

Educational Groups and the Health of Patients Living with Chronic Noncommunicable Diseases

Grupos Educativos e a Saúde de Pessoas que Vivem com Doenças Crônicas Não Transmissíveis

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Abstract

This study aims to explore publications on the educational activities of the groups of people living with Chronic Non-Communicable Diseases (NCDs) and how they face the pathology. It is an integrative review based on data taken from BVS, PUBMED and MEDLINE. Research question: Which studies regarding the repercussion of educational groups focused on the healthcare of people who live with NCDs were published in scientific health journals between 2012 and 2016, aiming their practical applicability? Publications that can be found online were attached to this work's database. The five selected articles were analyzed and divided in two categories: The promotion of healthcare education as a way of reorienting individuals' lifestyles and the challenges in the pursuit of overcoming the biomedical model that is popular nowadays. The organization of educational groups for the purpose of promoting healthcare still needs to be improved. It is acknowledged that new interventions, concerning the autonomy of individuals with NCDs are more appropriate to their reality.

Keywords: Chronic diseases, healthcare education, healthcare promotion, group structure.

Resumo

Objetiva-se apresentar as atividades educativas dos grupos de pessoas que vivem com DCNT e como os mesmos enfrentam a patologia. Trata-se de uma revisão integrativa, com busca nas bases de dados da BVS, PUBMED E MEDLINE, com a questão de pesquisa: quais estudos publicados em periódicos científicos da área de saúde no período de 2012 a 2016 sobre a repercussão de grupos educativos em saúde com pessoas que vivem com DCNT, visando a aplicabilidade dos achados na prática? Foram incluídas publicações disponíveis na íntegra, em português, inglês e espanhol, indexadas nas referidas bases de dados. Foram selecionados 5 artigos e analisados em duas categorias: "A educação em saúde como forma de reorientação de hábitos de vida" e "Desafios na busca da superação do modelo biomédico". A realização de grupos educativos como forma de promoção da saúde ainda necessita ser aprimorada. Compreende-se novas intervenções adequadas à realidade das pessoas com DCNT, considerando aspectos de vida e sociedade, visando sua autonomia.

Palavras-chave: Doença Crônica; Educação em Saúde; Promoção da Saúde; Estrutura de Grupo.

Introduction

The Brazilian Institute of Geography and Statistics (IBGE) ⁽¹⁾ estimates that Brazil will have more than 32 million people aged 60 and over in 2025, representing 10.7% of the population. Thus, the Brazilian elderly population will be the sixth largest in the world.

With the demographic transition, there is also a change in the epidemiological field, that is, there is a rise of chronic noncommunicable diseases (CDNT), since the elderly population is more prone to the development of these diseases. In addition, factors such as low schooling, smoking, poor eating habits, lack of physical activity and alcohol consumption are associated with an increase in the number of people with CNCD. The latter are linked to the overweight and obesity epidemic and the high prevalence of hypertension and hypercholesterolemia ⁽²⁾.

There is record that, in recent years, 63% of

the world's deaths have been a result of CNCD. In Brazil, these diseases are among the main causes of hospital admissions and lead to loss of quality of life, a high degree of limitation in work and leisure activities, an increase in the number of premature deaths, and economic impacts on families, the community, and society in general ⁽²⁾.

Among the diseases that contribute to the current change in the morbidity and mortality profile of the Brazilian population, there are Systemic Arterial Hypertension (SAH), Diabetes Mellitus (DM), cancer and chronic respiratory diseases. In Brazil, NCDs are a public health problem, accounting for 72% of the causes of death. Of these, 31.3% are diseases of the circulatory system ⁽³⁾.

Cardiovascular diseases accounted for only 12% of deaths in the 1930s. Currently, they are the main causes of death in all Brazilian regions. Coming in second, there are cancers, and third, deaths caused by accidents and violence ⁽⁴⁾.



Arterial Hypertension and Diabetes Mellitus are closely linked to the statistics, since they belong to the group of diseases that cause irreversible, disabling injuries and death ⁽⁵⁾.

For many years, being healthy meant the absence of disease, one lived in a field of practice directed to the curative actions. Culturally, this is still embedded in the daily lives of the population and health professionals, where the demand for health services is to alleviate a momentary need for care, in a biomedical conception and shaped in the health-disease process ⁽⁶⁾.

There is a need for changes in strategies and actions to promote health in order to make the population more active in the process, stimulating adjustments and reorientation of behaviors and life habits. It is essential to carry out health education actions based on dialogue and the needs of the population group aiming at their autonomy ⁽⁶⁾.

In this way, the perspective of the construction of care centered on users and their needs is fundamental, and not a model that serves the interests of the market. Given the current scenario of epidemiological and demographic transition with the predominance of chronic noncommunicable diseases (CDNT) and the expansion of the elderly population, there is an increasing demand to aggregate technology, which makes it essential to rethink the assistance model that's being used, prioritizing acts of care and the autonomy of the subjects ⁽⁷⁾.

Health Education Technologies (TESs) are important tools for educational work in the care process. Through health education groups, it is possible to promote participation as a way of guaranteeing the individual and the community the possibility to decide on their own destinies, and to enable these subjects to act to improve their health ⁽⁸⁾.

Thus, the question that guided this research was: What are the educational activities performed with groups of people living with Hypertension and Diabetes Mellitus to improve the health conditions of the participants, as well as

their attitude towards the disease?

In order to stimulate other studies and motivate educational actions with groups in a participatory manner, the objective was to present the educational activities of the groups of people living with CNCD and how they face the pathology.

Method

This study is part of an international, multicenter project between Brazil and Portugal, proposed by the Faculty of Nursing of the University of the State of Rio de Janeiro (ENF / UERJ), between the Aurora de Afonso Costa Nursing School, Fluminense Federal University (EEAAC / UFF) and the School of Nursing of Coimbra in Portugal (ESEC), with the theme: "Care in health and nursing: health practices and prevention of diseases in the city of Rio de Janeiro." The purpose of this partnership was to evaluate the usefulness of health promotion groups on chronic disease that aim to improve self-care and enhance interdisciplinarity in different settings. The actions developed in group and the practices of care were shared with the service nurses, teachers, and undergraduate students of the three Universities involved in the process of construction of the studies.

This is an Integrative Review (IR) study, characterized by the search for available researches in the databases LILACS, SCIELO, MEDLINE and PUBMED in a scientific data base, with compatible analyses and discussions. It is part of a review of the master's thesis on health care sciences of the EEAAC / UFF under the title "Interdisciplinarity in the act of care in the context of health promotion" of the year 2018. The IR allows the researcher to gather and synthesize studies about a certain theme, in order to provide support for reflection and understanding of what is being investigated, as well as its applicability in practice ⁽⁹⁻¹⁰⁾.

Six distinct stages are used to carry out the integrative review: elaboration of the guiding

question; search or sampling in the literature; data collection; analysis of the included studies; discussion of results; and presentation of the integrative review ⁽¹⁰⁾.

The inclusion criteria used were articles published fully in Portuguese, English or Spanish, indexed between the years 2012 to 2016 and that addressed the topic on educational activities carried out with groups of people living with CNCDS such as Hypertension and Diabetes Mellitus in health units. As a criterion of exclusion, articles were repeated in the virtual bases; articles in other languages; articles that did not address the theme in question; articles that were not available in full; and those whose approach did not contribute to the knowledge in the intended area.

We searched the virtual databases using the following descriptors: group structure; chronic disease; health education and health promotion. In order to obtain the largest number of articles on the theme chosen, search strategies were developed through combinations and use of the Boolean operator AND.

We first used the cross-referencing of chronic disease descriptors and education in health and health promotion. Thus, 434 studies were found, with 94 articles within the pre-established inclusion criteria. After reading the titles, 20 articles were selected, 2 of which were excluded by repetition, and after reading the abstracts, 4 articles were selected for reading in full.

Subsequently, the descriptors group structure AND health education were used, out of which 4 articles were found according to the criteria. After reading the titles and abstracts, 1 article was selected for full reading.

Results

After the research, the final sample of 5 articles found were read in full in a critical and reflective manner, and separated according to the following information: Title; Data base; Periodical (year and country); Study design / instruments;

Results and Conclusion (Table 1).

Table 1. Description of the studies included in the integrative review, second title, author, periodical (year), database and type of research, Niterói, RJ, Brazil, 2017.

Nº	Title	Authors	Year/ Country / Database / Period	Study design / instruments	Results	Conclusion
1	Perception of the elderly about the activities developed in <i>hiperdia</i> ⁽¹¹⁾ .	Reticena, Kesley de Oliveira; Picoli, Kelly Cristiane; Carreira, Ligia; Marcon, Sônia Silva; Sales, Catarina Aparecida.	- 2015 - Brazil - LILACS - Revista Mineira de Enfermagem (REME)	Exploratory descriptive research with a qualitative approach. Field research	-Educational activities are valued; -Associates access to consultations and medicines for educational activities; - Weaknesses were revealed in the development of meetings of <i>hiperdia</i>	The elderly who participate in the educational activities developed at <i>hiperdia</i> by the family health strategy team perceive the educational actions as a source of guidance and clarification about their health, stimulating the change of habits. And they associate these educational activities with access to consultations and medicines, and this is the main motivating event for their participation in them.
2	Biopolitical analysis of the official discourse	Melo, Lucas	- 2013 - Brazil	Documentary analysis	The general characteristics of official speeches are	The analysis of the official discourse made possible the critical understanding and the
	on health education for diabetic patients in Brazil ⁽⁶⁾	Pereira de.	- SCIELO - Saúde e Sociedade	Qualitative Literature review	discussed; the objectives of educational actions for diabetic patients; the themes addressed in these actions; the technical and moral imperative governing the promotion of educational practices; and the parameters for evaluation and follow-up of the patients.	production of questioning about the complex network of objects put into discourse in the educational practices in health for diabetic patients in Brazil.
3	Group teaching of the insulin application process ⁽⁵⁾	Batista, Jéssica Magalhães Felipe; Becker, Tânia Alves Canata; Zanetti, Maria Lucia; Teixeira, Carla Regina de Souza	- 2013 - Brazil - LILACS - Revista Eletrônica de Enfermagem	Quantitative data analysis Field research Participatory research	The results showed that most people had doubts at almost every stage of the insulin delivery process, not performing some essential steps or performing them in the wrong way.	After the educational intervention, there was an increase in the right answers, evidencing that the activity contributes to self-care of patients undergoing insulin therapy.

4	Access, educational practice and empowerment of patients with chronic diseases ⁽¹²⁾	Taddeo, Patricia da Silva; Gomes, Kilma Wanderley Lopes; Caprara, Andrea; Gomes, Annatália Meneses de Amorim; Oliveira, Giselle Cavalcante de; Moreira, Thereza Maria Magalhães.	- 2012 - Brazil - LILACS - Ciência & Saúde Coletiva	- Descriptive study of a qualitative approach. Field research	- Users point out the existence of some geographical barriers in access to health, which generates fatigue and lack of stimulation, causing a low continuity of treatment. - It was observed that adherence and practice of care are closely linked to the differentiated care, based on trust and respect for the users' wishes. These consider health orientation and education as key elements to encourage self-care practice.	It is necessary to restructure the conduct of professionals included in the Family Health Strategy, since it has the function of promoting health in a logical way.
5	Health coaching: a new approach in the empowerment of patients with chronic noncommunicable diseases ⁽¹³⁾	Bonal Ruiz, Rolando; Almenares Camps, Hilda B; Marzán Delis, Mercedes.	- 2012 - Spain - PUBMED - Medisan	- Descriptive qualitative exploratory study	- Traditional education does not compromise, does not involve, and often blames the patient; is based on the knowledge of the professional health expert and is different from the role of the trainer. - The health coach activates the patient's motivations to change behavior and adherence to treatment.	Health training is a promising approach that breaks with the banal and opens other perspectives in health education and health promotion in primary care; however, it is necessary to overcome focused medical thinking and take more into account the intersectionality local political will, based on popular opinion to support behavioral changes.

Source: research data

The final search result is composed of 5 (five) articles, 04 of which (80%) in were found in LILACS and 1 article (20%) in PUBMED. Most of the studies were in the Portuguese language, 04 articles (80%), while 01 article (20%) was in Spanish. In relation to the year of publication, 02 articles (40%) were published in 2012, 02 articles (40%) in 2013, 01 article (20%) in 2015, in the years 2014 and 2016 there were no articles published on the subject. It is worth mentioning that the 05 articles belong to different journals.

Regarding the nature of the studies, there was a predominance of studies with a qualitative approach, with 04 articles (80%), while 01 article (20%) was a quantitative approach. Regarding the types of studies, 02 articles (40%) were descriptive, 01 (20%) was exploratory descriptive, 01 (20%) was

a participatory research and 01 (20%) was unspecified. A greater number of field surveys were identified in 04 articles (80%).

When evaluating the data collection of the researched articles, it was verified that, of the articles that made field research, 03 (66.6%) used open interview, participant observation, script and interview as data collection techniques; 01 article (33.33%) used the checklist instrument.

From the reading of the selected articles, in order to solve the research question, we observed that the appreciation of educational activities appeared in the 05 articles (100%), weaknesses in the development of the meetings in 40% (02 articles), vertical education still present in 02 articles (40%), access to medicines and consultations for educational activities 01 article (20%).

The critical and reflexive analysis of the thematic, methodology, result and conclusion of the selected articles allowed the creation of 02 (two) categories: "Health education as a way of reorienting life habits " and "Challenges in the quest for overcoming the biomedical model ".

Discussion

In the first half of the last century, due to advances in medicine and enhancement of curative culture, the approach to health education was not seen as a responsibility of health professionals or as a form of prevention. At that time, it was thought that this educational practice should belong to the educators, who were considered the only ones responsible for the reorientation of individual and collective behaviors⁽¹⁴⁻¹⁵⁾.

From the 1990s, changes in the structure of the Brazilian Unified Health System (SUS) marked the beginning of a new era for Public Healthcare. With the creation of the Family Health Strategy, a new paradigm emerged, placing the individual and their social context at the center of health actions⁽¹⁶⁾.

Thus, health education groups, aiming to improve quality and increase the life expectancy of people living with NCDs, have become more prominent in the model of family-oriented care. Thus, they have a greater understanding of dialogue as a strategy for transforming reality, providing instruments to achieve autonomy and make decisions about aspects of life ⁽¹¹⁻¹⁷⁻¹⁸⁾.

After exhaustive reading of the selected articles and critical analysis regarding the theme, methodology and results of the studies, 02 (two) categories emerged: Health education as a way of reorienting life habits and Challenges to overcome the biomedical model. Of the 05 (five) articles, 03 (three) were allocated in the first category and 02 (two) in the second category.

Health education as a way of reorienting life habits

The need to use health education groups as a way of reorienting people living with CNCDs is undeniable. The 05 researched articles addressed the practices of group health education as a way of sharing knowledge and stimulating self-care.

In a study carried out in an educational group of people undergoing treatment with insulin, it was noticed that after the groups were performed, storage and administration errors decreased, contributing to health promotion and treatment efficiency. Such an educational activity was used as a way of getting to know the problems related to self-application, and through participation to solve such difficulties, promoting self-care ⁽¹¹⁾.

The valorization of the group is based on the guidelines received, on the increase of knowledge, and relevance of common knowledge ⁽¹¹⁾. Educational groups are used as a space for discussion about the reality of each individual and the valorization of common knowledge instrumented by dialogue, making the participant the protagonist of the process of self-care ⁽¹⁹⁾.

Participatory methods of health education are encouraged by the Ministry of Health. It is believed that the valorization of knowledge and practices based on dialogue strengthens the patients' connection with the professionals, who should play the role of a facilitator in building knowledge around DCNTs ⁽³⁻⁵⁻²⁰⁻²¹⁾.

Health professionals should seek new ways to change the reality of the individuals, there is no more space for a health education focused on discourse about the disease, and there should be participation of those involved in the construction of educational practice. Educational actions can be used as a way to promote the real value of health in the individual, instigating them to be co-responsible for the health-disease process ⁽¹⁵⁻²²⁾.

About the weaknesses in the development of the meetings, we can identify that 02 articles (40%) address this theme. Difficulty in locomotion and access to health facilities restricts the possibility of adherence to treatment. Often these users arrive exhausted at meetings and are not motivated to participate ⁽¹²⁻²³⁾.

The probable failure of educational actions arises from the discursive practices used in the meetings, which often inhibit participants and do not value common knowledge ⁽⁶⁾.

In order to succeed in educational groups, there are some principles on which these practices should be based: dialogue (listening to the other); take as a starting point of the pedagogical process the people's previous knowledge, believing that everyone has a knowledge from their experiences and experiences; exchange of experiences and construction of knowledge between technical knowledge and popular knowledge, assuming that the different knowledges are only different, not hierarchical and that experience is as valid as theory ⁽²⁴⁾.

Two of the selected articles emphasize that the educational practice developed in the CNCD groups should be performed in a way that the patient participates in the meetings and reorientation of the lifestyle that he / she has. As a

space for the exchange of knowledges and qualified listening, the educational group should use methods to minimize cravings, being effective in order to contribute to access and treatment ^(10,17).

Three authors bring a concept about a method called "health coaching", which consists of the training of techniques and approaches on the disease, the patient is "trained" to practice self-care. The use of this method makes us reflect on the real situation of the patients who will be "trained", contributing or not to decision making in relation to their health ⁽¹³⁾.

It is noted that only 1 article (20%) used the group as a form to acquire knowledge in a participatory way. There is an interaction between the researcher and the researched group, seeking a horizontality in actions and relationships, aiming at the social transformation seen as totality.

Challenges to overcome the biomedical model

From the totality of the articles researched, 2 articles addressed the discussion about the fact that research on CNCD has focused on the investigation of the individual in a biomedical conception of the health-disease process.

Currently, publications have been focusing on pathophysiology, clinical therapeutics and prevalence of CNCDs, to the detriment of health promotion actions ⁽²⁵⁾.

The use of educational groups as a form of bargaining services offered at health facilities does not stimulate changes and barely the patients' life looking to promote health. Insofar as group activities are used for the convenience of the patient, welfare measures, through exchange of revenues, speed of appointment making and release of medications, the objective of the educational group as a modifier of reality is obsolete and makes is ineffective ⁽¹⁰⁾.

The prioritization of clinical care is still present in public health units, that is, consultations and drug prescriptions act as the main form of intervention ⁽¹²⁾.

In studying the discursive practices in the health education process, the strategies used are aimed at promoting patient compliance, aiming at their autonomy, but using the power of convincing ⁽⁶⁾.

The presentation of lectures as the only form of information to the participants of the group is not very motivating. The use of non-participatory methodologies does not stimulate critical thinking, transforming group participants into information repositories ⁽²⁰⁾.

Professionals seldom find other ways of doing health education without being imposing and punitive, because they are rooted in the hegemonic work process and thus reproduce in practice the prescriptive model ⁽⁶⁻²⁶⁾.

There is a need for prior planning to carry out educational groups, the themes should be approached according to the need and context of the people involved ⁽²⁷⁾. Nurse practitioners have a fundamental participation in the therapeutic process. They are able to involve the user with the use of techniques in order to obtain adequate treatment ⁽²⁸⁻²⁹⁾. They need to know the limitations and potentiality of their assisted population. They must seek to develop actions that stimulate self-care, "in order to develop this, which should not only be considered as an additional activity to be carried out in the health services, but mainly as a practice that underpins and redirects all Primary Health Care "⁽³⁰⁾.

Freire (31), in his book "Education and Change", reflects on the education process and social changes. Knowledge must be constructed between the educator and the learner, in a participatory and dialogical way, and not with the imposition of knowledge or practices.

Conclusion

From this research, we can view online publications in the form of scientific articles, from 2012 to 2016, on the activities of health education groups with people living with CNCD and how the participants

face the diseases. It was perceived the necessity of carrying out activities that foment the discussion on this subject with educational groups.

We can mention as limiting in the preparation of this study the scarcity of references about the repercussion of these educational groups on the self-care of people living with CNCD and the nurse's performance in the implementation of this strategy of health education as a way of promoting health.

The other day-to-day work assignments of health professionals end up transforming the groups into information deposits. There is a need to carry out these activities, but with adequate planning and the use of new strategies. The repercussion of educational groups should be more discussed among nurses and people living with CNCDs.

The construction of knowledge occurs in a unilateral and authoritarian way, although the articles address the importance of the realization of educational groups in health as a way of promoting health. The group is also responsible for performing technical procedures, such as blood pressure measurement, capillary glucose monitoring, revalidation of medical prescriptions, medication distribution, and medical or nursing consultation. This makes the patients frequent the groups subjecting themselves to the imposing and authoritarian positions of professionals, affecting their health.

Health education groups are fundamental in the process of reorienting the life habits of people living with CNCD. However, it is necessary to carry out ongoing education activities among professionals, so that new methodologies and health teaching strategies are used.

We hope that this study will contribute to the professionals' reflection on the educational practices provided to people with CNCD in order to provide instruments for the improvement of health education strategies with the objective of promoting health and strengthening the structure of primary care. The present integrative review

provided an overview of the productions on the topic addressed, which will bring to the academy knowledge building subsidies which altogether can bring advances to health promotion policies.

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