

## CHARACTERISTICS OF NURSING STUDENTS' HEALTH EDUCATION PRACTICES

Francisco Gilberto Fernandes Pereira<sup>1</sup>, Sâmia Jucá Pinheiro<sup>2</sup>, Joselany Áfio Caetano<sup>3</sup>, Márcia Barroso Camilo de Ataíde<sup>4</sup>

**ABSTRACT:** The objective was to describe characteristics of undergraduate nursing students' Health Education practices. A descriptive and exploratory study was undertaken between February and June 2015 at a private higher education institution in Fortaleza, state of Ceará, Brazil. Using a standardized form, 60 activities students developed in the ninth and tenth course terms were analyzed. The main educational techniques used were: lecture, educative games and association of several techniques; mainly performed in primary care 38 (63%). The general theme varied according to the health care level, but the care/treatment orientation to specific groups was more common in 25 (42%) of the educative actions. In conclusion, the Health Education practices follow an eminently preventive model, marked by the presence of the playful.

**DESCRIPTORS:** Health education; Nursing students; Nursing education.

### CARACTERÍSTICAS DE PRÁTICAS DE EDUCAÇÃO EM SAÚDE REALIZADAS POR ESTUDANTES DE ENFERMAGEM

**RESUMO:** Objetivou-se descrever características de práticas de Educação em Saúde realizadas por estudantes de graduação em enfermagem. Trata-se de estudo descritivo exploratório realizado entre fevereiro e junho de 2015, em uma instituição privada de ensino superior em Fortaleza, estado do Ceará, que analisou, por meio de um formulário padronizado, 60 atividades desenvolvidas por estudantes do nono e décimo período do curso. As principais técnicas educativas utilizadas foram: palestra, jogos educativos e associação de técnicas diversas; realizadas principalmente na atenção primária 38 (63%). A temática geral variou de acordo com o nível de atenção em saúde, porém a orientação de cuidados/tratamentos a grupos específicos foi mais comum em 25 (42%) das ações educativas. Conclui-se que as práticas de Educação em Saúde seguem um modelo eminentemente preventivo, marcadas pela presença do lúdico.

**DESCRIPTORIOS:** Educação em saúde; Estudantes de enfermagem; Educação em enfermagem.

### CARACTERÍSTICAS DE PRÁCTICAS DE EDUCACIÓN EN SALUD DESARROLLADAS POR ESTUDIANTES DE ENFERMERÍA

**RESUMEN:** La finalidad fue describir características de prácticas de Educación en Salud desarrolladas por estudiantes de pregrado en enfermería. Fue desarrollado un estudio descriptivo exploratorio entre febrero y junio de 2015, en una institución privada de educación superior en Fortaleza, estado de Ceará, Brasil. Mediante un formulario estandarizado, fueron analizadas 60 actividades desarrolladas por estudiantes del nono y décimo período del curso. Las principales técnicas educativas utilizadas fueron: conferencia, juegos educativos y asociación de técnicas diversas; desarrolladas principalmente en la atención primaria 38 (63%). La temática general varió según el nivel de atención en salud, pero la orientación de cuidados/tratamientos a grupos específicos fue más común en 25 (42%) de las acciones educativas. Se concluye que las prácticas de Educación en Salud siguen un modelo eminentemente preventivo, marcadas por la presencia del lúdico.

**DESCRIPTORIOS:** Educación en salud; Estudiantes de enfermería; Educación en enfermería.

<sup>1</sup>RN. M.Sc. in Nursing. Professor in Nursing at Universidade Federal do Piauí. Picos, PI, Brazil.

<sup>2</sup>RN. M.Sc. in Clinical Care. Professor in Nursing at Centro Universitário Estácio do Ceará. Fortaleza, CE, Brazil.

<sup>3</sup>RN. Ph.D. in Nursing. Professor, Graduate Nursing Program at Universidade Federal do Ceará. Fortaleza, CE, Brazil.

<sup>4</sup>RN. Ph.D. in Nursing. Professor at Universidade de Fortaleza. Fortaleza, CE, Brazil.

#### Corresponding author:

Francisco Gilberto Fernandes Pereira  
Universidade Federal do Piauí  
R. Professor Vicente Silveira, 100 - 60410-322 - Fortaleza, CE, Brasil  
E-mail: gilberto.fp@hotmail.com

**Received:** 13/12/2015

**Finalized:** 15/03/2016

## ● INTRODUCTION

For a long time, the clinical model served as the reference framework for health care, which was delivered to patients in a biological and individual dimension. Nevertheless, as from the 1970's, a new health concept emerged, which was not only limited to a focus on curing the disease, but looked at disease prevention and health promotion<sup>(1)</sup>.

The strategies intended to strengthen health promotion include health education, which is focused on awareness-raising, sensitization and individual or collective mobilization to cope with situations that interfere in people's quality of life, whether related to individual (intrinsic) or environmental (extrinsic) factors<sup>(2)</sup>.

Because of its dimensions, health education should be considered an important branch of prevention. In practice, it should be concerned with improving the living and health conditions of populations<sup>(3)</sup>.

To achieve appropriate health level, people need to know how to identify and satisfy their basic needs, with the support of public policies that permit achieving higher levels of wellbeing. They should also be capable of making changes in their behaviors, practices and attitudes, besides having the means needed to operate these changes. In that sense, health education means contributing to gain autonomy to identify and use the forms and means needed to preserve and improve life<sup>(3)</sup>.

In this theoretical concept, the health team should work to empower the users and thus favor their active and conscious participation in health care. The knowledge gained, associated with the set of social determinants in health, enable individuals to make choices that promote health or, on the opposite, predispose to illness<sup>(4)</sup>.

Considering that health education is related to learning, designed to achieve health, it needs to be focused on attending to the population in accordance with its reality, as it is expected to provoke conflict in the individuals, creating opportunities for them to think and rethink their culture and for them to transform their reality<sup>(5)</sup>.

Despite the intense technological incorporation in health in recent decades, health students, particularly in nursing, need to be sensitized that education is one of the work axes in the profession. This sensitization should encourage more shared and negotiable care, addressing the subjects' individual or collective needs<sup>(6)</sup>.

The presence of the university plays a highly important role for society, in the belief that college students strengthen the development of their knowledge and favor educative practices in teaching, making the students exchange knowledge with the community. This helps to clarify their doubts and seek joint solutions to the problems presented in accordance with the reality found<sup>(7)</sup>.

Education is linked not only to primary care, but to all health care levels. Whether in the community or in hospital, education is always present as a fundamental tool for nursing work. Perceiving the course of the profession in this new nursing perspective, being not only curative but also preventive, is essential in students' education<sup>(8)</sup>.

Therefore, the goal was to describe the characteristics of nursing students' health education practices.

## ● METHOD

Descriptive and exploratory study with a quantitative approach, developed between February and June 2015 at a private higher education institution in Fortaleza, state of Ceará. At this institution, the Bachelor program in nursing takes five years to complete. The curriculum consists of theoretical classes and practicums in realistic simulation laboratories and in the care network of the city of Fortaleza (Primary Health Care services, clinics and hospitals) as from the fourth course term.

The execution of educative activities external to the teaching institution follows a planning session,

generally involving groups of six students who, with the help of the corresponding course teacher, select the target group of the educative intervention, the place where it will be developed, the length of the intervention, the definition of roles and responsibilities of the team members and the possible techniques to be used.

To put the data collection in practice, the students were asked to present the planning of the educative activity in writing to their respective teachers, who forwarded it to the researcher by e-mail. In total, 60 activities were received, 38 from the ninth term and 22 from the tenth, which made up the study sample, as they complied with the inclusion criteria: be planned and executed by students from the ninth or tenth term; and contain all necessary information to complete the data collection tool. Next, the data were collected, using a form to characterize the scenario for the educative activity, the types of techniques used and the classification of the general theme addressed with the clients.

It should be highlighted that the respective idealizers executed all educative practices planned under the supervision of faculty members from the teaching institution. All information obtained during these interventions was organized in a database in the software Statistical Software for the Social Science 19.0 (SPSS) for exploratory and statistical analysis, using descriptive distribution of the data.

All bioethical aspects were complied with, in accordance with Ministry of Health Resolution 466/12<sup>(9)</sup>. The Ethics Committee for Research involving Human Beings at *Centro Universitário Estácio do Ceará* authorized the study, registered under authorization 889.504.

● **RESULTS**

The practice of health education activities was present in the subjects Supervised Training I, II and III, which cover the large areas of primary health care and the specific primary care programs in the context of the Unified Health System; as well as in Supervised Training IV, V and VI, which in turn address the secondary and tertiary levels, therefore involving further practice in health services for care delivery to specific situations and hospitals.

Hence, it was verified that, due to the multiple and heterogeneous nature of the target publics as the conditions of the physical space these activities were developed in, the students used different techniques to facilitate the educative actions with the clients, particularly lectures and educative games with 12 (20%) each. In some situations, techniques were associated (12 - 20%), mainly when the intervention was focused on the child public. These data are displayed in Table 1.

Concerning the health care level where the educative actions were performed, primary care was common in 38 (63%), as demonstrated in Table 2. The higher frequency at that care level can be due to the fact that the work method of the subjects in the ninth term, which take place in primary health care services, is aligned with the premises of the Brazilian public health system, which mainly stimulated health education activities in that health service context.

As verified, care/treatment orientations for specific groups was the general theme the students discussed most, with 25 (42%) activities, while the discussion of healthy behaviors appeared in 14 (23%) activities, according to data in Table 2. The specific groups mentioned here were basically conditions for which public programs have been established, due to the epidemiological dimensions of the disease, such as hypertension and diabetes.

The analysis of the students' planning revealed that, at the tertiary level, ten (17%) of the educative activities involved specific orientations for care after hospital discharge, focused on the following themes: postoperative care; correct medication use; and skin care for patients with impaired physical mobility.

Table 1 – Types of techniques used for nursing students to develop the health education activities. Fortaleza, CE, Brazil, 2015

Technique used	N (%)
Lecture	12 (20)
Group dynamics	10 (16)
Educative games	12 (20)
Simulated practices	6 (10)
Theater	8 (14)
Association of techniques	12 (20)
Total	60 (100)

Table 2 – Association between general theme of Health Education activity and health care level at which the activity took place. Fortaleza, CE, Brazil, 2015

Health care level	General Theme			
	Healthy behaviors	Prevention of complications associated with baseline diseases	Care/treatment orientations for specific groups	Total
	N (%)	N (%)	N (%)	N (%)
Primary care	14(23)	12(20)	12(20)	38(63)
Secondary care	-	6(10)	3(5)	9(15)
Tertiary care	-	3 (5)	10(17)	13(22)
Total	14(23)	21(35)	25(42)	60 (100)

## ● DISCUSSION

Educating in health means going beyond curative and preventive care. The health service users should be acknowledged as human beings and then as thinking beings, who know their rights and duties, thus stimulating them to fight for improvements in the health services and for greater quality of life and dignity<sup>(10)</sup>.

Nursing students need to be encouraged to develop health education practices as a way to turn them into professionals aware of their sociopolitical importance, thus serving as mediators in the understanding of the subjects as beings who have the power to change the reality<sup>(11)</sup>.

Health education plays a highly important role in the teaching-learning process, as it contributes to the individuals' self-development, teaching them to live better, assume their responsibilities in health and their role as citizens in society, besides contributing to improve the function of educators<sup>(12)</sup>.

Nurses and future nurses need to develop skills like talking in public and coordinating a health education group. Educators need to perform their activities, whichever that are, to make the users understand the message to be transmitted, therefore, using simple and accessible language and knowing the target public are fundamental<sup>(13)</sup>.

In this research, few activities were planned to stimulate healthy behaviors in the population, independently of the existence of baseline diseases. In this respect, advances are needed beyond the biological paradigm that focuses on the disease and its causes, putting in practice the new paradigm that is mainly intended to keep human beings healthy, focused on the social determinants of health<sup>(2)</sup>.

Theater figures as a very playful technique that serves as a tool of empowerment for health promotion, as it uses a language that can improve human relationships and communication and goes beyond the traditional bases of health education techniques, arousing daily scenes and leading the public towards a more active role in the education process<sup>(14)</sup>.

Innovation is indeed necessary in the techniques used to develop health education practices, with a view to leaving behind the traditional model of vertical knowledge and information transmission; encouraging the dialogical, non-hierarchized model and valuing the subjects in the construction of assertive behaviors to improve health<sup>(2)</sup>.

Strong remnants of the biomedical model remain interwoven in the planning and execution of health education activities<sup>(15)</sup>, mainly represented by the greater occurrence of practices whose general theme is the prevention of complications associated with baseline diseases and treatment orientations for specific groups.

A study developed in undergraduate health programs in Portugal revealed that, overall, as the academic terms and the complexity of knowledge evolve, the nursing students further assimilate the values of health education, which are: social, salutogenic, holistic, equity, autonomy and democratic<sup>(16)</sup>.

As for the context the activities were developed in, primary care was more frequent, strengthening the idea that health education practices at this care level contribute to improve the health system users' self-care and make the population gain knowledge and modify its opinion on disease prevention, making people readjust their life habits and developing the users' autonomy towards their health care process<sup>(17)</sup>.

It is important to highlight that, independently of the context the educative practice takes place in, it raises the accountability for care in the persons who practice it and also strengthens their autonomy, besides the understanding that, besides technical-scientific knowledge, health education is a social commitment that aims for the population's well-being<sup>(18)</sup>.

Education requires the understanding that we are not only the objects of history, but its subjects<sup>(19)</sup>. We are aware that we cannot eliminate the health problems, but we can certainly reduce the damage they cause through education. Brazil is a country that treats its citizens in a predominantly curative manner, and the teachers are responsible for raising the students' awareness on the importance of recovering teaching practices that are centered on preventive actions, not only in primary, but also in tertiary care, always reminding that health education practices are fundamental at all care levels.

## ● CONCLUSION

The analysis of the educative practices revealed the predominance of the eminently preventive model in the students' proposals, and that the playful nature of interactive and participatory techniques like theater was used to approach the clients to the activities proposed.

Based on the identification of the characteristics of nursing students' health education practices, it can be inferred that the study particularly contributes to rethink innovative teaching strategies on the theme, and also demonstrates the need for further discussion on the health promotion model as the core element of higher education in Brazil.

One limitation identified in this study was the lack of monitoring of how the educative activities were executed to assess the students' performance. Hence, future studies can longitudinally assess the practice of educative activities, ranging from their conception to the impact they produce in the clients.

## ● REFERENCES

1. Silva MG, Fernandes JD, Teixeira, GAS, Silva RMO. Processo de formação do(a) enfermeiro(a) na contemporaneidade: Desafios e perspectivas. *Texto Contexto Enferm.*[Internet] 2010; 19(1) [acesso em 04 jun 2015]. Disponível: <http://dx.doi.org/10.1590/S0104-07072010000100021>.
2. Salci MA, Maceno P, Rozza SG, da Silva DMGV, Boehs AE, Heidmann ITSB. Educação em saúde e suas perspectivas teóricas: algumas reflexões. *TextoContexto Enferm.*[Internet] 2013; 22(1) [acesso em 04 jun 2015]. Disponível: <http://dx.doi.org/10.1590/S0104-07072013000100027>.
3. Ferreira VF, Lopes MMB. Educação em saúde: desafios para uma prática inovadora. *Rev Enferm UFPE on line.* [Internet] 2013; 7 (n.esp) [acesso 18 jun 2015]. Disponível: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/4687/7328>.
4. Herr GE, Kolankiewicz ACB, Berlezi EM, Gomes JS, Magnago TSBS, Rosanelli CP, et al. Avaliação de conhecimentos acerca da doença oncológica e práticas de cuidado com a saúde. *Rev. Bras.Cancerol.* 2013; 59(1): 33-41.
5. Siqueira MS. Programa de educação em saúde para estudantes da escola estadual Tuiuti [monografia]. Porto Alegre (RS): Fundação Oswaldo Cruz; 2012.
6. Peduzzi M. Trabalho e educação na saúde: ampliação da abordagem de recursos humanos. *Ciênc. Saúde Coletiva.* [Internet] 2013; 18(6) [acesso em 15 jul 2015]. Disponível: <http://dx.doi.org/10.1590/S1413-81232013000600005>.

7. Girão RV, Braga ALS, Crhistóvam BP, Escudeiro CL, Lima VMF, Lopes CM. Educação em saúde sobre a dengue: contribuições para o desenvolvimento de competências. J. res.: fundam. care. online. [Internet] 2014; 6(1) [acesso em 18 jul 2015]. Disponível: <http://dx.doi.org/10.9789/2175-5361.2014v6n1p38>.
8. Jacobi CS, da Silva RM, Magnago TSBS, Prochnow A, Noal HC, Beuter M. Contribuições de ações extensionistas de educação em saúde no pós-operatório de cirurgias traumatológicas. R. Enferm. Cent. O. Min. 2013; 3(1): 605-11.
9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012.
10. Oliveira RL, Santos MEA. Educação em Saúde da família: conhecimentos e práticas do enfermeiro. Revista Enfermagem Integrada. 2011;4(2):833-44.
11. Ferreira VF, da Rocha GOR, Lopes MMB, dos Santos MS, de Miranda SA. Educação em saúde e cidadania: revisão integrativa. Trab. educ. saúde. [Internet] 2014; 12(2) [acesso em 18 jul 2015]. Disponível: <http://dx.doi.org/10.1590/S1981-77462014000200009>.
12. Figueiredo MFS, Rodrigues-Neto JF, Leite MTS. Modelos aplicados às atividades de educação em saúde: revisão. Rev.bras. enferm. [Internet] 2010; 63(1) [acesso em 23 jul 2015]. Disponível: <http://dx.doi.org/10.1590/S0034-71672010000100019>.
13. Fernandes MCP, Backes VMS. Educação em saúde: perspectivas de uma equipe da Estratégia Saúde da Família sob a óptica de Paulo Freire. Rev. bras. enferm. [Internet] 2010; 63(4) [acesso em 23 set 2015]. Disponível: <http://dx.doi.org/10.1590/S0034-71672010000400011>.
14. Campos CNA, dos Santos LC, de Moura MR, de Aquino JM, Monteiro EMLM. Reinventando práticas de enfermagem na educação em saúde: teatro com idosos. Esc. Anna Nery. [Internet] 2012; 16(3) [acesso em 23 set 2015]. Disponível: <http://dx.doi.org/10.1590/S1414-81452012000300023>.
15. Pereira FGF, Caetano JÁ, Moreira JF, Ataíde MBC. Práticas educativas em saúde na formação de acadêmicos de enfermagem. CogitareEnferm. [Internet] 2015; 20(2) [acesso em 15 out 2015]. Disponível: <http://dx.doi.org/10.5380/ce.v20i2.39767>.
16. Carvalho AAS, de Carvalho GS, Rodrigues VMCP. Valores na Educação em Saúde e a formação profissional. Trab. educ. saúde. [Internet] 2012; 10(3) [acesso em 20 out 2015]. Disponível: <http://dx.doi.org/10.1590/S1981-77462012000300010>.
17. Dantas MBP. Educação em saúde na Atenção básica: Sujeito, diálogo, intersubjetividade [tese]. Recife (PE): Fundação Oswaldo Cruz; 2010.
18. de Oliveira MR, Leonel ARA, Montezeli JH, Gastaldi AB, Martins EAP, Caveião C. Concepção de graduandos de enfermagem sobre a prática educativa em saúde em primeiros socorros. Rev Rene. 2015; 16(2) [acesso em 20 out 2015]. Disponível: <http://dx.doi.org/10.15253/2175-6783.2015000200003>.
19. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. São Paulo: Paz e Terra; 1994.