

EXPERIENCE REPORT

HEALTH BINGO WORKSHOP: AN EDUCATIONAL EXPERIENCE IN HEALTH WITH ELDERLY GROUPS

OFICINA BINGO DA SAÚDE: UMA EXPERIÊNCIA DE EDUCAÇÃO EM SAÚDE COM GRUPOS DE IDOSOS

TALLER BINGO DE LA SALUD: UNA EXPERIENCIA DE EDUCACIÓN EN SALUD CON GRUPOS DE ADULTOS MAYORES

Oclaris Lopes Munhoz¹
Tierle Kosloski Ramos²
Bernardo Moro²
Marcella Simões Timm³
Larissa Venturini³
Luíza Cremonese³
Lúcia Beatriz Ressel⁴

¹ Undergraduate student. Federal University of Santa Maria – UFSM. Santa Maria, RS – Brazil.
² Undergraduate student of Nursing Course. UFSM, Department of Nursing. Santa Maria, RS – Brazil.
³ RN. MS student in Nursing. UFSM, Graduate Program in Nursing – PPGENF. Santa Maria, RS – Brazil.
⁴ RN. PhD. Professor. UFSM, PPGENF. Santa Maria, RS – Brazil.

Corresponding author: Oclaris Lopes Munhoz. E-mail: oclaris_munhoz@hotmail.com
Submitted on: 2016/02/25 Approved on: 2016/07/13

ABSTRACT

The aim of this study is to report the experience members of Tutorial Education Program of the course of Nursing in the extension project "Acampavida", held annually with seniors, through health education activities. It is an report of recreational and educational workshops, planned and organized by students of the Tutorial Education Program of nursing, and nominated as "Health Bingo", based on participatory methodology. The bingo cartouches brought pictures that expressed specific aspects that mentioned health issues in aging. The realization of each round of the workshop provided share information, life experiences and relevant experiences, not only the elderly people, but also academic participants. In view of the nurse has role as health educator, this report concluded that the implementation of this activity, reinforces the importance of his achievement as well, empowers and motivates future health professionals to disseminate similar activities.

Keywords: Nursing; Aging; Health; Aged; Health Education.

RESUMO

Este estudo tem como objetivo relatar a experiência de integrantes do Programa de Educação Tutorial do curso de Enfermagem no projeto de extensão "Acampavida", realizado anualmente com idosos, por meio de atividades de educação em saúde. Trata-se de um relato de oficinas lúdico-pedagógicas, planejadas e organizadas pelos acadêmicos do Programa de Educação Tutorial Enfermagem e nominadas como "bingo da saúde", balizadas na metodologia participativa. As cartelas do bingo traziam imagens que expressavam aspectos específicos que tangenciavam questões de saúde no envelhecimento. A realização de cada rodada da oficina propiciou o compartilhamento de informações, vivências e experiências relevantes, não só aos idosos, mas também aos acadêmicos participantes. Tendo em vista que o enfermeiro possui seu papel como educador em saúde, concluiu-se que a execução dessa atividade reforça a importância de sua realização, bem como empodera e motiva futuros profissionais da saúde para a disseminação de atividades similares.

Palavras-chave: Enfermagem; Envelhecimento; Saúde; Idoso; Educação em Saúde.

RESUMEN

Este estudio tiene como objetivo relatar la experiencia de integrantes del Programa de Educación Tutorial del curso de enfermería en el proyecto de extensión "Acampavida" que se realiza anualmente con adultos mayores mediante actividades de educación sanitaria. Se trata de un relato de talleres lúdico pedagógicos, planificados y organizados por estudiantes del Programa de Educación Tutorial Enfermería, llamados "bingo de la salud", respaldados en la metodología participativa. Los cartones de bingo traían imágenes que señalaban aspectos específicos referentes a problemas de salud en el envejecimiento. La realización de cada rueda del taller permitió compartir información, vivencias y experiencias significativas, no sólo para los adultos mayores, sino también para los participantes académicos. Teniendo en cuenta que el enfermero desempeña el rol de educador en salud, se concluye que esta actividad refuerza la importancia de su logro, e igualmente empodera y motiva a futuros profesionales de la salud a que difundan actividades similares.

Palabras clave: Enfermería; Envejecimiento; Salud; Anciano; Educación en Salud.

How to cite this article:

Munhoz OL, Ramos TK, Moro B, Timm MS, Venturini L, Cremonese L, Ressel LB. Health bingo workshop: an educational experience in health with elderly groups. REME – Rev Min Enferm. 2016; [cited _____];20:e968. Available from: _____ DOI: 10.5935/1415-2762.20160038

INTRODUCTION

The life expectancy of the Brazilian population is shaping up to social, economic, political and technological transformations in our society. It is estimated that by 2025, we are the world's sixth largest population of people over 60 years old. The statistics also show that if the growth of the elderly population continues, that number is expected to quadruple by 2060.¹

In this perspective, the observed and presumably significant increase in life expectancy, due to the decline in fertility rates, reduced infant mortality and better care of the body and living habits are factors that have contributed to the increase, Brazilian elderly people. This has peculiarities, reflecting cultural changes, lifestyle, advances in health care and increasing morbidity from noncommunicable chronic diseases.²

In view of the concept of health presented by the World Health Organization (WHO) defining it as "the state of complete physical, mental and social well-being and not merely the absence of the disease", there is the prospect of a relationship with the socio-cultural development and expressed the association between quality of life and health. Therefore, the health does not depend on isolated factors, but the sum of them.³

Authors state that the satisfaction and well-being may be factors related to health and aging. The health to the reasons that it leads individuals to live positively and the aging related to the individual experiential and feelings of enjoyment of life.⁴

It is also believed that health should be viewed from a broad perspective, a result of an intersectoral and interdisciplinary work promoting lifestyles, looking for a healthy aging. Health professionals must lead the challenges and necessary measures to help older people stay healthy and active. For this to occur, they need planning and theoretical basis for the organization of health promotion and prevention activities with the elderly.⁵

As an alternative to promote the health in old age, there are elderly community groups organized aimed at preserving the autonomy and independence of these people. Also, it favors the reduction of social differences and allows that remain active, avoiding loneliness. In these groups, the elderly people are in a welcoming space, listening and attention, as well as an information network.⁵

Meanwhile, the elderly in social groups have been instigated as an alternative for a better quality of life through promotion and health education activities, such as physical, play and leisure activity. These groups also encourage self-esteem and seek the welfare of the elderly participants by providing improved physical and mental capacity.⁴

Given the role of the nurse educator, it is emphasized the importance of conducting activities with elderly people in social groups. While participants exchange experiences and knowledge on issues related to the quality of life, health professionals now have direct contact with the population, bet-

ter understand its possibilities and difficulties, becoming more prepared to work with these demands.

Therefore, the nursing students, members of the Tutorial Education Program (PET) of the Nursing Course at the Federal University of Santa Maria (UFSM) and other students of the course, supervised by the tutor of the PET group develop the Acampavida extension project annually. The project is linked to the Integrated Center for Studies and Support for Third Age (NIEATI) and the Sports and Physical Education Centre (CEFD/UFSM), of the municipality of Santa Maria-RS, working with physical extension activities for the elderly in Santa Maria and the region and fight for valuing the elderly.

The Acampavida involves elderly participants from different social groups in the municipality of Santa Maria and region, undergraduate courses in various areas of UFSM, PET groups, and other higher education institutions in the city. The performance of PET Nursing group and other students of this course aims to carry out health education practices that enable interaction and creating a dialogic space with the elderly. It is understood that the effectiveness of this practice allows the exchange of experiences, contributing to interpersonal relationships, the welfare and the promotion of health of older people and academics and the ability to reflect on the aging process. In this context, it is appropriate to carry out this study, which aims to report the PET members experience of the nursing course in Acampavida extension project, conducted annually with elderly people through health education activities.

DESCRIPTION OF THE EXPERIENCE

The development of the educational health activities of the Acampavida Project reported in this article took place on 25 and 26 October 2014, whose theme was "health in old age."

The activities were performed through a ludic-pedagogical workshop, planned and organized by the Nursing students of PET, and nominated as "health bingo." This workshop was replicated six times, with an average duration of one hour each, with the participation of 24 elderly in each round, totaling 144 participants. It should be noted that the planning and organization of workshops were detailed, ranging from the preparation of material for the bingo health, acquisition of gifts, training involved, nominated as workshop instructors, and prepare the warm atmosphere to receive the elderly groups.

For the operation of the workshops, the chairs were arranged in a large circle, where all participants could be viewed and have the same conditions of participation, stimulating the debate and reports of their experiences. Cartouches like a bingo game were printed, but they contained drawings with color images to draw more attention of the participants and to facili-

tate those who could not read or had any difficulty with that to systematize the health bingo.

The images used evoked issues of health and quality of life in old age, such as food, family relationships, sexuality, communication technology, disease prevention, fall prevention, physical activity, sleep and rest, interpersonal relationships and the status of the elderly.

Thus, there were 20 images used, each cartouche containing six images, randomly distributed, noting the non-repetition of images in the same cartouche or that could be the same (Figure 01). Each image was represented by a number; all elderly participants received a card. There was a globe for the draw of the numbers that correspond to the images. Each number was drawn, the elderly with the card to the corresponding image marked using a bean. Thus, the elderly who completed their pack earned one round of bingo health. Each image drawn had possible discussions, reflections, and exchange of experiences on the subject represented by the image.



Figure 1 - Example of chart used in the health bingo.

While developing the workshops, the seniors were welcomed, and each was invited to perform. Further, it was provided an opportunity to reflect on what is to be healthy in the aging process, which encouraged the sharing of singularities and experiences on the subject. Then, there was an explanation of how the bingo health occurs. Finally, the participant who completed his pack was awarded a toast and all were invited to leave a message on a wall of memories set in the living room wall.

Also, there were posters placed on the walls of the room with phrases and images that addressed the issue, and the setting was decorated with colorful balloons, as the event's color,

which in the reported issue was pink. All workshop participants wore special event shirt with identification through badges, as well as the elderly participants. Participants students of this project were sensitized by a meeting of study and discussion of the topic and the methodology to be used in bingo health.

The recreational and educational workshop buoyed in the participatory methodology. This methodology promotes active-ness of those involved in the educational process and considers holders of knowledge, expertise, and experience, not only as information receivers. In this approach, it was valued the experiences of the participants, involving them in the discussion, identifying and finding solutions to the problems they experience.⁶

EXPERIENCE REPORT AND DISCUSSION

The performance of each health bingo workshop round was a sharing of information, experiences, and relevant livings, not only for the elderly but also to student participants. During the health bingo at the time of the draw of each image with its number, it was promoted a featured aspect of the discussion, urging the speech of the elderly, bringing their daily lives and their view on the subject. It was observed that they had various difficulties in everyday activities, but at the same time sharing alternatives to facilitate them.

To enter the theme of the edition of this event, the question in each round of the workshop was established: What is health for you at this time of life? Among the lines they stood out that health is: well-being, both physical and moral and psychosocial; it is the access to health services; be careful with the food; no pain; peace; family and friends socializing. The speeches of the elderly confirm the understanding of healthy aging in a new light, becoming the result of multidimensional interaction between physical and mental health, independence in daily life, social integration, family support and economic independence.⁷

Some aspects regarding health in aging triggered emphasis on the discussion by elderly participants during the workshops, such as sleep, body image, the risk of falls, power, communication technologies, the old status, prevention of problems health, family and interpersonal relationships, physical and recreational activities.

Regarding the sleep, some participants cited not having a good night's sleep, but at the same time they said seeking alternative ways to help improve the rest, for example, having a glass of warm milk just before going to bed; seeking medical care for medicalization; avoid sleeping during the day not to lose sleep at night; the practice of physical activity on a daily basis, which facilitates good sleep; and even spirituality, which includes the habit of praying always before bedtime.

The experience gained over the years has allowed the elderly to get scientific knowledge and common sense in search of better sleep pattern. Although literature says the opposite, there are happy elderly with the standard of sleep they have, and this is due to the sum of factors such as time rules for waking and sleeping; regular physical activity, among other habits that can facilitate the home with quality.

As for body image, some participants reported having a positive perception of them. Study says each has a body image of themselves and the same changes in each life stage, including old age, in which the most dramatic moment is concentrated, due to the acceptance of difficulty on the social reference with the beauty of youth.⁸

In discussions concerning the above aspect, most of the participants expressed good self-esteem, citing that they believe that they must first always be well with themselves, accepting the way aging is happening, and be more careful with the beauty when the early signs of aging appear. This positive perception of the body image is directly related to emotional issues. The interference of community groups in this respect can be shown to be of great magnitude.

About the risk of falls, participants reported many personal cases of falls at home or on the street. Given the above, it is strengthened about the organization of the home environment, including good lighting, ramps and grab bars, and prevent waxing the floor and using rugs slippery. There may be both environmental factors such as those to each elderly. The importance of identifying them and be aware of the necessary guidelines are emphasized.

Regarding food, participants cited the importance of conducting a larger number of meals with smaller portions. Similarly, they emphasized the importance of fluid intake of vegetables, fruits, and fiber. The elderly referred to healthy food, defining it as "good" "bad" food for health.

When asked about the current communication technologies such as mobile phones and computers, there was a contradiction, as some had access and others not so much. However, they expressed that technology is good for those who use it beneficially and know how to have boundaries. As they believe that while the technology may be approaching distant people, resulting in the removal of nearby people. One participant pointed out that access to the internet helped to overcome the mildest way, the loss of her husband. She believes that if not for this distraction, she might have had a depressive process. The reasons for the inclusion of the elderly can digitally involve the desire to learn more or keep learning not to be excluded; trying to overcome difficulties and master computer use; improving the family interpersonal relationships, intergenerational and being held personally; in addition to making their more realistic/positive

self-image and self-esteem, providing the active participation in various activities.⁹

When asked about the status of the elderly, the participants reported knowing about it. Also, during the discussion of the various themes developed in the health bingo, reports emerged related to the lack of respect in society for the elderly, mainly involving relationships of young people with the elderly. Several participants shared stories in which they felt excluded, humiliated or offended, which mainly involved situations in rows and use of public vehicles such as city buses.

In this direction, a summary of the main points of the old status in mini-booklet format was previously produced by scholars, to socialize more basic information about the status of the elderly and delivered to all participants at the end of the workshop.

During the discussions related to the prevention of health problems, they also cited the exams and periodic medical examinations, with an interval of about six months as a form of care. They reiterated to respect the importance of prevention with the other elements of their life about health, as well as consultations and medical tests. When asked about the geriatrician doctor, they had knowledge of the specialty, and some had sought this service. They have also discussed information regarding the prevention of breast and prostate cancer.

In the case of family issues and interpersonal relationships, they cited the importance of maintaining support and bond with family and close friends, as with advancing age end up experiencing loss of close people as friends, spouses, and family. They agree that personal relationships help their emotional balance, given the numerous changes that life cycle, both physical and psychosocial. In this sense, the authors claim that the family influences the individual throughout the development process and that the family includes not only individuals who share blood ties but also includes friends and companions.¹⁰

Other participants mentioned that the elderly groups are like a second family, where they can talk and have fun. Thus, the elderly groups stand out as a way not only to preserve autonomy and independence but also to help them to remain in society; and reduce social differences, making them active and avoiding loneliness.⁵

The participating public of Acampavida activities is part of elderly community groups that have physical activities in their range of activities. Thus, to intone the issues related to physical activity, seniors shared practicing sport regularly throughout the week, such as walking and swimming. In this context, the practice of physical activities is envisioned from the benefits of the anchor, including the opportunity to overcome some limitations imposed by the age. Also, it is ruled the significance of developing these activities, relating them to the welfare not only physical and mental to promote improved quality of life and predisposes to active aging.⁵

Many elderly people in social groups travel to sightsee, fun or meeting socializing with other groups of elderly in nearby towns. Recognized as recreational activities, it was approached as something extremely positive, since, in addition, to distracting them and can see new places, they have the possibility of making new friends. Authors say how relevant is the participation of older people in these groups, because as enjoy leisure activities and interaction with others, they maintain their functional capabilities in good condition.⁷

Participants reiterated that healthy aging is conditioned to several factors. They proved to be holders of diverse and unique information that helped in the process of aging. They emphasized that it extends because of the participation in social groups, which is a privileged space for them to allow the exchange of experiences and development of health promotion activities.

FINAL CONSIDERATIONS

The inferred discussions in each round of health bingo workshop reiterated that healthy aging is procedural. The students of the Nursing course in this experience provided an opportunity for contact and exchange of knowledge with public healthy elderly, adding vocational training. From the reports of the participants, there was a demonstration of satisfaction to participate in activities.

It is stressed the importance of the development of the workshop be grounded in participatory methodology, where participants could share their experiences and have a space for discussion of questions, highlighting the health education activity. It is believed that the meticulous care in all stages as the preparations for the workshop helped the positive impact of the event, promoting the spontaneous participation of the elderly and the verbalization of satisfaction during and after their participation.

It is recognized that in older age groups, the development of activities like this is essential since they help leisure time and health education concurrently. Since the nurses have competence as a health educator, it was concluded that the implementation of this activity, even in the course of training, highlights the merit of its achievement, and empowers and motivates future health professionals to the spread of similar activities.

It is expected that this study will foster reflections and discussions about aging and provides subsidies to professionals

and nursing students, to carry out activities involving health education. It is understood that the recreational and educational workshops are shown as important tools to qualify the care to the growing number of elderly.

Finally, it is a clear limitation for the execution of activities by the small physical space, since it was not possible for the free movement of those involved or the participation of more students of the course.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística – IBGE. Sinopse do Senso Demográfico de 2010. Rio de Janeiro: IBGE; 2011.
2. Kuchemann BA. Envelhecimento populacional, cuidado e cidadania: velhos dilemas e novos desafios. *Sociedade e Estado*. 2012[cited 2016 Feb 20];27(1): 165-80. Available from: <http://www.scielo.br/pdf/se/v27n1/09.pdf>
3. Organização Mundial da Saúde – OMS. Tabagismo e saúde nos países em desenvolvimento. Documento organizado pela Comissão Européia em colaboração com a Organização Mundial de Saúde e o Banco Mundial para a Mesa Redonda de Alto Nível sobre Controle do Tabagismo e Políticas de Desenvolvimento. Genova: OMS; 2003.
4. Wichmann FMA, Couto NA, Areosa SVC, Montânés MCM. Grupos de convivência como suporte ao idoso na melhoria da saúde. *Rev Bras Geriatr Gerontol*. 2013[cited 2016 Feb 20];16(4):821-32. Available from: <http://www.scielo.br/pdf/rbagg/v16n4/1809-9823-rbagg-16-04-00821.pdf>
5. Both JE, Leite MT, Hildebrandt LM, Pilati ACL, Stamm B, Jantsch LB. Grupos de convivência: uma estratégia de inserção do idoso na sociedade. *Rev Contexto Saúde*. 2011[cited 2016 Feb 20];10(20):995-8. Available from: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1718>
6. Ministério da Saúde (BR). Metodologias para o cuidado de crianças, adolescentes e suas famílias em situação de violência. Brasília: MS; 2011. [cited 2016 Feb 20]. Available from: http://bvsm.sau.gov.br/bvs/publicacoes/metodologias_cuidado_crianca_situacao_violencia.pdf
7. Deponti RN, Acosta MAF. Compreensão dos idosos sobre os fatores que influenciam no envelhecimento saudável. *Estud Interdiscipl Envelhec*. 2010[cited 2016 Feb 20];15(1):33-52. Available from: <http://www.seer.ufrgs.br/RevEnvelhecer/article/view/9520>
8. Lima CFM, Rivemales MCC. Corpo e envelhecimento: uma reflexão- artigo de revisão. *Estud Interdiscipl Envelhec*. 2013[cited 2016 Feb 20];18(1):153-66. Available from: <http://seer.ufrgs.br/RevEnvelhecer/article/download/22236/26997>
9. Goulart D, Ferreira AJ, Mosquera JJM, Stobaus CD. Inclusão digital na adultez tardia e o reencantamento da aprendizagem. *Estud Interdiscipl Envelhec*. 2013[cited 2016 Feb 20];18(1):137-52. Available from: <http://www.seer.ufrgs.br/RevEnvelhecer/article/view/20995>
10. Rissardo LK, Furlan MCR, Grandizolli G, Marcon SS, Carreira L. Concepção e sentimentos de idoso institucionalizados sobre família. *Ciênc Cuid Saúde*. 2015[cited 2016 Feb 20];10(4):682-9. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/18311>