

Educação em Saúde: reflexões a partir da vivência de residentes multiprofissionais

Health Education: reflections from the multiprofessional residents experience

Educación para la Salud: reflexiones desde la experiencia de los residentes multiprofesionales

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RESUMO: A educação em saúde é uma ferramenta que proporciona uma interação entre a promoção de saúde e a difusão de conhecimentos. Sua atuação vai além do trabalho coletivo, estendendo-se a melhoria na qualidade do atendimento ao público. Sabe-se que a infecção hospitalar constitui um risco à saúde do usuário onde a probabilidade de ser infectado aumenta na medida em que é manipulado. Eis então a relevância da adoção de estratégias de Educação em Saúde que possam colaborar com a prevenção de infecção hospitalar. O objetivo deste artigo é compartilhar as vivências dos Integrantes da Residência Multiprofissional em Saúde sobre a importância da prática de educação em saúde a respeito de medidas de precaução de contato no âmbito hospitalar. O estudo aconteceu em um hospital universitário da cidade de São Luís (MA), onde foram realizadas atividades de educação em saúde para acompanhantes de usuários internados e para os próprios usuários que possuíam cognitivo preservado durante um mês pelos residentes. A atividade de educação em saúde foi sistematizada por meio do método do Arco de Maguerez. Os integrantes da residência multiprofissional relataram a importância dessas atividades na política de segurança do paciente, na formação profissional e na formação do vínculo entre profissional e usuário.

Palavras-chave: Educação em saúde. Segurança do paciente. Infecção hospitalar.

ABSTRACT: Health education is a tool that provides an interaction between health promotion and the diffusion of knowledge. Its performance goes beyond the collective work, extending the improvement in the quality of the service to the public. It is known that hospital infection is a health risk to the extent to which they are manipulated the likelihood of being infected increases. Thus,

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the relevance of the adoption of Health Education strategies that collaborate with the prevention of hospital infection. The aim of this article is to share the experiences of the members of the Multiprofessional Residency in Health on the importance of the practice of health education on precautions of contact in the hospital. The study was carried out in a university hospital in the city of São Luís (MA) where health education activities were carried out for companions of hospitalized users and for users who had cognitive maintenance for a month. The health education activity was systematized through the Maguerez Arch method. The members of the multiprofessional residence reported the importance of these activities in the patient safety policy, in the professional training and in the formation of the link between professional and user.

Keywords: Health education, Patient safety, Infection.

RESUMEN: La educación sanitaria es una herramienta que proporciona una interacción entre la promoción y la difusión de conocimientos sobre la salud. Su actuación va más allá del trabajo colectivo, expandiéndose la ampliación de la mejora en la calidad de los servicios públicos. Se sabe que la infección hospitalaria constituye un riesgo para la salud del usuario, donde la probabilidad de ser infectado aumenta a medida en que es manipulado. He aquí, la relevancia de la adopción de estrategias de educación en salud que puedan colaborar con la prevención de la infección nosocomial. El objetivo de este artículo es compartir las experiencias de los miembros de la Residencia Multiprofesional en Salud acerca de la importancia de la práctica de educación sanitaria sobre las precauciones de contacto en los hospitales. El estudio se llevó a cabo en un hospital universitario en São Luís (MA), donde se realizaron actividades de educación sanitaria para acompañantes de pacientes hospitalizados y para pacientes que presentaban un cognitivo conservado durante un mes por los residentes. La actividad de educación para la salud fue sistematizada por el método de arco de Maguerez. Los miembros de la residencia señalaron la importancia de estas actividades en la política de seguridad del paciente, la formación profesional y la formación del vínculo entre el profesional y el usuario.

Palabras clave: educación para la salud; seguridad del paciente; infección nosocomial

INTRODUCTION

In 2002, Multiprofessional Residences in Health (MRH) were created with the objective of training professionals for a differentiated performance in SUS, since it presupposes interdisciplinary construction of health professionals, teamwork, permanent education device and reorientation of techno-assistance logics¹. The MHR is considered a space for the development of health education actions, which may constitute a potential device in order to promote new practices of health care; with integrality, humanization and quality of the services provided.

It is known that hospital infection (HI) constitutes a health risk to the user and the manipulation of the probability of being infected is quite significant, causing physical, psychological, social and

economic weariness. The HI is defined as the one acquired after the patient's hospitalization and manifested during hospitalization or after discharge, when it may be related to hospitalization or hospital procedures². Most hospital infections are caused by an imbalance in the relationship between normal human micro biota and host defense mechanisms. It may happen due to the patient's own underlying pathology, invasive procedures and changes in the microbial population, usually induced by the use of antibiotics³. The HI is a historical, social and not only a biological event, requiring scientific, technological and human investments for the incorporation of preventive and control measures, without losing sight of the quality of care provided by the multiprofessional team⁴.

The HI can be prevented by simple, cautious and efficient measures for patients, caregivers and health professionals. For multi-resistant pathogens, contact precautions should be instituted. The basic purpose of a system of precautions and isolation is to prevent the transmission of microorganisms: from one patient to another patient, from one patient to a health care professional and from one healthy or ill carrier to another⁵. Therefore, the context of hospital infection prevention and control, theoretical knowledge and practice must be shared between the interdisciplinary team and the service user. In this sense, it is considered relevant to adopt Health Education strategies that can collaborate with a differentiated care practice, valuing the participation of the family in the hospitalization process and the collective dialogue on primordial aspects to health.

Health education is seen as a bridge between knowledge and the attempt to solve collective and individual impasses in health. It is one of the tools that can provide an interaction between health promotion and the diffusion of knowledge. Its performance goes beyond the collective work, extending the improvement in the quality of the service to the target public that is the user of the service⁶. In this perspective, it is always necessary that individual attitudes that consider the collective promote actions that can modify or assist in the improvement of care or service provision in a hospital environment.

Therefore, health education is necessary as a means of approaching the user to a practice that provides individual and collective benefits. In this context, the objective of the present study is to share the experiences of the members of the multiprofessional residency in health regarding the importance of the practice of health education on contact precaution measures in the hospital environment.

methodology

This study has been carried out in a university hospital in the city of São Luís-MA, where residents developed health education activities for companions of hospitalized users and for the users who had their cognitive preserved. A problem-solving methodology has been used based on the five stages of the Maguerez Arch (Reality Observation and Problem Definition, Key Points,

Theorization, Solution Hypotheses and Application to Reality) in order to achieve the results whose characteristics are presented as educational potential.

In the observation of the reality and definition of the problem, the subject is led to identify the characteristics of the observed reality in order to contribute to its transformation. After defining the problem to be studied, a survey about the probable associated factors is made, and these are called key points. In the theorization stage, the data is analyzed and discussed, serving as a foundation for the change of reality. In the stage of theorization, the data are analyzed and discussed, serving as a foundation for the change of reality. At solution hypotheses stage, the individual formulates alternative solutions to the problem, requiring creativity and originality. In the application to reality occurs the execution of activities thought to solve the problem⁷.

During the reality observation stage, the group has identified the need for hospital users to receive more guidance about the care that should be taken during contact isolation in their hospitalization process, both by professionals and by the users themselves. The following key points have been launched: academic training not focused on health education and deficit orientation for users and companions. In the theorizing stage, it was possible to create responses based on the literature, since one of the greatest risks in the hospital is the transmission of bacteria and other microorganisms between colonized/infected users to susceptible users and to health professionals. In the solution hypotheses stage, health education activities have been proposed for companions and users, guiding measures that should be used in order to avoid cross-contamination. In the application to reality, the health education activity has been carried out through the distribution of educational and illustrative folders, as well as verbal orientations. The folder contained information on contact precautions that should be used by professionals, such as aprons, thermometer and stethoscope for individual use, room with restricted visits, and hand washing. After the end of the educational action, residents held discussions with each other in order to get the answers to some questions, such as “What is the relevance of this action?”, “What happened?”, “How important is this experience?”, among others.

RESULTS AND DISCUSSION

The health professional must constantly improve within the educational context, since he/she is one of the responsible for the process of co-responsibility, offering means for the subject to be the transformer of his/her own reality. The act of curing/treating and educating are complementary, representing a negotiation between them, so that the objectives are reached and able to transform a certain reality, improving the indicators and health determinants⁸. In the hospital context, the rate of infection and cross contamination is imminent, which added to the physical, psychological and emotional fragility of the user can cause serious damage, since the high rates of hospital infection are complications that prolong the hospitalization time and increase the public spending⁹.

Thus, the members of the multiprofessional residency have reported the importance of these

activities for patient safety policy, for the professional formation and for the formation of a link between professional and user, as it helps to establish a relationship of trust in which the learning is reciprocal and the sharing of information and doubts occurs. The educational action offered the user empowerment, since they have reported feeling more enlightened, thus removing the power of knowledge only from the hands of the health professional and disseminating it to one of the key pieces of the educational process, the user of the health system. Through the Arch of Maguerez methodology, the residents have been encouraged to observe their reality, identifying the fragilities and intervening with the intention of promoting improvements. Therefore, more than treating and curing, it is important to create the necessary means for health development and, in this context, it is fundamental the integration of the multiprofessional team. Several studies point to nursing as the profession which is most involved in health education strategies, since it participates in several continuing education programs mainly in the area of basic care, which needs to be expanded so that all professions are able to recognize the need to practice health education, both in basic care and in the hospital. Another difficulty that has been pointed by the studies regarding the practice of health education as an instrument for building popular participation in health services and not just a vertical transmission of knowledge, concerns the academic training of health professionals based predominantly on the care vision and attempt to behavior change¹⁰.

CONCLUSION

It is concluded that the professionals who are inserted in the context of a multiprofessional residence should act as instruments for the dissemination of the importance of health education actions, by promoting the vision expansion of the other professionals regarding this process, encouraging the users to become active subjects in the transformation of their own reality, and contributing to the minimization of risks of cross-contamination in the hospital environment through continuing education activities.

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