

ELDERLY AND NURSING ACADEMICS IN HEALTH CONVERSATION IN A SOCIAL ASSISTANCE REFERENCE CENTER

IDOSAS E ACADÊMICAS DE ENFERMAGEM EM CONVERSA SOBRE SAÚDE EM UM CENTRO DE REFERÊNCIA DE ASSISTÊNCIA SOCIAL

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ABSTRACT

The aging process causes biopsychosocial changes in the individual, which are associated with frailty. With this, many diseases may arise and generate limitations to the elderly. It is in this scenario that health professionals are inserted in order to promote the health of the elderly and make aging healthy and active as advocated by public health policies. The objective of this article is to report the experience of nursing students in developing health education activities for elderly women. This is a descriptive study, based on an experience report of a Health Education project that took place in May and June 2018 at CRAS. The group was predominantly women who were interested in participating and, on average, 17 elderly women attended each meeting. The experience contributed to the development of communication and health education skills for the students. Thus, it is concluded that the model used in the conversation circle establishes a relationship of comprehensive care, builds bonds of trust from the knowledge of life stories and worldviews of the elderly and also allows to address, in an educational way, the content about the main diseases of the age group, providing guidance on the promotion and prevention of these diseases. The groups that promote health education benefit the elderly, who start to promote self-care.

Keywords: Elderly care. Health education. Health promotion.

RESUMO

O processo de envelhecimento ocasiona modificações biopsicossociais no indivíduo, que estão associadas à fragilidade. Com isso, muitas doenças podem surgir e gerar limitações ao idoso. É nesse cenário que os profissionais da saúde estão inseridos a fim de promover a saúde do idoso e fazer com que o envelhecimento seja saudável e ativo como preconizado nas políticas públicas de saúde. O objetivo deste artigo é relatar a experiência de acadêmicas do curso de Enfermagem ao desenvolverem atividades de educação em saúde para idosas. Este é um estudo do tipo descritivo, a partir de um relato de experiência de um projeto de Educação em Saúde, que ocorreu nos meses de maio e junho de 2018 no CRAS. O grupo era predominantemente de mulheres que tiveram o interesse em participar e, em média, 17 idosas compareceram a cada encontro. A experiência contribuiu no desenvolvimento de habilidades de comunicação e educação em saúde para as acadêmicas. Dessa forma, conclui-se que o modelo utilizado de roda de conversa estabelece uma relação de atendimento integral, constrói vínculos de confiança a partir do conhecimento das histórias de vida e da visão de mundo das idosas e permite, ainda, abordar, de forma educativa, os conteúdos acerca das principais doenças da faixa etária, orientando sobre a promoção e a prevenção destas. Os grupos que promovem a educação em saúde beneficiam os idosos, que passam a promover o autocuidado.

Palavras-chave: Assistência a idosos. Educação em saúde. Promoção da saúde.

INTRODUCTION

The population aging process is associated with the increase in life expectancy and the drop in fertility and mortality rates. Thus, the morbidity and mortality profile derives from a population aging characterized by an increase in chronic-degenerative diseases, but, on the other hand, this process has brought the benefits of greater longevity. The most common morbidities in this age group are of a chronic nature, non-communicable diseases such as hypertension and diabetes (PIMENTA, 2015).

According to the Brazilian Institute of Geography and Statistics (IBGE, 2016), it is estimated that in 40 years the elderly population will triple in the country and may reach 29.3% of the total population in 2050, far exceeding the percentage of children.

Chronic Noncommunicable Diseases (CNCDs) are characterized by having multiple causes and, due to the global impact they cause, are directly related to loss of quality of life and disability, besides the high number of deaths. It is noteworthy that CNCDs affect all socioeconomic classes, especially the elderly with low income and education, since this group is more exposed to risk factors and has less access to knowledge and health services (SIMIELI *et al.*, 2019).

According to a study conducted in a coexistence group among female and male elderly (MACHADO *et al.*, 2017), the prevalence of hypertension (32.7%), Diabetes Mellitus (9.6%), among other comorbidities (32.7%) as the main CNCDs was noted, with 75% of the participants presenting one or more chronic diseases. In addition, only 25% of the participants reported not having CNCDs. As a result of chronic diseases, consequences such as stroke, amputation, fractures, surgeries and blindness have been observed, which directly interfere with quality of life, promote disability and a high number of deaths in the elderly.

Another factor that generates disabilities and complications is the high rate of falls evidenced in the elderly and that is highly related to CNCDs, since they generate weaknesses and dysfunctional conditions, causing falls. It is estimated that falls are responsible for 70% of accidental deaths in people over 75 years old. In addition, it is considered the sixth cause of death in the elderly (ALVES *et al.*, 2017).

To deal with the elderly, caution is needed, in view of their frailty, or greater vulnerability, in which many pathologies can arise and generate limitations. It is in this scenario that health professionals can act, through health education, with the purpose of promoting the well-being of the elderly and providing them with a better aging (MOREIRA *et al.*, 2019).

Health education is a resource used by health professionals to meet individual and collective demands. It is a way to learn about the practices that each culture considers healthy and, based on this knowledge, build viable proposals for the problems reported by the group (FEITOSA *et al.*, 2019; MOREIRA *et al.* 2019). The improvement in the quality of life can be the result of the discernment skills obtained through health education, because it provides information about healthy choices for the community, increasing its awareness about these choices. Community empowerment contributes to health promotion because it is an essential tool for public health to develop, in fact, comprehensive care, based on citizenship principles (FEITOSA *et al.*, 2019).

The use of educational practices is a form of interaction between the professional and the community. The nurse establishes a dialogical relationship based on comprehensive care, respect, and appreciation of experiences, life history, and worldview. To develop such actions, it is essential that nurses know these educational practices, and previous contact and knowledge in academic training is essential, so that the professional can relate to the individual and collectively reconstruct daily practices and knowledge (MALLMANN *et al.*, 2015).

The study is justified because health education is an important means to promote the autonomy and quality of life of the participants, since it is a space for knowledge exchange in which the subject is a co-participant in the process of knowledge construction (FEITOSA *et al.*, 2019).

With adequate access to information, individuals become able to reflect on their own health and promote self-care, impacting positively on longevity with improved quality of life. Therefore, it

is understood that chronic diseases are preventable with healthy lifestyle habits, such as regular exercise and proper nutrition. However, it is important that the elderly also understand the methods of prevention of the diseases prevalent in this age group, because the number of comorbidities that affect this population is high (EINLOFT *et al.*, 2016).

Thus, the objective of this article is to report the experience of nursing students in developing health education activities with elderly women in a Reference Center for Social Work ("Centro de Referência em Assistência Social" - CRAS) in the city of Belo Horizonte (MG), and to enhance the acquisition of skills in students through the development of educational actions.

EXPERIENCE REPORT

This is a descriptive study, of the experience report type, of a Health Education Project that occurred in two meetings, in the months of May and June 2018, lasting approximately one hour each meeting.

The project was developed to give continuity to the conversation circles that were already happening with the eighth period supervised internship groups. As there was only one group, the semester was not able to meet this demand from CRAS. As a solution, volunteer students from other periods were invited to maintain the activities.

Four volunteer students from the 3rd and 5th periods of Nursing were selected, who went through a selection process and were under the guidance of a professor. The themes, previously defined between the elderly women and the management of CRAS, were related to the prevention and promotion of health of the elderly.

The preparation of the students included the preparation of study material indicated by the teacher, research in scientific databases, videos, and image research. From this, slides were prepared for the projection and enrichment of examples of pathologies, as well as care. There was also the use of playful methodologies in order to exemplify the visualization according to the patient's reality and the objects present in everyday life that could be related to the theme addressed. In this way, the exchange of experiences among the group of participants allowed a greater sharing of information.

On average, 17 elderly women participated in each meeting. Their ages ranged from 46 to 80 years old, i.e., there was one woman under 60 years old, but, nevertheless, with great interest in participating. The group was predominantly women because they already met at CRAS for activity practice with a physical educator twice a week.

The topics approached were: osteoporosis; Chronic Obstructive Pulmonary Disease (COPD); asthma; pneumonia; flu; cold; as well as myths and truths about the cure of these diseases. The choice of themes occurred according to the results of research carried out in databases about the most recurrent diseases in the elderly population.

In the first meeting, 16 elderly women were present, who, after the physical activity, stayed in the place to participate in the conversation circle. The first meeting approached the theme osteoporosis. The academics prepared themselves through literature research, promoting a discussion during the conversation circle. Initially, the elderly women talked about the theme and, based on their previous knowledge, the discussion started. Visual aids were used to make them aware of some of the characteristics of osteoporosis.

Information such as incidence of the disease, symptoms, causes, prevention, and a description of a bone with osteoporosis made it easier to understand. Some comparative images were used: the illustrations of the healthy bone with the tighter crocheted wefts and the diseased bone with the thinner crocheted wefts or its resemblance to the vegetable dowel.

The second meeting was attended by 18 elderly women and the theme was suggested at the end of the first meeting: respiratory diseases, including bronchitis, pulmonary emphysema, COPD, influenza, cold, pneumonia and asthma, as well as endorsing the importance of preventing the flu by keeping up to date with the vaccination schedule.

Important aspects about each of the diseases listed by the elderly women were addressed: the difference between pulmonary emphysema and bronchitis and the difference between cold and flu, as well as clarifying individual doubts, such as the difference between the treatments for each morbidity.

The interaction method chosen for health education was the conversation wheels, which allow a horizontal contact between educators and the target audience, besides favoring the exchange of experiences because it is a more welcoming format, which tends to make the elderly women more comfortable to interact and expose their difficulties.

DISCUSSION

Osteoporosis

With the transformations that have occurred in the 21st century, such as the increase in fecundity and life expectancy, the elderly population has increased, which contributes to the emergence of chronic degenerative diseases, including osteoporosis. As a consequence, changes occur in the lives of the elderly and, in certain cases and depending on the degree of aggravation, even functional independence is lost (OLIVEIRA *et al.*, 2019).

The points that generated most interest were the alternative foods and options that help prevent osteoporosis. Seeking low-cost food alternatives is a way to facilitate access to the elderly, thus adapting to the reality of each elderly person in an effective way, strengthening their knowledge and self-care (GOMES *et al.*, 2016). Some participants wrote down the information to consult in the future or even as a way to disseminate the information in their environment.

When discussing some myths and popular beliefs, such as the use of teas made with plants, it was important to reinforce that they are not enough to eliminate the disease, but that the use of medicines prescribed by the doctor and the observance of the care oriented by the nurse present more satisfactory results. According to Neri *et al.* (2018), popular knowledge, which was passed down by ancestors, has been highly valued in current times. Since the dawn of humanity, plants have been used both in the treatment of diseases and in food.

For the students, the activities allowed a biopsychosocial portrait of the group, awakening a view of comprehensive care to the elderly. They also favored the development of skills needed to deal with the elderly, through qualified listening, since it is an essential tool for communication, thus enabling the establishment of a subjective exchange that can understand their reality and provide guidance according to their real needs (CANUTO *et al.*, 2019).

The experience provided during the first meeting helped to overcome the difficulties encountered. The women in the group are prolix and, in many moments, talked about other subjects that were not related to the theme. In the second meeting, as a way to incorporate this fact into the conversation circle, we tried to conduct the conversation circle in a way that the interaction would permeate the chosen theme.

One difficulty was the absence of male participants. This fact limited the approaches, but it was evident the interest of women in sharing and questioning issues related to the health of their partners and children. The search for knowledge regarding diseases that affect their partners and children makes these elderly women disseminators of practices and knowledge that induce self-care. According to Neri *et al.* (2018), the presence of the female gender in significant numbers may be related to the fact that women are the ones who are most concerned about taking care of their health and, also, they are the ones who are most interested in knowledge, usually because they spend more time at home taking care of their family.

One of the ways to promote quality of life in old age is physical activity. It is an important factor, because it is effective at all ages, in addition to improving health and facilitating socialization. The elderly who exercises regularly keep their social and mental life active, ensure independence, and live a quality life. The instruction of good dietary practices and physical exercises throughout life

corroborate healthy aging in order to avoid osteoporosis and its consequences (EINLOFT *et al.*, 2016).

The elderly who has not developed osteoporosis should be oriented in order to prevent it and those who have already developed it need an integral follow-up, that is, it is indicated that there is an interaction between health professionals in a multidisciplinary way, attending and guiding the elderly based on their difficulties and limitations (ARAUJO, 2018).

Respiratory Diseases

As the years pass, people over 65 become more susceptible to certain health problems as a result of functional decline and changes in some structures (BORGES; LIBERALI, 2018). Respiratory diseases have a relevant position in the death rates in Brazil (UNA-UHS, 2013). These data reinforced the relevance of addressing the theme of choice of the elderly women, and the conversation circle clarified the difference between the various pathologies, offered information about prevention and treatment possibilities, and stressed the importance of seeking medical care, whenever necessary.

The listeners reported being adept at folk beliefs. They cited the use of honey and the preparation of certain teas with medicinal plants, as well as the inhalation of water vapor. Another important factor is that the elderly women did not seek medical help when the symptoms ceased with such practices. In view of the reports, the beliefs were clarified, emphasizing the importance of medical consultation even when the symptoms decrease or cease, considering that the postponement of the conversation with the appropriate professional can culminate in the worsening of the condition and even in hospital admissions, considered a risk factor for people in the age group in question due to the risk of hospital infection (SILVA *et al.*, 2019).

When asked about the status of their vaccination card, they said that it was up to date, however, few had already been vaccinated against the flu. Among those who had not yet been vaccinated, some did not know if they could receive the vaccine with colds and coughs. The doubts were clarified and the flu vaccination campaign was reinforced, making them aware of the possible complications from the flu, such as pneumonia and exacerbation of chronic diseases (SOARES *et al.*, 2017).

There was a report of the lack of financial resources to pay for private exams and bus tickets to travel to consultations and exams. In addition, the elderly women have no companions to support them in these situations. As shown in a study by Cruz *et al.* (2020), 33% of the elderly reported difficulty in accessing health services. These obstacles are in accordance with what was reported, such as the lack of transportation to get to the service, few financial resources and lack of companionship.

One of the elderly women asked for help to search for clinics that performed imaging exams, since there was no one to help her and, for this reason, she had not yet booked an appointment. The students promptly gave her a list of imaging clinics in the first meeting. By the second meeting, the exam had been performed and an appointment was scheduled.

This example reinforces the role and influence of the family on the health of the elderly, who often do not perform the recommended procedure due to the lack of a companion and financial resources, in addition to the exclusion of the family's view of these individuals. Individuals in the low-income group seek and use health services less frequently, which is, in fact, worrisome, since low-income elderly people have severe limitations in physical activities and high morbidity (BACURAU; FRANCISCO, 2018).

Health education built in a collective way favors the understanding and the formation of the population as critical, autonomous, and responsible subjects for their health and well-being (SAMPAIO *et al.*, 2014). In addition, the dialogue with these ladies contributed to the academics' experience and knowledge of the health-disease process, since it is extremely important that the future professional seeks the appropriate information and prepares in advance for the subjects to be discussed in group.

When evaluating the experience from the perspective of the students, it was possible to note the importance of holding the conversation circles focused on disease prevention and self-care. It was relevant to note the low adherence of the male audience and the need for strategies to encourage their participation in prevention activities such as physical activity or health education such as the conversation circle.

CONCLUSION

With the conversations, it was possible to understand the weaknesses of the public present beyond the content addressed, such as the difficulties in transportation to medical appointments, both due to lack of funds and lack of a companion. It was also noticed that the elderly lack information that is relevant to their daily lives, such as contacts of clinics to perform exams, bus lines and fares, as well as knowledge that promotes and helps them in self-care. The proposition of the activities provided indirectly, to the community, the benefits that help improve the quality of life, since the public present at the meetings has the role of replicating the information learned to their family and community, expanding the reach of information.

Moreover, through this activity, the students were able to understand how important health education is as a way to teach all audiences about health, both physical and emotional. It is having a critical eye to act in all spaces as a way to promote health.

Given the findings, it is noted that it is of utmost importance to continue the project started, either by building self-care booklets and even conducting conversations about topics relevant to the age group. In the future, we hope to continue this project with the inclusion of elderly men in order to obtain results that are closer to reality and cover a larger group.

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