

EDUCATIONAL WORKSHOPS FOR HEALTH PROMOTION OF INSTITUTIONALIZED ELDERLY WOMEN

Oficinas educativas para promoção da saúde de idosas institucionalizadas

Talleres educativos para la promoción de la salud en mayores institucionalizadas

Description or evaluation of experiences, methods, techniques, procedures and instruments

ABSTRACT

Objective: To describe the experience of participation in workshops on health education for institutionalized elderly women. **Data Synthesis:** Actions of health education were performed through the development of educational workshops on lifestyle for 20 elderly women in a philanthropic institution of a municipality, during the month of October 2011. The workshops were divided into three meetings over 2 days. Empathic communication and interaction among the participants were sought through dynamics, aiming to motivate them to talk about the feelings aroused by figures. The healthy lifestyle was then approached, with explanation on diet and physical activity. **Conclusion:** The implementation of educational measures is effective for the health promotion, the development of critical thinking and the reduction of risk behaviors.

Descriptors: Health Education; Health of Institutionalized Elderly; Geriatric Nursing; Health Promotion.

RESUMO

Objetivo: Relatar a experiência de participação em oficinas de educação em saúde para idosas institucionalizadas. **Síntese de dados:** Realizaram-se ações de educação em saúde através do desenvolvimento de oficinas educativas sobre estilo de vida para 20 idosas de uma instituição filantrópica de um município, durante o mês de outubro de 2011. As oficinas foram divididas em três momentos e realizadas em 2 dias. Procurou-se estabelecer comunicação empática entre as participantes e interação através de dinâmicas, objetivando motivá-las a falar sobre os sentimentos despertados por figuras. Em seguida, abordou-se o estilo de vida saudável, com explicação sobre alimentação e atividade física. **Conclusão:** A realização de medidas educativas é eficaz para a promoção da saúde, o desenvolvimento de pensamentos críticos e a redução de comportamentos de risco.

Descritores: Educação em Saúde; Saúde do Idoso Institucionalizado; Enfermagem Geriátrica; Promoção da Saúde.

RESUMEN

Objetivo: Relatar la experiencia de participación en talleres de educación en salud para mayores institucionalizadas. **Síntesis de los datos:** Se realizaron acciones en educación en salud a través del desarrollo de talleres educativos sobre el estilo de vida para 20 mayores de una institución filantrópica de un municipio durante el mes de octubre de 2011. Los talleres fueron divididos en tres momentos y realizados en 2 días. Se buscó establecer comunicación empática entre las participantes e interacción a través de dinámicas con el objetivo de motivarlas a hablar sobre los sentimientos despertados con figuras. En seguida se abordó el estilo de vida saludable con explicación sobre alimentación y actividad física. **Conclusión:** La realización de medidas educativas es eficaz para la promoción de la salud, el desarrollo de pensamientos críticos y la reducción de comportamientos de riesgo.

Descriptores: Educación en Salud; Salud del Anciano Institucionalizado; Enfermería Geriátrica; Promoción de la Salud.

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INTRODUCTION

Population aging is considered a worldwide phenomenon due to increased rates of life expectancy, leading to socioeconomic, demographic and social changes⁽¹⁾. The Brazilian population, compared with the world one, presents a more rapid aging process⁽²⁾. As a result, concern about the condition of vulnerability in which the elderly are has increased in recent decades⁽³⁾.

Becoming elderly is a process that involves complex biological, psychological and social factors⁽⁴⁾. Many are the circumstances that lead people to live better or worse different stages of life. However, old age seems to be that phase of life when the fighting adversities imposed by daily life become more complex⁽⁵⁾.

Aging tends to be delicate and painful for many individuals. Often, they find themselves facing isolation, lack of social support, the difficulty in dealing with the process of aging itself, the death of a spouse, family abandonment and financial hardship, which can also trigger physical and psychic illnesses⁽⁶⁾.

Caring for an elderly person at home is not a pleasant task, especially considering the current socioeconomic difficulties of most of the population⁽⁷⁾. In certain situations or periods, the family's capacity to care may be compromised or weakened and, in these conditions, the elderly can be an obstacle to the autonomy of the family because of the demands of everyday life and the impossibility of finding one or more family members with availability and will to be in charge of their care⁽⁸⁾.

Thus, long-term care facilities (LTCFs) for elderly people became the solution for these families. There has been an increase in the number of such institutions in Brazil; they are regulated and recognized by public policies aimed at elderly people's protection⁽⁹⁻¹⁰⁾.

The current paradigm of health focuses on maintaining functional capacity and quality of life, not just the prevention and control of chronic diseases. In this context, the health care of the elderly people living in long-term care facilities have become a challenge⁽¹¹⁾.

Due to the increase in life expectancy and the consequent increase in the number of elders, expressive lifestyle changes have been observed⁽¹²⁾. To have a good old age, it is essential to preserve the potential for the development of the daily activities of every person. This should occur considering the individual's limits laid down by health conditions, lifestyle, and education⁽¹³⁾.

Health education is a process built step by step that will lead people to reflect and seek the pleasure of living well. Therefore, health professionals should be committed to carry out educational work to promote self-care⁽¹⁴⁾.

Therefore, there is a need for health professionals to plan strategies to encourage the elderly to maintain a healthy lifestyle and condition of independence. In LTCFs, professionals need to stimulate the activity of residents in the institution, providing them with the opportunity to perform the necessary self-care actions⁽¹⁵⁾.

Studies indicate favorable experiences regarding health promotion among institutionalized elders since health professionals should provide this population with a successful aging, focusing on well-being, personal fulfillment and quality of life. Thus, health education for elderly people should focus on independence, vigor and life satisfaction, always considering the biological, psychological and social changes of aging. The educational activity enables the involvement of older people in self-care activities, overcoming barriers and expanding knowledge^(16,17).

With advances in medicine to heal and slow the progress of the disease, the nursing staff, as well as other health professionals, should have knowledge about care for the elderly population. However, this concern should only focus on curative care but also on health promotion, education, maintenance and restoration⁽¹⁸⁾. Therefore, it is necessary to develop actions for the prevention of morbidities and comorbidities through public health policies aimed at seniors. These strategies could enhance the chance of aging with quality of life, improving the autonomy and functionality, and hence promoting elders' well-being⁽¹⁹⁾.

Given the unquestionable reality of demographic changes that have occurred in the last century, it is important to provide health education for elders. Thus, this study aimed to report institutionalized elders' experience in participating in health education workshops.

DATA SYNTHESIS

This is an experience report consisting of an observational, non-controlled study involving intervention and outcome for a single person or a specific group⁽²⁰⁾. This study developed health education activities with elderly in the waiting room of the gynecology office at a nonprofit institution in the city of Fortaleza in October 2011.

There are 100 elderly women registered in the institution, but only 20 participated in this study. The inclusion criterion was: be awaiting the gynecologic preventive examination. The study excluded elderly women who presented poor cognition. The age of participants ranged between 65 and 80 years old.

Although institutionalization is constituted as a support strategy for older people, there is a need to extend health promotion actions aimed at improving quality of life –

especially in terms of autonomy – and consequently better health and wellbeing, adopting basic care and expanding the positive acquisition in terms of physical, mental and social conditions⁽⁵⁾. Therefore, students from the Nursing Course of the *Universidade Federal do Ceará – UFC* (Federal University of Ceará) held health education actions through the development of educational workshops on lifestyle for elderly women in the philanthropic institution. The institution – supported by donations from the government and the civil society – receives elderly people of all socioeconomic levels and promotes various activities like workshops, projects, lectures, seminars, courses, dance groups, crafts, medical assistance, besides providing shelter and food.

A workshop is an educational process that follows the adequacy and sequence of steps for achieving the desired objective, standing out as a privileged space for creation and discoveries whose products present aspects of the contribution of each participant⁽¹⁰⁾.

Workshops were held in the waiting room of the gynecology office while elderly women awaited the preventive examination for breast and uterine cancer. They were divided into two separate days, totaling a maximum of 10 elders per consultation in order to facilitate learning and the exchange of experiences during each educative workshop. The allocation of elders was performed randomly through a draw to decide who would be in each group. With regard to the workshop issues, they were chosen according to the health needs of the elders.

The study respected ethical aspects at all stages, following the requirements of Resolution 196/96 of the National Health Council, in particular those relating to the preservation of fundamental bioethical principles of the respect for the individual, the beneficence and justice. Therefore, participants were informed about the anonymity when publishing the study and signed a free informed consent form. This study received approval from the Ethics Committee of the UFC under Opinion No. 199/08.

Initially, to promote greater interaction among participants and coordinators, and thus establish a bond of trust among them, a presentation technique was conducted. It was given a box containing a mirror for participants to open and describe its contents. Thus, the elderly would introduce themselves, reporting characteristics of their personality. After that, tags were designed with the name they would like to be called.

During the dynamics, professionals encouraged participation, disinhibition and self-esteem. Based on their self-description, it could be noted that most elders were satisfied and happy to be in the institution. At first, some were shy and participated less, but the facilitators encouraged the group disinhibition.

The groups represent a space for health education, becoming a source of encouragement to social life. They are alternatives for elders to reassume social roles and / or other activities to occupy free time, physical activity, leisure activities and body and mind care activities. These groups work on interpersonal and social relationships, bringing people with similar experiences and difficulties together⁽¹⁾.

The relationship among the residents of nursing homes is a complex phenomenon, because it depends on their willingness and expectations, as well as external conditions that may or may not favor the development of emotional bonds⁽⁵⁾. The educational strategy aims at involving all members of the group through the integration and interaction between professionals and elders⁽¹¹⁾.

Human beings by nature are gregarious, and they only exist or continue to exist according to their group relationships. Group work encourages awareness of the problems related to the prophylactic, healing and rehabilitation processes (physical and psychological) of ageing; it facilitates the socialization of individuals (establishment of new relationships) and encourages the creation of health and education promotion programs directed to the elderly population⁽¹⁾.

There was an increase in participants' self-esteem caused by the fact that they simply introduced themselves in the group they participated. Self-esteem and self-image are part of the self-knowledge. When the self-image is at equilibrium, people tend to see their body with new eyes. This stimulates vitality, promotes pleasure and brings joy; therefore, it enables elders to recognize their social space and define it according to their needs⁽¹²⁾.

The emotional well-being is revealed as major self-esteem factor⁽¹²⁾. Aging healthily implies being socially and spiritually active, i.e., elders should have autonomy and independence, good physical health, sense of personal significance, play roles, have a sense of belonging, healthy relational bonds and feel welcome in order to achieve a high self-esteem⁽¹³⁾.

In the second phase, several pictures of people in different moments of life were spread over the table so that the participants could choose one that best related to their feelings and then talk about their choices. The aim was to rescue elders' feelings as they often do not find people willing to listen to their main complaints and anguishes. Most participants chose pictures of families, children playing, and young beautiful women. These figures represent the projection of their aspirations, reflecting the dreams that have often been forgotten due to the difficulties they face.

The interaction between elders and their children or relatives has been highlighted as a healthy and positive

situation that favors well-being and promotes a better quality of life in the aging process due to the closer care provided by relatives⁽¹³⁾. The family's isolation caused by ageing awakes many feelings that can influence the perception of oneself and others. For having a meaning of security and creation of bonds, the family who does not participate in the whole process involving the elders since their institutionalization can generate feelings of insecurity, distrust, despite relationship difficulties. Some reports have shown a desire to return to old times, particularly to those regarding the home.

In old age, although the physiological capabilities and strength performance are reduced, elders can change behavior, diet, and activity patterns provided that they are motivated. Autonomy helps eliminate social and cultural barriers, allowing a positive view of life, which predisposes to further searches for the well-being and hence leads to changes in lifestyle⁽¹²⁾.

Self-care aimed at health promotion and disease prevention is a key factor for the achievement of successful aging. Feeling happy, cheerful, at ease with oneself and life is fundamental and natural at this stage because reaching old age with good psychological aspects, high optimism and personal control will allow greater security and confidence to live the last stage of the life cycle⁽¹³⁾.

Moreover, it is extremely important to adopt a healthy lifestyle, focusing on nutritious and balanced diet, following recommendations like: reducing the amount of fat intake, especially the saturated fats found mainly in foods derived from animals, and encourage the consumption of foods naturally high in fiber and micronutrients, such as whole grains, vegetables, fresh fruit and legumes⁽¹⁴⁾.

Given that, the third phase approached the healthy lifestyle through the explanation of the food pyramid and the importance of physical activity. During the explanation, the facilitators talked about nutritional guidelines in order to promote greater awareness of healthy eating habits for the prevention of disease and promotion of health. Furthermore, they tried to adapt the guidelines to the reality of the institutionalized elders, using the food provided by the institution as an example.

Considering the comments of participants, it was possible to note the existence of previous knowledge on the subject. They knew the importance of a balanced diet, functions of food and the importance of physical activity. Most of them reported performing regular walks. However, some have presented some vicious like coffee and sweet intake and smoking habit.

The type of food may be directly related to the quality of life of the individual. A proper diet can reduce the risk of incidence of various diseases. The high prevalence of elderly

overweight and obesity alert to the need for development of specific measures targeted to this population, such as encouraging a healthy diet associated with physical activity⁽¹²⁾.

There is a strong relationship between aging, lifestyle and health. Regular physical activity assumes a prominent position in this relation, being a major factor in the beneficial relationship between health and disease and improving quality of life, especially among people over 60 years of age⁽¹³⁾.

Regular physical exercises inhibit organic changes that are associated with the degenerative process; they contribute to the rehabilitation of certain diseases that may increase morbidity and mortality rates and act on mental health and cognitive effectiveness. The daily physical activities are important and provide elders with a better physical fitness because they require a minimum level of muscular strength, flexibility, coordination and balance. Thus, they keep functional capabilities active for longer and with better quality⁽¹⁾.

Elders' participation in physical activities provides a maximization of social contacts, encouraging improvements in life satisfaction and decreasing loneliness. The physically active elder is able to overcome the demands imposed by the exercise (self-efficacy), rescue self-worth and self-confidence, which will positively affect the self-perception of body image.

The rescue of these aspects, promoted by physical activity, improves the way the individual deals with the body and can reflect on other behaviors related to well-being, such as nutrition and social interaction⁽¹²⁾. Thus, given the need for more effective health interventions for elders, the health education emerges.

Health education is any combination of learning experiences outlined in order to facilitate the exchange of knowledge between the individual and the health professional. From a biopsychosocial view, health education aims to make people achieve their intrinsic possibilities in order to build and development their personality⁽¹¹⁾.

Health professionals have an ethical, moral and civic duty to adopt attitudes focused on elders, ensuring or giving conditions for autonomy and better quality of life. Among the various ways to achieve this goal, physical activity has appeared to be extremely effective for the health-disease relationship, especially when one takes into account the concept of health as a physical, mental and social well-being⁽¹⁴⁾.

During the workshops, some difficulties emerged: group dispersion; reluctance to participate because the workshops were performed at dinner time; and lack of interest in the content addressed because many elders did

not feel encouraged to talk about it. It is essential that health professionals be aware of the determinants of the aging process, including its complexity and magnitude; they should act for the promotion of health of the elders in order to help them to have an active and healthy life⁽¹⁾.

Several factors have hindered the development of educational workshops such as the low level of education, proximity to death (which causes a feeling of powerlessness in relation to health), poor hearing acuity of some participants, among others. However, nurses must continue to focus on the development of activities that encourage this population in all areas of their lives.

While addressing healthy lifestyle, nurses should emphasize the importance of developing self-care during all stages of the life cycle in order to ensure a healthy aging through lifestyle changes and adoption of new behavior patterns⁽¹⁾. The gerontological nurse must be able to know the social reality of elders and their families, identify health problems and risk situations, provide comprehensive care using a care approach, develop health educational processes, stimulate the group discussion of special cases and promote interdisciplinary actions for the assessment of problems identified⁽¹⁾.

Thus, it is believed that health professionals committed to educational issues should be able to socialize their knowledge and thereby qualitatively intervene in patterns of individual and collective health involving not only habits and behaviors, but general conditions of the life of this population. Therefore, this study may contribute to the use of this educational strategy in institutions for elders. Also, it is hoped that all professionals, especially nurses, shall use health education as an important tool for health promotion.

FINAL CONSIDERATIONS

During the workshops with institutionalized elders, it became evident the need for information, encouragement for a greater perspective of life and a greater interest in health. Strategies of health education implemented in the waiting room sought to disseminate the knowledge and ability to develop self-care. Furthermore, they enabled the interaction and sharing of experiences among different people, providing an exchange between scientific and popular knowledge.

These strategies should be geared to meet the needs of this age group and aware of the importance of promoting information in a dynamic and interactive way due to the complexity involved in the process of human aging.

The implementation of educational measures is effective for the promotion of health, the development of critical thinking and the reduction of risk behaviors.

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