graduated, he already has a contract, already has an idea of how it is. He goes to the pharmacy and knows many things. The blood glucose test is done all day at the meeting measuring the blood pressure. There are also done other procedures such as weight, height, to see if they are taking good care of each case of diabetes, food and body. (P7)

My problem is diabetes. I believe that with the success of the medication by the doctor and the aid, for sure, I finally managed to stay within the measures that need to be, and I am not 100% disciplined for all, right. I do not have a physical education that has to do, right. That is still part of achieving the goals; I did not do it. Many people today know they have a diabetes problem, the time when giving a heart attack, or sometimes nothing left, right, or has a chance to deal with, because they do not know. If every city did this, to measure the people in general. Because some of them discover it in the process. Moreover, diabetes is a silent disease and that when it is noticed, it is done, right. (P7)

The statements can show that the participants were fully satisfied with the health education groups conducted by PET/VS. They cited the benefits of following the guidelines of academics.

For me, it was excellent, it helped me a lot. Even for my health, I lost weight, because we have control of power. They always weighed and measured the waist. In a year, I lost 10 kg, from April of last year to now. Moreover, I'm looking to lose more weight. (P2)

Ah, it was good, enlightening, we ask much doubt, things that I never imagined. Sometimes there is a health problem because we do not have a direction. Then I clarified many doubts. I am following your guidelines". (P5)

Before, there was not, and now it is going okay. Much attention of the girls. Moreover, I like a lot; I am not coming only when I cannot. I like it; it is pretty good. Subjects are about food, health, medicine and stuff. (P6)

Participants reported that after the participating groups, they began to take better care of their health. It is inferred that the participants of education groups feel more able to look after their health, since they already know the complications and risks of diseases, being able to promote their health.² Health promotion groups are designed as instruments at the service of autonomy and the continued development of health status and people's living conditions.²¹

What changed is that I managed and improved diabetes it could be much worse, much improved. Benefits? Oh, I took care of me. When I arrived here, I had 330 of diabetes, and now I have 108. It is a great thing. The pressure is good. We took advantage and took care. We were not taking care, right. (P3).

Health education groups benefit the health of the participants, as the dynamics of meetings transform people's knowledge, encouraging the adoption of new lifestyles that help control chronic diseases, acting as a tool to develop critical judgment and capacity to intervene in their lives.^{9,20,21}

Although some studies show that the increased knowledge and changes in attitudes are not enough for the improvement of blood glucose and/or weight loss, it is of utmost importance that occurs adherence to diet, physical activity, and other habits, so that these indexes are improved. Thus, the groups contribute to users being encouraged to follow the guidelines in the socialized educational meetings, for the therapeutic control be satisfactory.²⁰

It can be argued that a pedagogy of transmission, used in many educational activities, can provide the population with the knowledge produced scientifically and can extend existing information and knowledge. However, the practical application of knowledge to their reality can be difficult, for their passive stance during the learning process. In this sense, one of the main purposes of health education can be lost, to enable the application of this knowledge to the daily lives of participants.^{2,22} With this in mind, this paper tried to act in a more inclusive way, putting the user at the center of the action.

The use of participatory, dialogical and pedagogical concept was critical to the profile of the participants of this study since for a long time they assumed a status of a passive person. Through the "problematical" educational practice, it was possible to promote dialogue between students and users, the citizen autonomy and encouragement to these subjects to adopt an active role in their political and social environments. Challenging dialogue and questioning encourage critical reflection on the subjects, strengthening the educational practices in health.¹⁶ Before the immersion in the dialogue, as a human

phenomenon, the word is faced, and to transform it into something more than a means for dialogue, extract two dimensions: action and reflection. "no true word is not praxis".²³

It is important to consider certain principles defended by Paulo Freire, as criticism of simply depository or banking education. The problematization used in popular health education as a way to encourage the discussion and apprehension of knowledge, a situation that empowers individuals through knowledge and makes them free citizens to choose, decide, co-producers of their health becoming, evolving from position of "patient" for the critical subject position and co-participant of their health.²⁴

It is worth remembering that most of the participants in education groups developed by PET/VS and the study participants are elderly people. Some of them reported that the groups are a reason to leave their homes. Another research corroborates this finding, as it is evident in the speeches that the group participation is seen with as a leisure activity, as they are in contact with the other participants.²⁵

Look, it changed my life, I have something to distract me on Wednesdays when I am here. I like to come since I live alone right and here is entertainment for me. To see everything and explain everything to me. I see that to me is a hobby. I liked everybody who has come here; there are some who do not come anymore and others who came. Benefits: I am happier, more experienced, better. (P4).

Participants of educational groups for diabetics and hypertensives of a study reported that the group not only focused on pathologies but in several questions.²⁶ The health promotion groups must operate in the general field, opening possibilities for science and human health, actions that go beyond the simple objective of fighting diseases in individuals. These should be added to the task of concern for the identity in the pursuit of the possible highest level of physical, mental and social of the human being and the society they live in.²¹

Oh, I was very much at home, I did not have much to go out. Moreover, now, for me it is very good because besides that I am learning, I am communicating with people much better, right. Benefits: I am developing more, we feel very alone, so we go to the group to talk and still learn things. (P6).

The reports of the participants of the study show that the collective groups can intervene positively in the lives of individuals as they are socializing and actively participating in a learning process as in the case of health education groups, which contributes to aging and preserves the development of the elderly.¹⁸

Experience evaluation in patients' perception

The group is seen as a valuable tool to the link with users.²⁷ Moreover, the link allows the user to have confidence in the professional sharing their feelings with this. Soft

technologies such as acceptance, listening, bond are critical to the success of health practices, considering that favor the interaction between subjects.

I think it is excellent, you know, because we have more knowledge of things, how it is. Because before we often did not value much, right, as such a thing, as you can take care of yourself, what you can use to improve your health. The exercises also, right. So all this was very helpful. The content was very well given. I have to thank you because it is more knowledge to people that we have. Because we come here, and we are always very well welcome by you. (P2).

Such discourse identifies the importance of reception performed between academic scholars and participants in the health education group. The hosting is intended to ensure access to all users, ensuring problem-solving and the reference if needed.²⁷ The groups collaborate for the autonomy and independence of its participants as well as their physical and mental well-being.²⁵

I find it excellent, we are developing, learning a lot about health for all developing right, even in memory, I have a problem in memory, right. (P6).

Good, as excellent. You are already doing academic work while providing a service to society. This program has to step up; it is excellent. Moreover, you have been doing this very successfully, quiet, with patience, sometimes there are some more slowly. We have had the patience. Sometimes you bring a theme to develop, and we talk too much, sometimes you cannot go to the content. (P7).

It should be noted that some authors have reported a low frequency of educational activities in health developed in the Family Health Strategy (ESF), and when worked, it has been in a vertical way, with common themes, allowing little or no interaction with users. Perhaps this does not happen in practice due to lack of preparation and motivation of health workers to the demands of the hegemonic paradigm shift.^{2,9} This experience encouraged the break of that paradigm and was made from the reflections and collective buildings, academics, teachers and users of health courses. Certainly, the main obstacle to the development of a dialogic/problematic health education is the deficiency in the training of health professionals about this practice.

It is possible to practice health education by dialogs, playful, free expression, respect for diversity, even in 'opposition' of many professionals. This dialogic model recommends the construction of knowledge through conversation, respecting the ideas and knowledge, in a motion role of the teacher and the student, both using their critical and reflective experience reality. Although it still constitutes a major challenge to health considering that not all health professionals have been educated/trained to exercise it in their practice,^{4,24} it is believed in

the possibility of evolution. Practices, the hegemony of knowledge, the process of education for health.

CONCLUSION

It was found that the participants evaluate the activity as good or excellent. It was also identified that the participants are managing to change their daily lifestyle habits. However, it is known that there are many people with hypertension and diabetes mellitus in this city, so it is necessary to conduct an awareness to encourage participation in health education groups.

Therefore, health education, as well as investments in the sector in disease prevention and health promotion actions of users, are strategies to achieve a better quality of life. The PET/VS has sought to promote interdisciplinary measures to contribute to its effectiveness by the principles and guidelines of SUS.

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