

SYSTEMATIC OR INTEGRATIVE REVIEW

EDUCATIONAL PRACTICES AND SELF-CARE: EVIDENCE IN SCIENTIFIC PRODUCTION OF NURSING

AS PRÁTICAS EDUCATIVAS E O AUTOCUIDADO: EVIDÊNCIAS NA PRODUÇÃO CIENTÍFICA DA ENFERMAGEM

PRÁCTICAS EDUCATIVAS Y AUTO-CUIDADO: EVIDENCIAS EN LA PRODUCCIÓN CIENTÍFICA DE ENFERMERÍA

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ABSTRACT

Objective: this study aims to seek and analyze the available evidence in the scientific nursing production about educational health practices related to self-care. **Method:** it is an integrative literature review. The search was conducted in the Latin-American and Caribbean Literature on Health Sciences System (LILACS) and in the US National Library of Medicine (PUBMED), resulting in a sample of 13 publications. **Results:** different strategies for promoting self-care emerged from these studies, including the use of hard technological resources, home visits, therapeutic groups, and use of a guidance sheet. **Conclusion:** there is the need for nursing professionals seek to qualify their practices incorporating innovative and contextualized educational practices to promote self-care.

Keywords: Nursing; Health Education; Self Care; Education, Nursing.

RESUMO

Objetivo: buscar e analisar as evidências disponíveis nas produções científicas de enfermagem acerca de práticas educativas em saúde relacionadas ao autocuidado. **Método:** trata-se de uma revisão integrativa da literatura. A busca foi realizada no Sistema da Literatura Latino-Americana em Ciências da Saúde (LILACS) e na US National Library of Medicine (PUBMED), resultando na amostra de 13 publicações. Os dados foram analisados de acordo com a análise de conteúdo. **Resultados:** desses estudos emergiram diferentes estratégias para a promoção do autocuidado, entre elas a utilização de recursos tecnológicos duros, de visitas domiciliares, grupos terapêuticos e de uma folha de orientações. **Conclusões:** destaca-se a necessidade de que os profissionais de enfermagem busquem qualificar suas práticas incorporando ações educativas inovadoras e contextualizadas de promoção do autocuidado.

Palavras-chave: Enfermagem; Educação em Saúde; Autocuidado; Educação em Enfermagem.

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RESUMEN

En este estudio se pretende buscar y analizar las evidencias disponibles en la producción científica de enfermería de prácticas educativas en salud relacionadas al autocuidado. Se trata de una revisión integradora de la literatura con búsqueda en el Sistema de la Literatura Latinoamericana en Ciencias de la Salud (LILACS) y en la Biblioteca Nacional de Medicina (PubMed), resultando en una muestra de 13 publicaciones. Los datos, analizados según el análisis de contenido, indican diferentes estrategias para promover el autocuidado, entre ellas el uso de recursos tecnológicos duros, visitas domiciliarias, grupos terapéuticos y una hoja de directrices. Se hace hincapié en la necesidad de que los profesionales de enfermería califiquen sus prácticas incorporando acciones educativas innovadoras que promuevan el autocuidado.

Palabras clave: Enfermería; Educación en Salud; Autocuidado; Educación en Enfermería.

INTRODUCTION

Health education is a tool used for triggering actions of health promotion, prevention and recovery that seeks to assist in the quality of human life, and greatly reduce the cost of care in all health spheres. The use of educational health practices has been a reality due to the change in the health care model, expanding the concept ruled only on the disease for health care that promotes care to the population.¹

Educational health practices, in a dialogical and emancipatory perspective, foster the autonomy of the individual as the author in their own trajectory of health and disease. In this sense, by developing autonomy, the individual takes responsibility for decisions related to their health and can incorporate self-care actions.²

Self-care, understood as the ability of distinguishing factors that must be controlled or administered to regulate one's own functioning and development, allows people to perform autonomously the activities aimed at promoting health, disease prevention and care to the disease, involving the spiritual, physical, mental and social aspects, providing quality of life.³ Conceptualizing self-care and establishing the needs and activities that promote the effectiveness of these practices by individuals is fundamental to nursing, since this professional core has sought to incorporate into their care and educational practices the encouragement to individuals' autonomy and promotion of health.⁴

The nursing professional has an important role in promoting self-care also when expands their care and educational practices to family and community, which are fundamental support points to people who experience a disease process. With the completion of these activities, these professionals can boost the construction of possibilities for individuals, making health education part of the construction of citizenship. For this purpose, it is necessary to know the best educational approach strategies, recognize potentialities and strengthen the ability of individuals in the performance of self-care actions.⁵ The purpose of this integrative review is to contribute to the deepening of the exposed issue and support the decision making of nursing professionals in relation to different educational strategies that can mobilize changes in individuals for the practice of self-care. Also, it indicates aspects of this theme that deserve attention in new studies.

In this context, this paper established as the guiding question: what are the educational health practices related to self-care evidenced in scientific nursing production? And the objective of the study is: to seek and analyze the available evidence in the scientific nursing production about educational health practices related to self-care.

METHOD

This is an integrative literature review whose purpose was to gather and synthesize results of research on educational practices related to self-care, in an orderly and systematic way. For this, the following steps were developed: delimitation of the theme; elaboration of guiding question; establishment of inclusion and exclusion criteria; definition of the information to be extracted from studies (construction of the synoptic table); collection in electronic databases; critical analysis of the included studies; interpretation, discussion and presentation of results.⁶

The selection of the material occurred between July and August of 2014. In the search for the best evidence to support the educational practice of nursing professionals and to collaborate in promoting actions to encourage self-care, authors chose certified electronic databases in health area, with free access, which were: Latin-American and Caribbean Literature on Health Sciences (LILACS) and the US National Library of Medicine (PUBMED). The descriptors used in both bases were: nursing, health education and self-care, with their English versions. These descriptors were combined in trio from the Boolean operator **AND** with the initial identification of 41 publications, including 35 in the PUBMED database and six in LILACS.

To compose the sample, the following inclusion criteria were: being research article, of the nursing area, with text available in full, in Portuguese, English or Spanish, published in the last 10 years. This time frame has been set in view of the possibility of assessing the growth or not in this research period on this issue, which would be a reflection of the growing investment in nursing actions potentially able to foster the autonomy of individuals in their health-disease process. With

regard to the exclusion criteria, there was a sample loss of 28 productions, as four studies were excluded because they were narrative reviews, one was excluded for being preliminary note, one for being reflection study and other 22 were excluded because, after reading in full, they showed no direct relationship between educational practices in health and self-care. Thus, in the final analysis 13 scientific articles were selected.

For the search of publications of interest, initially the selection occurred by reading the title and summary of scientific articles, to subsequently read them in full. In order to minimize possible biases in the interpretation of studies or in their design, four researchers performed the search simultaneously in databases, as well as the extraction of data relevant to the focus of this article. New readings were developed with a view to identifying regularity of relevant aspects, complementarity and coordination between the information contained in each article, for the development of an integrative text. To ensure that all relevant data were extracted and to serve as a record, researchers developed a guidance tool in table format, highlighting from each article: the title of the production, source and year of publication, design, participants, objective and main results.

After the organization of the data in the table, the descriptive analysis was held, with the grouping of articles with simi-

lar approaches on the theme and discussion of the findings so that professionals, in assessing the quality of evidence found, could base their decision-making in relation to educational practices carried out in everyday services.

RESULTS

The analysis of selected publications showed that the majority (n = 11) of the studies were indexed in PUBMED database (84.6%) and only two (15.4%) in LILACS. It was observed that the sources of publications were varied, including 11 different journals, of which the Public Health Nursing and the Oncology Nursing were the most frequently used.

As for the design of the study, the majority (n = 7) conducted a randomized clinical trial (53.8%). There were also: two cohort studies (15.4%) and two descriptive and exploratory studies with qualitative approach (15.4%), one clinical trial without randomization and one experience report corresponding to 7.7% each. The most focused scenarios in the studies were outpatient clinic and countryside with 23.1% each. There were also studies in primary care and at home (15.4%), exclusively at home, in a Psychosocial Support Center for Alcohol and Drugs (CAPSad), in a hospital and in a community in the border region, each corresponding to 7.7%.

Table 1 - Educational health practices related to self-care: evidence available in the 13 selected articles

Title	Source and Year	Design	Participan-Ts	Objectives	Main Results	Evidence
Therapeutic Group in Health Education: resources to promote self-care to drug users	Cogitare Enfermagem/ 2012	Descriptive and exploratory qualitative study	Psychoactive substances users	Understanding the contributions of the Therapeutic Group in Health Education in the Promotion of Self-Care	The therapeutic Group in Health Education provided the exchange of knowledge and enabled improved motivation for life through the rescue of hope of resumption of their lives, contributing for the construction of autonomy and accountability for their care process.	Level 6
Group here and now: a light technology of socio-educative nursing action	Texto & Contexto Enfermagem/ 2005	Convergent-care research	Geriatric hospitalized patients and their accompanying family members	Developing a socio-educational nursing action, awakening in the elderly person and their family the perception and understanding of self-care	The group is possible and feasible in the hospital environment, favoring the awakening of self-care behaviors for autonomy, independence and interdependence	Level 6
An internet coping skills training program for youth with type 1 diabetes: six-month outcomes	Nursing Research/ 2012	Randomized clinical trial	Adolescents with type I diabetes	Comparing a training intervention of coping skills by the internet (TEENCOPE) for an educational intervention with adolescents with DM I	Statistical analysis indicated that there was no significant variation in the measurements analyzed using different methods. However, the use of Internet-based interventions resulted in high rates of participation and satisfaction.	Level 2
A Patient-Centric, Provider-Assisted Diabetes Telehealth Self-management Intervention for Urban Minorities	Perspect Health Inf/Manag/ 2011	Randomized controlled trial	African-Americans with type II diabetes	Implementation of an online self-management intervention diabetes for a sample of African-Americans with diabetes	Development of online health interventions to promote effective management of chronic diseases in poor communities	Level 2

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Table 1 - Educational health practices related to self-care: evidence available in the 13 selected articles

Title	Source and Year	Design	Participan-Ts	Objectives	Main Results	Evidence
Technology-enhanced practice for patients with chronic cardiac disease: home implementation and evaluation	Heart Lung/ 2010	Randomized controlled trial	Patients with chronic heart disease	Design and evaluation of an innovative model of home-care nursing, referred to as technology-enhanced practice (TEP)	Patients exposed to TEP demonstrated better quality of life and self-management of chronic heart disease during the first four weeks and were no more likely than patients in regular care to make unscheduled visits to a doctor or hospital	Level 2
Type 2 diabetes self-management social support intervention at the U.S.-Mexico border	Public Health Nursing/ 2010	Cohort study	Mexican-American adults with type II diabetes	Testing the effectiveness of a culturally adapted intervention of social support for diabetes self-management for American and Mexicans adults with diabetes type II	The effectiveness of an intervention was demonstrated by an increase in self-management activities of participants and knowledge on diabetes and a decrease in distress related to diabetes and sedentary behaviors	Level 4
Development of My Health Companion to enhance self-care management of chronic health conditions in rural dwellers	Public Health Nurs./2010	Reflection study	Women with chronic diseases	Describing the challenges to achieve the support of self-management and a tool, My Health Companion® (MHC), which was developed	The MHC has been shown to be useful for rural women with chronic health conditions in preparation for visits to various health care providers and maximizing the effectiveness and satisfaction with provider meetings	Level 6
Feasibility of a patient-controlled cognitive-behavioral intervention for pain, fatigue, and sleep disturbance in cancer	Oncol Nurs Forum. /2010	Cohort study	Adults with advanced disease, undergoing chemotherapy or radiotherapy	Evaluating the feasibility of cognitive-behavioral intervention controlled by the patient for pain, fatigue and sleep disturbances during the treatment of advanced cancer and to assess the initial effectiveness of the intervention	Most reported liking the intervention. They have learned useful skills and noticed an improvement in their symptoms. Significant reductions in pain, fatigue and sleep disorders were found in assessments made immediately before and after the use of a cognitive-behavioral strategy	Level 4
Self-care strategies to cope with taste changes after chemotherapy	Oncol Nurs Forum. /2009	Clinical trials without randomization	Chemotherapeutic patients	Describing the factors related to the change in taste, examining the use of a self-care suggestion sheet; and identifying potentially useful strategies after chemotherapy	Although most patients have used the suggestion sheet in relation to the change of taste, some found it little useful to alleviate taste changes	Level 3
A randomized controlled trial of asthma self-management support comparing clinic-based nurses and in-home community health workers: the Seattle-King County Healthy Homes II Project.	Arch Pediatr Adolesc Med/ 2009	Randomized controlled trial	Children aged three to 13 years old with asthma and low-income	Comparing the benefit of support for self-management of asthma at home, by Community Health Workers (CHWs)	Both groups showed significant improvement	Level 2
Rural women, technology, and self-management of chronic illness	Can J Nurs Res/ 2008	Randomized clinical trial	Rural women	Determining the differences in the psychosocial status of three groups of rural women chronically ill who participate in an intervention through the use of technology	The intervention can improve social support and self-efficacy and reduce loneliness in rural women by increasing their ability to self-administer and adapt to chronic illness	Level 2

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Table 1 - Educational health practices related to self-care: evidence available in the 13 selected articles

Title	Source and Year	Design	Participan-Ts	Objectives	Main Results	Evidence
Take Control of Your Blood Pressure (TCYB) study: a multifactorial tailored behavioral and educational intervention for achieving blood pressure control.	Patient Educ Couns/ 2008	Randomized clinical trial	Adults with hypertension	Evaluating randomized clinical trial involving behavioral intervention, adapted, performed to improve blood pressure control	Better adherence to the prescribed hypertension regimen	Level 2
Home visiting for intervention delivery to improve rural family asthma management	Journal Community Health Nursing/ 2006	Randomized clinical trial	Children diagnosed with asthma in rural areas	Describing the challenges in implementing educational home visits for self-care of asthma in rural areas	All families have improved self-care from the start until 12 months later	Level 2

Source: developed by the authors.

Regarding the study participants, 15.4% were adults with advanced cancer, children with asthma and countryside women. The others were adults with hypertension, psychoactive substance users, geriatric hospitalized patients and their accompanying family members, African-Americans with type II diabetes, patients with chronic heart disease, Mexican-American adults with type II diabetes and adolescents with type I diabetes, representing 7.7% each. As the year of publication, it appears that most of the studies (69.2%) were carried out from 2009 to 2012, indicating growing number of publications related to this issue in nursing journals.

Table 2 - Analysis of the characteristics of the 13 selected studies. Santa Maria-RS. 2014

Characteristics	N%
Year of publication	
2009 – 2012	69.2
2005 – 2008	30.8
Type of study	
Randomized clinical trial	53.8
Descriptive and exploratory qualitative study	15.4
Cohort study	15.4
Clinical trial without randomization	7.7
Experience report	7.7
Scenario	
Outpatient clinic	23,1
Countryside	23,1
Primary care and home visits	15,4

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Table 2 - Analysis of the characteristics of the 13 selected studies, Santa Maria-RS, 2014

Characteristics	N%
Scenario	
Hospital	7,7
Community in the border region	7,7
Home	7,7
Psychosocial Support Center for Alcohol and Drugs	7,7
Various locations (with internet access)	7,7
Participants	
Adults with advanced cancer	15,4
Rural women	15,4
Children diagnosed with asthma	15,4
Patients with chronic heart disease	7,7
Mexican-American adults with type II diabetes	7,7
Adolescents with type I diabetes	7,7
Psychoactive substance users	7,7
Geriatric hospitalized patients and accompanying family members	7,7
Adults with hypertension	7,7
African-Americans with type II diabetes	7,7

Source: developed by the authors.

Regarding the strength of evidence, three articles had level of evidence 6, two articles had level of evidence 4, one had level of evidence 3 and seven had level of evidence 2.⁷

Most educational health practices related to self-care addressed in the studies focused on the assessment of self-care

promotion strategies from the use of technologies, whether through computer programs or the use of telephone services for conducting health interventions. Educational health practices were also recorded through home visits and group therapy conducted by nurses, as well as a study that addressed the use of a guidance sheet to promote change in eating habits to cancer patients in a hospital.

DISCUSSION

By analyzing the available evidence in the scientific nursing productions about educational health practices in related to self-care, it was identified that studies brought as strategies to promote self-care the conduction of therapeutic groups, home visits, and especially the use of technological resources.

Therapeutic groups are considered essentially a participatory/dialogical educational therapeutic space for users, since they mobilize people to know the new, the unknown. Group discussions allow the exchange of knowledge and can lead the group as a whole and each participant to the new acquisition of healthy habits, resulting in autonomy and independence.^{8,9}

The advantage of educational activities in groups is the possibility of exchanging information and experiences and the collective reflection on the problems, building a critical view of the health status of those involved. Sharing life projects tends to assist in the reconstruction of the history of each person, contributing to the construction of autonomy and accountability for their care process.¹⁰

In addition, the educational practices in groups provide the understanding that self-care is an ongoing process and necessary for the life of the subject. In one of the studies analyzed, it was stressed the need that these educational practices respect the freedom of choice of each individual, providing enough information so they can consciously decide on the best way to exercise self-care.¹¹

Planning specific individual or group educational activities, encouraging self-care, coping with adverse situations and contributing to the preservation of life are nursing functions. Nursing can contribute to the development of health education strategies from each context, seeking to help people to recognize their self-care needs and to develop the ability to meet them.¹¹

In addition to the implementation of educational practices through the development of therapeutic groups, studies have also shown that another strategy to promote self-care is to conduct home visits, which allows assessing the environmental conditions in which the user and their family live and tracking their daily routine. The attention to families and the community is the main objective of home visits, as these are entities that influence the process of becoming ill. This bond, built between user and health professional, facilitates the link

between the community and the health system, allowing the use of health services available in a systematic way so that there is not demand for more complex services, overcrowding spheres of service.¹²

A comparative study revealed that users assisted by home visits had more days free of symptoms and reduced increase in quality of life compared to those who received only clinic-based services.¹³ Thus, besides reducing the demand for hospital services, by providing care as needed, effective home visits also favors the development of self-care.¹²

This strategy of promoting self-care in users' homes, through home visits, is linked to the community health worker. As these come from the same community, have closer cultural influences and share experiences, the community health worker establishes relationships of trust that facilitate exchange and acceptance of knowledge, favoring bond formation with the user in their community.¹⁴ The nursing professional must foster this partnership and collaborate with the training of community health workers to carry out educational practices that promote better quality of life in their communities.

Including the home visit as an educational strategy enables using people's conditions in their reality to meet the needs of families with comprehensiveness, considering their cultural and economic aspects. It is noteworthy that, to develop skills for self-care, the individual must, along with the health team, develop their care process.³ In this sense, nurses can play important role in seeking to identify the potentialities and difficulties that need to be approached in these individuals, an attitude that meets the need to establish care considering the singularities.

Another way to facilitate self-care through educational practices, as highlighted in the studies, was the use of technological resources.¹⁵⁻²¹ The data emerging from the analyzed studies show that rapid advances in technology and internet access have become not only a viable way to conduct educational interventions, but also a platform that can be disseminated and implemented widely. Furthermore, interventions on the internet and programs that can be disclosed by it allow that the program content can be standardized, directed to specific ages and stages of development and can be easily upgraded.¹⁵

One of these studies provided an interactive educational program that included case studies and exercises to problem-solving, trying to prepare and develop in adolescents the ability to make decisions related to their health in their day-to-day.¹⁵ Others have developed programs with online access that contained a plan of action to be performed by patients at home. These programs were based on an assistance plan previously developed by nursing professionals and built based on the scientific literature and in the individual needs and preferences of patients. There was also the nursing monitoring through scheduled online meetings, providing opportunities of exchange of

knowledge, clarification of doubts that might arise, and the implementation of strategies to improve the ability of self-care.¹⁶⁻¹⁹

It was also identified two papers containing health educational practices related to self-care conducted with residents of rural areas. These used technologies through programs that provide education, monitoring and communication, together with the home visits. This was a strategy developed by a nurse who contributed to the process of self-care, causing more productive interactions, since users are likely to develop chronic diseases by not having immediate access to health professionals and the whole structure offered by each sphere of the service for promotion, prevention and recovery of health.^{20,21}

From the foregoing, it is noteworthy that people living in the countryside have peculiarities in their way of living because they develop agricultural activities, surviving on their own production, with extensive hours of hard work and organization of habits and schedules different from the urban area.²² Considering these populations, it is understood that providing long-range technologies is necessary and fundamental to the educational practice, because it allows that health care covers places away from urban concentration, expanding access limits and converging to guarantee the universality and equity of health actions.

In the case of technology in health care, it was decided to consider the classification of three types of technologies: the hard, the soft-hard and the light. Hard technology consists of equipment and machinery, the soft-hard are those relating to grouped knowledge that guides work, the standards, protocols, knowledge produced in specific areas of knowledge, such as clinical, epidemiology, administrative knowledge and others that are characterized by containing captured work, but with the possibility to express live work. And the light technologies are produced in the live work in action, comprise relations of interaction and subjectivity, allowing for welcoming, bonding, accountability and empowerment.²³

Considering this classification, the publications selected in this research deal predominantly with the use of hard and soft-hard technologies. However, it is important to emphasize that, in isolation, the hard technologies have no reason, the living labor with its mode of action, the expression of social relations and the community in which one lives makes them carry this intentionality.^{23,24}

The increasing use of these technologies for the provision of health services has shown that this is a promising method for the quality of health, however, the use of these resources requires prior knowledge, specific language, which is achieved through expertise, causing the need for investments in this sector and, at the national level, there is the need for better distribution of communication networks as well as the training of both users and professionals who can use this method to educational health practices.²⁵

It is noticed that nursing, in promoting self-care, seeks to know and implement existing technologies to qualify the care

provided. It needs to improve the process of education, ensure more flexibility of information, stimulating learning and promotion of studies that give voice to the community, identifying the information they want to be available, as well as the technologies that are easier to access and use among different age groups.^{23,24}

Besides the already mentioned publications, authors also selected a study that addressed as a strategy to promote the self-care the use of a guidance sheet prepared by nursing professionals and made available at the reception desk of an oncology unit, containing suggestions to promote changing in eating habits. However, this study highlighted the need to consider the existence of a gap to carry out the educational practice from the use of guidance sheets, because each person has free will in relation to their life. It is their choice of wanting or not to use the proposed suggestions or part of them and also using their own strategies to deal with the possible discomfort that the disease brings. Education based on this method, which aims to develop knowledge, attitudes and practices related to self-care, needs to be adapted to include strategies that are effective from the beginning of the disease, so it can be well-designed and structured by professionals together with patients.²⁶

Nursing, in the different scenarios of operation, can develop health education strategies for the promotion of self-care. Educational actions / practices involving the community, family and users have become essential because they can promote health through the exchange of knowledge in a contextualized manner, increasing the chances that individuals take responsibility for their own care and thus are able to improve their quality of life.

CONCLUSIONS

By seeking and analyzing the available evidence in the scientific nursing productions about educational health practices related to self-care, it was noticed the importance of this issue and the possibilities of actions that can be implemented in nurses' practice.

The studies dealt with some strategies that have been used by nurses in performing health education activities to promote self-care, such as conducting therapeutic groups, home visits, guidance on the use of technological resources that bring patients and professionals closer.

However, the implementation of some of these strategies in the daily nursing actions requires commitment and more responsibility from both professionals and patients. It is necessary that the nursing care is increasingly focused on innovative practices that have been developed for the promotion of self-care, and these must be consistent with the realities of each health service and with the demands of each patient. There is the need for investment in public management to ensure the necessary resources for the realization of these

proposals, especially with regard to equal access to technologies that can be used.

By conducting this study, it was found that publications on this subject have been increasing, but there is a lack of national publications. This may indicate that, although slowly, nursing has been moving towards the implementation of more actions focused on health promotion, such as those that stimulate and enhance self-care. It is also emphasized the importance that the issues addressed here are explored in future research, promoting the improvement of health practices, as well as the qualification of professionals to encourage and enable more autonomy to individuals in managing their health-illness situations.

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