

## The perceptions of vascular dysfunction bearing patients with regards to health education as an autonomy instrument

Percepção do usuário com alteração vascular sobre a educação em saúde como instrumento de autonomia<sup>1</sup>

Percepción del usuario con la enfermedad vascular sobre la educación en salud como instrumento de autonomía

Sofia Hardman Côrtes Quintela;<sup>2</sup> Pâmela Guimarães Siqueira;<sup>3</sup> Fabianne Banderó Höffling;<sup>4</sup> Bruna Hirano Imbriani;<sup>5</sup> Marta de Vargas Romero;<sup>6</sup> Rosângela Marion da Silva<sup>7</sup>

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### ABSTRACT

**Objective:** The study's purpose has been to analyze how the patients bearing vascular dysfunctions realize the healthy education in the process of personal care autonomy. **Methods:** It is a descriptive-explanatory study with a qualitative approach, which was carried out with 12 healthcare users bearing vascular dysfunctions. The users were under treatment in a multiprofessional ambulatory from a University Hospital localized at *Rio Grande do Sul* State. Data were collected over the period from August to November 2016, using a semi-structured interview. Subsequently, the data were transcribed and analyzed through the Thematic Analysis as proposed by Minayo. **Results:** From data analysis, the following two categories emerged: Trust in the interdisciplinary team and Accountability from the healthcare users and their relatives during the care process. **Conclusions:** The healthcare users have favorably noticed the health education actions. Horizontality and dialogic practices are important for the empowerment and accountability of the healthcare users.

**Descriptors:** Health education, Personal autonomy, Vascular diseases, Patient care team, Ambulatory care.

- 1 Elaborado a partir de Monografia: Percepção do usuário com alteração vascular sobre a educação em saúde como instrumento de autonomia, 2017, Universidade Federal de Santa Maria.
- 2 Graduada em Fonoaudiologia pela Universidade Federal de Sergipe. Especialista em Gestão e Atenção Hospitalar no Sistema Público de Saúde pela Universidade Federal de Santa Maria.
- 3 Enfermeira graduada pela Universidade Federal de Santa Maria. Especialista em Gestão e Atenção Hospitalar no Sistema Público de Saúde e mestranda em Ciências da Saúde pela Universidade Federal de Santa Maria.
- 4 Graduada em Serviço Social pela Universidade Federal de Santa Maria. Especialista em Gestão e Atenção Hospitalar no Sistema Público de Saúde pela Universidade Federal de Santa Maria.
- 5 Graduada em Fisioterapia pela Universidade Federal de São Carlos. Especialista em Gestão e Atenção Hospitalar no Sistema Público de Saúde pela Universidade Federal de Santa Maria.
- 6 Graduada em Fonoaudiologia pela Universidade Federal de Santa Maria. Mestre em Distúrbios da Comunicação Humana pela Universidade Federal de Santa Maria. Fonoaudióloga do Hospital Universitário de Santa Maria.
- 7 Enfermeira graduada pela Universidade Federal de Santa Maria. Mestre em Enfermagem pela Universidade Federal de Santa Maria. Doutora em Ciências pela Universidade Federal de São Paulo. Professora Adjunta da Universidade Federal de Santa Maria.

## RESUMO

**Objetivo:** Analisar como o usuário com alteração vascular percebe a educação em saúde no processo de autonomia do cuidado. **Método:** Pesquisa descritiva exploratória de abordagem qualitativa realizada com 12 usuários com alteração vascular que estavam em atendimento em um ambulatório multiprofissional vascular de um hospital universitário do interior do Rio Grande do Sul. Os dados foram coletados entre agosto e novembro de 2016 por meio de entrevista semiestruturada. Estes foram transcritos e analisados por intermédio da Análise Temática proposta por Minayo. **Resultados:** Surgiram duas categorias: atendimento que transmite confiança e (co)responsabilização dos usuários e familiares no processo de cuidar. **Conclusão:** O usuário com alteração vascular percebe que as ações educativas em saúde o auxiliam no processo de autonomia do cuidado. A horizontalidade e as práticas dialógicas são importantes para o empoderamento e corresponsabilização.

**Descritores:** Educação em saúde, Autonomia pessoal, Doenças vasculares, Equipe de assistência ao paciente, Assistência ambulatorial.

## RESUMEN

**Objetivo:** analizar cómo el usuario con las enfermedades vasculares percibe la educación para el cuidado de la salud en el proceso de autonomía. **Método:** investigación cualitativa exploratoria descriptiva, con 12 usuarios con enfermedad vascular en el tratamiento en una clínica ambulatoria vascular multidisciplinario de un hospital universitario de Rio Grande do Sul. Los datos fueron recogidos en 2016, entre agosto y noviembre a través de entrevista semiestruturada. Ellos fueron transcritos y analizados mediante análisis temático propuesto por Minayo. **Resultados:** surgió dos categorías: Servicio que transmite confianza y la co-responsabilidad de los usuarios y las familias en el proceso de atención. **Conclusión:** el usuario con enfermedad vascular darse cuenta de que la educación en salud ayuda en el proceso de autonomía cuidado. La horizontalidad y el diálogo son importantes para la potenciación y la corresponsabilidad.

**Descritores:** Educación en salud, Autonomía personal, Enfermedades vasculares, Grupo de atención al paciente, Atención ambulatoria.

## INTRODUCTION

The health promotion movement, since its initial proposal, has been investing in the autonomy of the subjects with regards to their health-disease process. The direction taken by this movement shows the need to reorient health practices in an attempt to address social inequalities, and encourage community participation in health planning and decision-making.<sup>1</sup>

In its quest to overcome the concept of health as an absence of disease, focused on biological aspects, the *Sistema Único de Saúde (SUS)* [Unified Health System] incorporated in its Organic Law the expanded concept of health, which is a result of the ways of life, organization and of production in a particular historical, social and cultural context.<sup>2</sup> Based on this concept, the *SUS* has as one of its goals the assistance to people with the integration of care practices and preventive activities, carried out through actions aiming to promote, protect and recover health,<sup>3</sup> making health promotion the health professional duty.

The author states that it is essential for the promotion of health to empower individuals to take care of themselves, and this should happen through educational actions, and education is indicated as the main strategy for promoting the

health of the population since health is made effective from the personal care autonomy.<sup>4</sup> Nevertheless, despite having different methods and segments, health education goes beyond the transmission of knowledge to the community, because it is through this that links are established between professionals and caregivers, which promotes the active participation of the latter, as well as conceptual changes of the individuals with regard to habits that compromise their health and life quality.<sup>5</sup>

Given these concepts, health education actions are necessary among users suffering from cardiovascular diseases, because despite the severity of these diseases and the increase in their incidence, especially with advancing age, most of them could be prevented through educational actions. Its incidence among the risk factors of the most frequent chronic diseases (cardiovascular diseases, diabetes mellitus and cancer) has made the World Health Organization propose an integrated approach to prevention and control, at all ages, based on the reduction of the following factors: hypertension, smoking, alcohol use, physical inactivity, inadequate diet, obesity, and hypercholesterolemia.<sup>6</sup>

Consequently, in order to prevent and minimize the consequences of chronic diseases, particularly in users with cardiovascular disease, and based on the trend and global proposal for integrated prevention and control of chronic diseases, in 2013, the institution where this research was performed, the Vascular Multiprofessional Ambulatory (VMA). Since then, it provides multiprofessional and interdisciplinary care to users assisted by the Medical Team from the Hospital Vascular Surgery and Angiology.

A survey carried out at this institution indicates growth in relation to the number of visits performed at VMA. In 2016, 119 appointments were recorded from January to November, which is higher than in the previous year, 60 appointments. This service is carried out by a team of multiprofessional residents (nurse, social service professional, psychologist, nutritionist, physiotherapist, speech therapist and pharmacist) whose objective is the integral care of the user through health education actions aimed at promoting health and prevention of complications due to the disease. This regional initiative seeks to contribute data that may modify, in the long term, the information found in the Information System of the *SUS* Hospitals, which indicate that in the period from January 2015 to March 2016, 89,348 users were hospitalized in the Brazil due to diseases of the circulatory system, being the third cause of hospitalization.

It should be emphasized that in order to promote health, it is fundamental to consolidate practices directed at individuals and collectives, in a work perspective that is multidisciplinary, integrated and in networks, so that the population's health needs are considered, and is an articulated action among the various actors of a territory,<sup>2</sup> where one of the professionals involved in care is the speech therapist.

Speech therapy integrates actions to promote, protect and recover health in different aspects related to human communication, assuming a considerable role in maintaining the health and quality of life of the subject.<sup>7</sup> Furthermore, the speech therapist, being a health professional who acts

in the scope of *SUS* and that is part of the interdisciplinary team, should promote the integral health of the individual, in addition to those related to speech-language disorders. By being part of the interdisciplinary team that provides care to the user in the VMA, this professional has an important role in the identification of communication disorders, which is closely related to the health education process and enables the user to have autonomy in their care process.

Hence, based on the experiences lived as a resident in the VMA, the following question emerged: Did the health educational actions help in the process of care autonomy of the user bearing a vascular dysfunction? By bringing such issue to discussion, this study aimed to analyze how the patients bearing vascular dysfunctions realize the healthy education in the process of personal care autonomy.

## METHODS

It is a descriptive-explanatory study with a qualitative approach, once it is characterized by working with the universe of meanings, motives, beliefs, and attitudes, corresponding to a deeper space of relationships, processes, and phenomena that cannot be reduced to the operationalization of quantitative variables.<sup>8</sup>

This work results from a larger project elaborated by resident students enrolled in a Multiprofessional Residency Program in Health from the *Universidade Federal de Santa Maria*. The research is in compliance with the Resolution No. 466/12 from the National Health Council,<sup>9</sup> and was approved by the Research Ethics Committee from the *Universidade Federal de Santa Maria*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 57048216.8.0000.5346.

The study's scenario was the VMA, located in a University Hospital in the Central region of *Rio Grande do Sul* State. This ambulatory assists the patients who were hospitalized for some surgical procedure (such as limb amputation/disarticulation, arterial embolectomy and carotid thromboendarterectomy) and/or users linked to the Ambulatory of Angiology who were referred by either the medical or nursing team.

The participants were the users attended by the VMA, volunteers, who met the following inclusion criteria: being able to oral express themselves and those who were previously assisted by this ambulatory. Those with speech impairment were excluded from the study.

The collection was carried out from August to November 2016, in a reserved room located in the unit in which also works the VMA services. The technique of data collection was a semi-structured interview, guided by a script, with topics about ambulatory care, changes in routine after starting care, positive points, points to be improved in outpatient care and suggestions for improvement. The interviews were recorded in digital audio with the authorization of the participant, with an average duration of 20 minutes. In order to finalize the interviews, the data saturation criterion was used, which is achieved by achieving the homogeneity, diversity, and intensity of the information necessary in order to achieve the study intentions.<sup>9</sup>

Data were arranged and analyzed through Thematic Analysis, which "consists in discovering the meaning cores that compose a communication, where their presence or frequency means something to the analytical objective aimed."<sup>9:316</sup> In order to support data interpretation, it was followed the steps of pre-analysis, material exploration and treatment of the results obtained and data interpretation.<sup>9</sup> Initially, a floating reading of the material was performed, for later categorization of the data and interpretation of the interviews. In order to safeguard the anonymity of the participants, the interviewees were identified as "USER" followed by the ordinal number referring to the order of the interviews. Moreover, all the participants signed the Free and Informed Consent Term.

For the purpose of analyzing this article, the reports were grouped by meaning cores in order to achieve the proposed objective.

## RESULTS AND DISCUSSION

Considering the 12 users interviewed, seven were male and five were female. They had an average age of 53.5 years old, where the youngest user had 44 years old and the oldest had 86 years old. The average number of care assistance for each participant was five, where the minimum was two, and the maximum was eight. Regarding the schooling, seven had incomplete elementary school, two complete elementary school, two had completed high school and one participant had no schooling.

From data analysis, the following two categories emerged: "Trust in the interdisciplinary team" and "Accountability from the healthcare users and their relatives".

### Trust in the interdisciplinary team

In this first category, users reported the importance of the interdisciplinary team's guidelines for effectiveness of healthcare actions at home:

*You give guidance of things that, sometimes, we do not give importance. And sometimes we have a lot of trouble, like I did, and I have and did not take the pills. And now I realize that I have to take care of myself. It was good in that aspect that you speak, that I cannot stop taking my medicine [...]. (USER 2)*

It is perceived that the user expresses a feeling of trust in the interdisciplinary team, as he believes in the sincerity of the guidelines, which made him aware of the process of taking care of himself. In keeping with this data, the author shows that educational practices facilitate dialogue and enable the encounter and exchange of experience between people and, as a consequence, users understand elements that promote health and prevent complications.<sup>10</sup>

In an integrative review carried out on the relationship between health professionals and users during health practices, it was identified that users recognize when professionals demonstrate respect, attention, affection, trust, and credibility and in the care provided. The authors of the study affirm that

the relations established between professionals and users of health are fundamental in the implementation of SUS as a policy.<sup>11</sup>

Also in this topic, the following citations from the interviews stand out:

*It's great for me. You know everything that the person feels and they do not only deal with one thing [...] (USER 9)*

*I think it's good, great! [...] Because they talk, they explain things to us, they ask questions. Several professionals are able to clarify our doubts. [...] Questioning that comes from home and several questions that arise here. (USER 4)*

In these reports, in addition to the emphasis on the interdisciplinary of the multiprofessional team, the user perceives the singularity of actions, with emphasis on life history. Despite this, it is worth mentioning the report of the USER 9, which recognizes the health professional as knowledgeable.

This logic is probably related to the traditional model of health education, which is rooted and causes the user to perceive the educator as the holder of knowledge and to educate a deposit to be filled by the educator.<sup>12</sup> The user himself places himself in the place of viewer, possibly resulting from long periods of service in this logic. In order for education to be liberating, it "can no longer be the act of depositing, or narrating, or transferring, or transmitting 'knowledge' and values to learners, simply patients, in the manner of 'banking' education, but a cognitive act".<sup>13:39</sup>

In this sense, it is perceived that this knowledge, when shared, propitiates horizontal relations, as observed in the following reports.

*[...] we come here and clarify our doubts. (USER 7)*

*[...] just by talking it through, it already helps and stimulates. (USER 6)*

The dialogue establishes a horizontal relationship, and the trust of one subject is another indisputable consequence of this relationship.<sup>13</sup> Thus, the educational practice in health goes beyond a mere relation of teaching/learning, since it presupposes a dialogical relationship based on the horizontality of individuals to the construction and shared reconstruction of knowledge aiming at social transformation.<sup>14</sup>

Therefore, the interdisciplinary team to carry out educational actions with users, considering their socio-cultural context, has the possibility of contributing to the autonomy of the user in their care process, which makes them responsible for maintaining their health.

## Accountability from the healthcare users and their relatives

The users understand that their experiences associated with the interdisciplinary team's orientations help in the caring process and can contribute to the transformation of practices

adopted at home, either through nutritional information or the entry into help groups, important aspects for the autonomy of the individual.

*Regarding the nutrition, nutritionist [...] It was a big change, it helped me a lot [...] (it is) different, for the better. Because it would not make sense to come here if it was not to change. I would waste my time. (USER 1)*

*[...] I have done, (the change) about the cigarette. I tried to slow down, and I'm trying, right? Now I'm going to look for this group there (referring to a group of smokers). I want to leave ... it's bad. And the physicians have told me that what I have in my legs is rather from cigarettes than from diabetes. (USER 2)*

*[...] as I recall, my food intake was very wrong before the orientation. I would eat cassava and rice, all together. (USER 9)*

The perception of the importance in changing the modifiable habits by the occurrence of cardiovascular diseases and also aiming to prevent new aggravations is evident in the reports above, which was provided through multiprofessional and interdisciplinary intervention, suggesting a shared care in which the user is also responsible for the maintenance of your health. Health professionals should encourage users to overcome the difficulties encountered during treatment and plan the best ways to approach, not only with regards to drug treatment, but also in the care of eating and practicing physical activity, so that health education is put into practice.<sup>15</sup>

In analyzing popular participation in health education actions, the author realized that education based on dialogue provided the formation of new knowledge and educational practice favored the development of autonomy and accountability.<sup>16</sup> Thus, the user's responsibility towards their own health presupposes knowledge about modifiable habits, which makes possible autonomy in the decision-making process.

*Now, I know what I can either do or not do. I know what will clog the veins, give blindness, and avoid amputating the other leg and other things. Keep the glucose low [...] and if I do not do it gives complication. (USER 7)*

*So [...] I took care of candy at parties. But now my opinion has changed and I like to take care of myself. It's no use continuing (eating) the candy and taking medicine. It does not work, right? (USER 2)*

In a study aimed at verifying the impact of a health education program on the knowledge of the elderly on cardiovascular diseases, it was identified that after the intervention there was an increase in knowledge and the participants were more confident about the preventive attitudes most appropriate for cardiovascular risks. The same study showed that health education with a participatory

approach had a positive impact on the formation of more critical subjects, who were able to argue and make healthier choices.<sup>17</sup> In research carried out with elderly people, it was concluded that education and the promotion of together, being an instrument of self-care since they create possibilities for the awareness and empowerment of the elderly in order to obtain life quality.<sup>5</sup>

The success of treatment in chronic diseases is strongly related to the participation and involvement of the user as an active subject of their treatment. The practice of self-care that leads to healthier lifestyles, in addition to adherence to treatment, depends on a professional prescription and, above all, on an awareness of the patient about his/her health situation and the relationship between it and his/her life.<sup>18</sup> Thus, it is in the process of appropriation of knowledge that one perceives the autonomy and the responsibility of the individual.

*It's fine with me. I keep getting things (referring to directions received) into my head. I do some things; I do others [...] in order to not get confused. (USER 8)*

*I have quit drinking soda. But, I do eat the sweet stuff every once in awhile. (USER 4)*

For the self-care to be effective, it is not enough to tell users what they should do, it is necessary to recognize the central role of users in health care and to empower them with a sense of self-responsibility.<sup>19</sup> Thus, individual empowerment brings about a greater interaction of the individual with your health, awareness of your care needs, how you want to be cared for, and, above all, the autonomy to choose what is important to your life, knowing the advantages, disadvantages, and consequences that transpose choices.<sup>20</sup>

The following statements also reflect the participation of family members and/or companions in the process.

*Better (that the companion also come along) because she will listen too. (USER 3)*

*I forget (the guidelines), but my wife always comes in the consultation and she pays attention. [...] He changed (referring to wife)! Regarding the food intake everything is controlled, fats, all good. (USER 6)*

These statements suggest the importance of the presence of the family member and/or companion in the care process, as they divide the daily routines, space where unhealthy habits for their pathologies can be modified. This perception brought by users becomes an important instrument of autonomy.

A study that sought to understand the influences that determined the life practices of individuals with systemic arterial hypertension evidenced the influence of family dynamics on the users' diet.<sup>21</sup> The authors realized that the organization of people's life practices, because they live in a family structure, is guided by a series of factors that do not depend only on a member of that family, but that some

families make adaptations and are structured based on the needs of their members.

Hence, in order to take interdisciplinary actions, the multiprofessional team needs to recognize in the user the health demands that can be solved by him, and then act with a view to exchanging experiences, socializing knowledge so that he is also responsible for his own health. It is fundamental including the familiar in this process, so that actions are doubly strengthened.

## CONCLUSIONS

This research have identified that healthcare users bearing vascular dysfunctions recognize that the health educational actions performed by the interdisciplinary team can help in the process of personal care autonomy. It is because the trust transmitted towards the team, which is conveyed through horizontal and dialogical relationships, allows the modification of life habits and also the accountability of users and their relatives regarding the care.

In the current context, in which health is understood beyond the absence of disease, educational actions must be prioritized and built based on the population needs, since they have an important role in promoting health for the general population, then becoming a fundamental aspect towards life quality.

By analyzing the users' reports, they are considered to positively perceive health education in the process of personal care autonomy. This is an important piece of data to be considered in guiding actions for educational purposes, given the need for health promotion with regards to vascular dysfunctions.

It should be noted that this study was carried out with a certain sample, reflecting a local reality, which might not correspond to other realities. Notwithstanding this limitation, this study is pertinent given the topic relevance and for bringing contributions in the discussion from the user viewpoint, since there are researches related to the theme of health education, but they rarely report about this subject that brings the interdisciplinary perspective, with emphasis on studies accomplished by nursing professionals.

Accordingly, it is suggested reports concerning the involvement of other professionals in the care of the user, as well as the health education practices by interdisciplinary teams, taking into consideration the importance of the effectiveness of actions towards health promotion.

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**Autora responsável pela correspondência:**

Sofia Hardman Côrtes Quintela  
Rua Lênio de Moura Morais, nº 155  
Bairro Farolândia, Sergipe, Brasil  
CEP: 49.031-040  
E-mail: sofiahc@hotmail.com