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ABSTRACT

This article presents reflections on the praxis of nursing in the context of health education, in the light of Paulo Freire's approaches. Considering great importance as a way to achieve health promotion and quality of life, from the appreciation of the experiences of the subjects, their personal

demands and social challenges. It is noticed, in this analysis, that the work of the nurse contributes immensely to the realization of the process of health education, as a way of promoting the health and quality of life of individuals. Health education requires from the nurse an engaged, aware, liberated, autonomous, able and qualified professional to implement in a coherent way the process of emancipation, autonomy and attitudes necessary for the promotion of health and quality of life of people.

Keywords: Health education, health promotion, nursing.

1 INTRODUCTION

This study proposes a discussion about the praxis of the professional nurse in the context of health education, especially used in the scope of health promotion, in the light of Paulo Freire's theory, which is based on ethics, respect for the dignity and autonomy of the student. This educator provokes students to assume the condition of socio-historical subjects inserted in a context and calls attention to educators to the fact that teaching requires ethics, respect and critical reflection on practice.

In Brazil, health education is mainly aimed at disease prevention and health promotion. Prevention educational campaigns follow the logic of health education, which was in force in the country until the mid-1950s. Interventionist strategies focused on the risk of illness were present in the materials produced, with the intention of improving the health levels of the population. At the end of the 1960s, health education came to be called health education. It is important to emphasize that this was not only a change in vocabulary, but a conceptual transformation was attempted¹. In addition to providing information on diseases and forms of prevention, the gaze was broadened to the living and health conditions of the populations.

The criticisms of the hygienist model, as well as the way of educating proposed by it, are based on the fact that it tends to be developed in an authoritarian way, without taking into account the subjectivity involved in the experience and previous knowledge of the subjects involved in the educational processes. From the moment there is an overvaluation of hygiene and cleanliness, the comprehensive and supportive attitudes, as well as the practical knowledge of the subjects, expected in educational practices, are placed as supporting factors in the process.

In this context, the health promotion guideline emerged in the early 90s, with an understanding of health as a consequence of factors related to quality of life, including an adequate standard of food and nutrition, housing and sanitation, good working conditions, opportunity for lifelong education, clean physical environment, social support for families and individuals, responsible lifestyle and a range of other health care³.

Promoting health means, then, the search for better conditions, through both individual and collective strategies, involving health professionals and citizens organized in the community. Health promotion is conceptualized as the process of training the community aiming at its quality of life, through greater participation in the control of this process. Individuals and groups must know how to identify aspirations, satisfy needs and favorably modify the environment. Thus, health promotion is not the exclusive responsibility of the health sector, and goes beyond a healthy lifestyle, in the direction of global well-being³.

Regarding nursing care, in this perspective and scope of disease prevention/health promotion, it is known that it is developed through professional/patient dialogue, where the objective is to work on self-care, being necessary to transform the patient's understandings about the context of the environment in which it is inserted, where autonomy and counterpart of the same in health care are sought.

One of the strategies in which nurses use to promote self-care is through health education, so it is necessary to understand the educational action as a pedagogical dimension of nursing practice, and not only of health education, as if it were something that comes from outside². Even because, this type of activity is a guide of the professional practice of nursing in various fields of action of its work, but, primarily in primary health care, especially in the family health strategy, because this level of care allows greater contact, bond and dialogue between professionals and patients, it is important to emphasize that the most appropriate way to develop health education has been through popular education, this, coming from Freirian pedagogy.

In this line of reasoning, on the praxis of nursing, through education with a view to health promotion/quality of life, forms of construction are possible from the relationship between common sense (knowledge of people's daily lives) and scientific knowledge (knowledge produced by the scientific method)². This type of practice involves aspects of a pedagogical and methodological nature, among others. This stance is inspired by Paulo Freire's pedagogical proposal and by a constructivist approach to learning based on dialogue².

Paulo Freire is one of the precursors of Progressive Pedagogy in Brazil, which advocates a multicultural, ethical, liberating and transformative education. It evidences care with education, proposing the humanization of relationships and the liberation of men, a central theme discussed in his

main work, *Pedagogy of the Oppressed*, written in 1968. It proposes the explanation of the importance and the need to make an education for a society that experiences demands, defending the articulation of knowledge, knowledge, community and the environment, translating into a collective work, which can contribute to the liberation and transformation of cognoscentes subjects. The popular character of education is defined by the recognition of popular knowledge/power as an element of social transformation. Health has successfully appropriated this characteristic to develop popular education practices⁴.

The realization of this type of proposal presupposes incorporating into educational practices, the knowledge produced by the subjects involved, valuing the exchange of experiences and knowledge between health professionals and the population and proposing the incorporation of participatory planning in educational practices⁴.

Thus, the objective of this study is to reflect on the practice of the professional nurse in the context of health education, especially used in the scope of health promotion, in view of the Freirian conception.

2 THE EDUCATIONAL PRACTICE OF THE NURSE

The responsibility for health promotion is shared among individuals, community, health institutions, governments and health professionals, and the participation of nurses who carry out the health education process as a way to promote it is increasing. The educational practices developed do not always maintain an approach that incorporates the understanding of the determinant factors of the illness processes, or even of the needs, demands and considering the knowledge of the population. However, it is necessary to recognize the specific contribution of the professional Nurse to the educational process, in view of the occurrence of many successful experiences.

In the field of health, the Nurse historically has a guideline that fits the trends of educational practices, the development of the profession has a long and important trajectory, initiated by Florence Nightingale, who advocated the observations about the individual and the environment that surrounds him as a way to develop knowledge of the factors that promote the restoration of health in order to converge since then to look at the subject and his context, its locus, its relations in society.

Inserted as professionals of the health system, nursing comprises a profession endowed with scientific and technical knowledge, constructed and reproduced by a set of social, ethical and political practices that are processed by teaching, research and care. It is carried out in the provision of services to the person, family and community, in their context and life circumstances. It has, therefore, an important mission in the contribution of a more just and democratic society, because, through care,

this profession has the opportunity to educate the other for health, making him participate with his own resources to stay healthy, becoming more autonomous⁵.

Freire's thought is contemporary and orients towards duality of theory/practice with regard to education. It brings the human being as a social being, inserted in a socioeconomic and cultural context, which influences their relations with the world. The values, concepts, conceptions and beliefs condition the way of being in the world and, at the same time, are conditioned by the world in which one lives⁶.

Observation, curiosity, uneasy inquiry to the unveiling of something, the search for clarifications, are an integral part of the vital phenomenon. Paulo Freire points to the fact that creativity is driven by curiosity, which moves us and makes us patiently impatient in the face of a world that we did not make, but added to it something that we do⁶.

In his book entitled "Pedagogy of Autonomy" Paulo Freire shows us that teaching requires a willingness to dialogue and understand men and women, as individuals who make history and are made by it. This dialogue takes place in the encounter involved by respect for differences and in the conviction of both parties that "we are unfinished and in a constant process of transformation and knowledge of the new, starting from the beginning of what is already known or known⁶.

The pedagogical techniques "active methodologies", by Paulo Freire, facilitate and contribute to this process of "teaching", "showing light", "unveiling", "pointing out constructs" "forming an opinion", seeking ways and means to help the patient (the population/society) to perceive, become aware, feel the world and act with practical experiences rooted in humanization, respect, ethics, solidarity and peace. Method currently incorporated in the professional practice of the nurse educator, where it supports, rescues and encourages the participation of individuals, giving them co-responsibility for public health care.

The method of Popular Education known worldwide as Freire's pedagogy, systematized by Paulo Freire, is constituted as a guide of the relationship between intellectuals and popular classes. Many health professionals, dissatisfied with the commodified and routineized practices of health services, engaged in this process. Popular Education does not aim to create educated, clean, polished, literate subaltern subjects. It seeks to work pedagogically the man and the groups involved in the process of popular participation, fostering collective forms of learning and investigation in order to promote the growth of the capacity for critical analysis of reality and the improvement of strategies of struggle and confrontation. It is a strategy for the construction of popular participation in the redirection of social life^{7,8}.

Also known as the pedagogy of problematization, it starts from the characterization of the problems to be debated, articulating them with the social reality to forward the partial solutions in a continuous process of action-reflection. A health practice integrated with a collective and solidary

action could be aimed at overcoming the political, cultural and economic roots of human suffering and effectively including the population in the management of health systems, in the organization of care and in care practices. It is believed that from the problematization (as a tool of understanding) arises a force called social mobilization.

Therefore, for reflection on a given problem it is necessary to "unite theory and practice", because only by reflecting on these actions can one give validity to them, recognize themselves in them and then act in recognition as the subject of one's own history⁸.

Paulo Freire drew attention to the fact that "problems will always come and will be solved or not, depending on the understanding and actions", but that the important thing would be to understand that, "to fight for liberation or autonomy", to develop capacity, authorship and self-determination, it is necessary to learn, among many other virtues, to "live patiently impatient"⁹.

It is understood that the population (patients in the formulations related to health care and treatment) must be attentive to health management, in fact exercising social control so that patients (users) are impatient and so that the health service is in their favor in the struggles for living.

It follows from Paulo Freire that health workers should be challenged to actively contribute to users through their actions and services in the struggle for the right to health.

Thus, it is understood that nurses could direct their actions in order to fight for the satisfaction of people's rights to health and motivate them to know and follow the decision-making processes of health management.

On the other hand, it is known that despite the social construct established by the professional nurse in the routine of his educational practice, it is necessary to point out that the nurse has obstacles that often make his healthy practice of educating unfeasible, when it is not due to the overload of work or lack of support from the management and from the colleagues themselves, it is mainly due to the lack of professional preparation.

Some are unaware of emancipatory pedagogy and much less have the aptitude or ability to give themselves to the process of true educational practice. Still others find themselves imprisoned in prejudices, rooted in value judgments, establishing in their routines a misguided culture of supremacy of the educator and, therefore, transfer of knowledge with monologue, authoritarian and non-transformative practices.

For Freire, the educator must be committed to society, so that through his action and reflection he can transform reality, because it is through this ability to reflect that he makes him a being of *praxis*. In addition, educational practices, when developed in a conscientizing perspective, allow the individual to fully exercise their citizenship¹⁰.

Thus, it is perceived that care acquires a liberating dimension of the actors involved in the care process, and that critical thinking is intrinsically related to creative thinking, to the extent that the latter allows us to seek possibilities to go beyond, to transcend¹¹.

The role of the health professional with the community is to mobilize it in the search for the best health conditions, through dialogical interaction, and admitting the pre-existing knowledge to integrate them in the formulation of knowledge. For Freire, knowledge is done in an integrative and interactive way, using interaction, communication and dialogue, but if there is no respect for the understanding of differences, there will be no integration.

Care should favor human development, enhancing the subject's abilities for self-care, enabling him to walk his path, break with exclusionary relations of domination present in society, making him conquer scenarios proper to his citizenship¹².

Thus, for nurses to act effectively in the process of health education, it is essential that they understand the way of being and living of the other, penetrate their world, their way of living, their culture, their social and family environment, making use of the exchange of experiences with the patient³.

It appears that the professional uses this tool when it enables a bond with the user, when it provides opportunities for discussion through popular dialogue and problematization in loco, that is, in the environment and social context of the user.

What sometimes occurs, constituting a list of challenges to the implementation of health education in nursing care, is the existence of oppressed professionals, because historically they are part of a work process in which the power lies with those who hold the most knowledge.

Freire⁹ addresses the issue of fear of freedom, that is, the danger of awareness, and when promoting it, in this case the professionals, will be critical, because a naïve being, when learning, becomes critical and it may be more comfortable for people to continue in their naivety and not realize the injustices that are occurring around them.

The infrastructure is also extremely necessary, as well as the link with other social organizations such as churches, residents' associations and popular movements. The reach of health education initiatives will be greater the broader their network. Educational activities should be planned, which requires time and dedication¹².

Among the health professionals who invest more work time in the health education process, the Nurse stands out, who at the primary level of care, promote articulation between various actors in the community, seek bond with the individual, integrate other professionals into the process, focus on diverse and unique contexts of each user, work personal autonomy and social empowerment of individuals in the face of their specific scenarios, in short, they invest in the transformation of people

who will then be able to change their attitudes, styles and ways of life and in a broader context, in a historical process of evolution of a society.

A study conducted with primary care health professionals on perceptions of the practice of health education in the work routine points out that educating in health requires that the facilitator be open to the social, geographical, political and cultural context of the individual, the family and the community. In this, it was possible to identify that the exchanges of knowledge can be built from conversations, in which a "range" of alternatives is presented in which the individual has the right to choose¹³.

In the scope of care, especially at the level of primary care where a field more conducive to health education actions is concretized, the Nurse has the possibility of using the educational methodology of Paulo Freire, especially through some tools already pointed out in this study as a way to achieve the purpose of learning through health education, established in popular dialogue and theory/practice developing in an on-site context.

It is added that the Nurse, for this purpose, needs to incorporate into the profile of this style of educator: interest, humility, solidarity, justice, ethics, lack of judgment of values and knowledge about Freirian pedagogy.

The current conception about the concept of expanded health, starting to be considered as a dynamic state of search for well-being, which integrates the physical/mental, environmental, personal/emotional and socio-ecological aspects, lead to discussions about the responsibility of the nurse educator's work, its mode of execution, tools and mechanisms of action with the objective of helping individuals in the achievement of health and quality of life¹⁰.

It is observed that in addition to some challenges previously presented, the nuances of the current socio-political context, as well as the professional situation in which many nurses find themselves, out of step with work overload, which impact on their mission of care¹⁴.

The professional Nurse, to which refers his practice of exercise of health education, has recognition among other health professionals and among the community linked to this, such result is the result of dedication, commitment and great effort in favor of a common good, of a struggle in which it is possible to achieve good results and personal satisfaction simultaneously to the professional.

3 THE CONCLUDING GUISE

It is possible to reflect that the role of the Nurse in the accomplishment of health education, using the pedagogical contribution of Paulo Freire, promotes personal and professional growth, because it provides the educator himself with constant evolution and transformation.

However, as an integral part of the whole process, weaknesses and challenges to the development of educational practice are perceived, considering the existence of convergent and divergent points to the construct of educational pedagogy performed by health professionals.

The reflection points out, even if in a timid way, the need to look at the nurse educator, because, during the execution of the teaching process, transmits and receives knowledge, experiences physical and emotional exhaustion and requires inspiration, qualified techniques, physical and professional preparation in this constant exchange of learning.

The elements brought in this work do not represent a scientific exhaustion on the subject, but seeks to motivate health professionals to think about the importance of their practice in education and in the transformation of people in the way of seeing, feeling and thinking about the world.

It is also recognized that the nurse, supported by protocols and guidelines of health education in Brazil, which are based on Freire's pedagogy, contributes forcefully, through their practice, to the evitree process of teaching and learning in the context of people's health.

REFERENCES

- 1 - Souza MGG, Santos I, Silva LA. Educação em saúde e ações de autocuidado como determinantes para prevenção e controle do câncer. J. res.: fundam. care. online 2015. out./dez. 7(4): 3274-3291. [acesso em 2015 maio 07]. Disponível em: <file:///C:/Users/SAMSUNG/Downloads/3877-26075-2-PB.pdf>
- 2 - Acioli S, David HMSL, Faria MGA. EDUCAÇÃO EM SAÚDE E A ENFERMAGEM EM SAÚDE COLETIVA: REFLEXÕES SOBRE A PRÁTICA Rev. enferm. UERJ, Rio de Janeiro, 2012 out/dez; 20(4):533-6.
- 3- Buss PM. Promoção da saúde e qualidade de vida. Ciênc. saúde coletiva. 2000; 5(1): 163- 77. [acesso em 2015 mai 01]. Disponível em: <http://www.scielo.br/pdf/csc/v5n1/7087.pdf>.
- 4 - Freire P. Pedagogia do oprimido. Rio de Janeiro: Paz e Terra; 1987.
- 5 - Júnior EBC, Teixeira CAB, Seleglim MR, Castanho LC, Martins LM, Bueno SMV. Reflexão sobre as contribuições de Paulo Freire para a área da saúde e Enfermagem. Revista. Ano. 2015. out./dez. 7(4): 3274-3291. [acesso em 2015 mai 07]. Disponível em:
- 6 - Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 50ªed -Rio de Janeiro: Paz e Terra; 2015.
- 7 - Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. II Caderno de educação popular em saúde. Departamento de Apoio à Gestão Participativa. Brasília: Ministério da Saúde, 2014.
- 8 - David HMSL, Bonetti OP, Silva MFR. Enfermagem brasileira e a democratização da saúde: notas sobre a Política Nacional de Educação Popular em Saúde. Rev Bras Enferm. 2012; 65:179-85.
- 9 - Freire P. Educação como prática da liberdade. Rio de Janeiro: Paz e Terra; 1999.
- 10 - Chagas NR, Ramos IC, Silva LF, Monteiro ARM, Filho AVM. Cuidado crítico e criativo: contribuição da educação conscientizadora de Paulo Freire para a enfermagem. Cienc. enferm. 2009; 15(2): 35-40.
11. Freire P, Nogueira A. Que fazer - teoria e prática em educação popular. Petrópolis: Vozes; 1991. 68p.
- 12 - Franco TAV, Silva JLL, Daher DV. Educação em Saúde e a Pedagogia Dialógica: Uma reflexão sobre grupos educativos na Atenção Básica. Informe-se em promoção da saúde, v.7, n.2.p.19-22, 2011.
- 13 - Silva JRA, Lemos EC, Hardman CM, Santos SJ, Antunes MBC. Educação em saúde na estratégia de saúde da família: percepção dos profissionais. Rev Bras Promoç Saúde, Fortaleza, 28(1): 75-81, jan./mar., 2015.
- 14 - Castro LMC, Oliveira EF, Pereira A, Camargo CL. Reflexões sobre o cotidiano profissional de enfermeiras. Rev. Cubana de Enfermería. 2014; vol 30, num. 1. [acesso em 2015 mai 01]. Disponível em: <http://www.revenfermeria.sld.cu/index.php/enf/issue/view/12>