



RESEARCH ARTICLE

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THE TECHNOLOGICAL MODEL APPLICATION ON HEALTH EDUCATION

¹Josilândia do Nascimento Ferreira, ²Kamila Pacheco Rosa, ²Letícia Matos da Silva, ²Fernanda Carolina Oliveira dos Santos, ²Thayná Gabriele Pinto Oliveira, ²Jéssica de Fátima Marques Monteiro, ²Erika Patrícia Maia de Souza Dias, ²Paloma de Jesus Silva, ²Sônia Mara Oliveira da Silva, ²Gabriela Luciana de Souza Figueiredo, ²Andressa Rafaela Amador Maciel, ³Kátia Silene Oliveira e Silva, ⁴Elyade Nelly Pires Rocha Camacho, ⁵Dimitrius Iago Barbosa de Oliveira and ⁵Demetrius Lima

¹Nursing Student, University of Amazonia – UNAMA. Ananindeua – PA, Brasil

²Nursing Student, University of Amazonia – UNAMA. Belém – PA, Brasil

³Nurse, Specialist in Public Health from the Federal University of Pará - UFPA. Belém – PA, Brasil

⁴Nurse, PhD Student in Tropical Diseases by the Tropical Medicine Center and Federal University of Pará. Professor at the University of Amazonia – UNAMA. Belém – PA, Brasil

⁵Nursing Student, University of Amazonia – UNAMA. Ananindeua – PA, Brasil

ARTICLE INFO

Article History:

Received 11th August, 2019
Received in revised form
21st September, 2019
Accepted 03rd October, 2019
Published online 30th November, 2019

Key Words:

Health education,
Nursing, Technological information.

*Corresponding author:

Josilândia do Nascimento Ferreira

ABSTRACT

Objective: Describe the student graduating in nursing experiences about the health education with technological application – low price. **Methods:** This search is an experience report realized for nursing graduating students about the technological model application in health education, presented to 100 people, in group age between 17 and 50 years old, at a college entrance hallway during I Show Cultural de Enfermagem. Results: it was built a metalon stall as big as 2,0m² x 2,0 m², recovered for woven and non-woven, identification board model of a Health Unit, with a low price homemade overhead projector to Family's Strategy Health such as a fictional representation. **Conclusion:** The technological application in health is built with simple materials and easy access, promote big benefits on health education development does not matter the localization, it can be taken, for example, to distant or needy in education quality cities, it does not interfere in population knowledge effectiveness, to comprehend the teaching-learning methods to make a connection between the college, the service and the community.

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Citation: Josilândia do Nascimento Ferreira, Kamila Pacheco Rosa, Letícia matos da Silva et al. 2019. "The technological model application on health education", *International Journal of Development Research*, 09, (11), 31659-31661.

INTRODUCTION

To comprehend the Health Education process is a form to transmit and spread the knowledge, it may possibility to the community better understanding about its health condition, to have as a result a qualification and comprehension to new social habits, so it is necessary a education investment though more innovative pedagogical practice, in a low price and in a clear way, creating a relation between teaching-learning with promotion action, prevention and health rehabilitation healthiness (Silva, 2017). The health technological education introduction became a way to spread and disseminate material pedagogical learning, a tangible apparatus and scientific classified according to knowledge union and the demanded

action by the professionals who defined a medical therapy and an instrument to realize the promotion action to health, also emancipate and develop knowledge it makes an innumerable benefits to the population health condition. The requirements to a technological on the health area is to comprehend the relation between scientific and empirical knowledge, in other words, something which is not methodical (Sabino, 2016). The technology is divided in light, light-hard and hard. The light technology is related to verbal communication care, in a direct way between the professional and the clients strengthen learning changes, observed in the herbal utilization and/or population health condition. The light-hard technology involve the given knowledge conciliation by a verbal way and for tangible materials, like textbook, protocol, or other in a low

price without no need of high technology, being the technology more frequent in health care educative actions executed. And finally, hard technology, which has the rule necessity and high technological instruments like machinery, software, more tangible in clinical attention, an example is a mechanical fan (Sabino, 2016). The nursing is increasing over the years, mainly on health education, notice that it is getting a development in assistance, management and education area, mainly in primary attention in which the nurse is the fundamental component to the learning-teaching development, in addition to exert other attribution according to the professional regulation, and the area action responsibility (Brasil, 2017b). To give the real importance to the health educational practice using the technology with stimulus during the college formation and concise information strengthening about structures which is composed the Basic Attention Health, this foundations support this article justification, to seek the objective to investigate the knowledge about Education Health such as the Structures Technology and Comprehension in Basic Attention ESF focus.

So, the search presented aims to describe the university students experiences in nursing graduation, during the Health Education practice related to Health Program – Family Health Strategy – destined to all the academic population.

MATERIALS AND METHODS

This search is a experience report about a education application technological model in health using to comprehend the Family Health Strategy Program operation, realized for nursing university students of Universidade da Amazônia – UNAMA, on November, 09th, 2018 at a college entrance hallway during I Show Cultural de Enfermagem to several local students professors, there were 100 people who participated, in the age group from 17 to 50 years old. The model light-hard technology, used to health education made by low price materials, designed to I Show, were related to the disciplines Collective Health and the Teaching Technical and Methods Health Program, elaborated with the purpose of show active technology effectiveness in health education, and to get it approached thematic about function of Family Health Strategy – ESF and about the other health programs those are local offered, like the HIPERDIA (Programa de Rastreamento e Controle de Hipertensão e Diabetes), PACS (Programa de Agentes Comunitários de Saúde), RAS (Rede de Atenção à Saúde) and so on. Notice, there were followed resolution criteria 466/12, according to Health National Council, which conduct about the legislative and ethics principles of scientific search what involves human beings, to guarantee personal data in secrecy to the participant, no embarrassment and no maleficence (Brasil, 2012a).

RESULTS

The proposed activity to the university students consolidated on appropriate resources organization, to look for appropriate labor to make the fictional representation about Family Health Strategy, to assemble the overhead projector and to search for educative videos and content materials on scientific literature, to make clear the facilitator way about a Family Health Strategy routine in a visual and oral way. The stall were built by metalon (steel carbon tube), measure 2,0 m² wide for 2,0 m² long, made by a blacksmith professional, who did adaptations to the stall would be mountable by a practical form. The structure coating was done in two layers (black inside and

white outside), TNT cloth – cloth non-cloth – sew by an appropriate professional, this roof had a single entrance in the front of the stall, providing proper low-light ambience to display projection image. And finally, the structure of the stall, it was made with a piece of polystyrene measuring 1,0m² wide by 0,80 cm² long, covered with blue adhesive paper and attached the sign titled “Family Health Strategy IES”, what was made by the academics with cardboard, laminated paper in silver color, in order to represent an illustrative plate, similar to the standards, signaling the theme search theme. All organizational structures of the activity had one week to complete. On the day of execution of the activity, all arrived half an hour in advance at the site of the Cultural Sample, to assemble the tent and install the necessary materials for the presentation. After the assembly, it was placed in the upper region of the tent, led to pile lights with lighting control device allowing both visual comfort at the time of presentation of the material and to avoid accidents and facilitate the entry of visitors, given the low light created inside the environment to use the technology of dynamic approach, the home overhead projector, superimposed on a table and positioned with focus towards the back wall of a tent representative of the Strategy.

As soon as I Show began, the stall drew the attention of several participants who were invited from two to two people to enter and get to know the functionality of a FHS in an innovative way, through the home projector, showing a dynamic and easy-to-understand video on its attributions, demands, specificities, importance in communities, nursing work, development of public policies and health programs, and demonstrate in practice what is the use of technologies in health education, the construction of the method and the importance of its application in the health area, both for the academic and professional community and in general, as well as for the academic and professional in general. An important observation that praised and confirmed the effectiveness of the activity was the positive feedback from approximately 70% of the participants, who when leaving the tent were involved in the content and asked about their doubts, as well as praised the dynamics, saying it was very good and attractive to the garlic, allowing in a simple way the absorption of knowledge.

DISCUSSION

Health Education is characterized by a set of activities that stimulate disease prevention and health promotion with the participation of the population, is one of the main means and tools that provide health achieving efficient results, this education strategy has a multidimensional character that makes the active user to have autonomy with the care of their health. It is in Primary Health Care that we early detect diseases and infections that can be prevented with systematic screening programs aimed at specific groups and linked to all levels of care (Silva, 2017). It is known that the population's understanding of the functionality of the services offered by the Unified Health System (SUS) is sometimes mistaken, since this system is hierarchized according to the need or severity of care, divided into Primary Care - SUS gateway and serves customers of low complexity -; Secondary Care - Reference Units and serves customers of medium complexity -; and Tertiary Care - Hospitals with support for high complexity care (Brasil, 2018). In each health care follow-up, there is a network of sub-divisions of services. In primary care, its composition is structured according to the Health Programs, Policies and Strategies created by the Ministry of Health,

characterized by the population's need profile, such as HIPERDIA (Program for the registration and monitoring of hypertensive and diabetic patients), PACS (Community Health Agent Program, regulates, organizes and defines the work of the Agents), ESF (Family Health Strategies, are linked UBS units with different care), and RAS (Health Care System, responsible for the management and integration of health services) (Brasil, 2012b). The insertion of new Health Education Methodologies since the academic training influence the construction of critical thinking of health professionals, made more apt to face the routine difficulties of primary care and health problems themselves in the context of the Unified Health System (Silva, 2017). The practice of health education is developed by the multiprofessional team making it possible to include greater diversity of knowledge to develop the creativity and participation of the user. These practices lead the individual to reflect on the reality in which they live and to opt for healthier lifestyles stimulating the change of risk behavior (Barreto *et al*, 2017). It is important for health professionals to identify the level of knowledge, social determinants, the socioeconomic situation of the individual or the population, and the way they care for health, because the country has a clear discrepancy of conditions between social classes, and from this view is that there will be the best strategy of action (Vasconcelos, 2018).

A specific professional category stands out in the development and improvement of health education methodologies, the nurses, who use them as a basal instrument of work performance in Primary Care, because it enables health promotion and establishes care strategies and caution of several specific health problems of each population group (Vasconcelos, 2017; Brasil, 2017a). According to Vasconcelos, (2017), which deals with health education with hypertensive patients in Primary Care, he showed that most of the activities performed in this field are by nurses through workshops, and conversation wheels, with emphasis on lectures, and this sense is characteristic of old models of health education, called traditional methodologies, which are based only on the transfer of information by means of vocational and dialogue. It is also noteworthy that in some studies, such as that of Sabino and collaborators (2016), they say that the active methodologies are more productive and contribute positively to the educational process in the community, besides being directly related to the use of light-hard technologies.

CONCLUSION

It can be concluded during the application of the model, that the use of light-hard technologies developed in the health area built with simple and easily accessible materials, promise great benefits in the development of health education, regardless of large infrastructure or location, allowing easy mobility, such as even distant municipalities and lacking in teaching quality, that the main target of Primary Care. The technological model showed to be adaptable to the use of various health dynamics and without interfering in the effectiveness of the content that will be passed on to the population, not requiring advanced technologies of high budget cost understanding that the teaching-learning methods are articulated between the academy, the service and the community enabling a consistent understanding of the reality of the health system and the need for a population, valuing each individual in the process of construction and the promotion of knowledge (Roman, 2017).

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