

ACTIVE METHODOLOGY WITH COMPANIONS IN THE PREVENTION OF PRESSURE INJURIES

*METODOLOGIA ATIVA COM ACOMPANHANTES NA PREVENÇÃO DE LESÃO
POR PRESSÃO*

*METODOLOGÍA ACTIVA CON ACOMPAÑANTES EN LA PREVENCIÓN DE
LESIONES POR PRESIÓN*

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ABSTRACT

To report an educational strategy carried out with caregivers and family members of hospitalized patients to prevent pressure injuries using active methodology. This is an experience report on the application of an educational strategy regarding pressure injury prevention practices. It was carried out by a nursing academic, stoma therapists and col-laborators from an accredited public hospital in December 2023, being developed in three stages: Guidelines, Active Methodology and Content Synthesis. The participant observation method was used for data analysis. 27 family members, caregivers and companions participated. It was observed that the majority of participants were unaware of the strategies used to prevent injuries and, through educational action, it was possible to train and involve them in patient care, including prevention practices. In this way, collaboration between professionals, family members and patients aims to continuously improve services and the quality of care provided, providing a good experience for the patient.

Keywords: *ealth Education; Pressure Injury; Prevention.*

RESUMO

Relatar uma estratégia educacional realizada com cuidadores e familiares de pacientes hospitalizados na prevenção de lesão por pressão com uso de metodologia ativa. Trata-se de um relato de experiência sobre a aplicação de uma estratégia educacional acerca das práticas de prevenção de lesão por pressão. Foi realizado por uma acadêmica de enfermagem, estomaterapeutas e colaboradores de um hospital público acreditado no mês de dezembro de 2023, sendo desenvolvido em três momentos: Orientações, Metodologia ativa e Síntese de Conteúdo. Utilizou-se o método observação participante para a análise dos dados. Participaram 27 familiares, cuidadores e acompanhantes. Observou-se que a maioria dos participantes desconheciam as estratégias utilizadas na prevenção das lesões e, por meio da ação educativa, foi possível capacitar e envolvê-los no cuidado ao paciente, incluindo nas práticas de prevenção. Desse modo, a colaboração entre profissionais, familiares e pacientes visa a melhoria contínua dos serviços e da qualidade da assistência prestada proporcionando uma boa experiência para o paciente.

Descritores: *Educação em Saúde; Lesão por Pressão; Prevenção.*

RESUMEN

Informar una estrategia educativa realizada con cuidadores y familiares de pacientes hospitalizados para prevenir lesiones por presión utilizando metodología activa. Se trata de un relato de experiencia sobre la aplicación de una estrategia educativa sobre prácticas de prevención de lesiones por presión. Fue realizado por una académica de enfermería, estomatólogos y colaboradores de un hospital público acreditado en diciembre de 2023, desarrollándose en tres etapas: Lineamientos, Metodología Activa y Síntesis de Contenidos. Para el análisis de los datos se utilizó el método de observación participante. Participaron 27 familiares, cuidadores y acompañantes. Se observó que la mayoría de los participantes desconocían las estrategias utilizadas para prevenir lesiones y, a través de la acción educativa, fue posible capacitarlos e involucrarlos en la atención al paciente, incluidas las prácticas de prevención. De ese modo, la colaboración

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entre profesionales, familiares y pacientes tiene como objetivo mejorar continuamente los servicios y la calidad de la atención prestada, proporcionando una buena experiencia al paciente.

Descriptores: *Educación em Salud; Úlcera por Presión; Prevención.*

INTRODUCTION

Pressure injuries (PL's) are defined as an adverse health event that can be prevented through the assistance of a multidisciplinary team¹⁻². The occurrence of this disease has numerous consequences for patients, making them dependent on constant care, prolonging the length of hospital stay, and overloading health services².

According to Notivisa's data on healthcare-related incidents, in 2022, injuries were the second most frequently reported type of incident, thus representing a public health problem. Therefore, it is imperative to implement new strategies to prevent the occurrence and incidence of this adverse event³.

Health education is a dynamic teaching-learning process based on the expansion of knowledge for health promotion and disease prevention. Encouraging and engaging the participation of caregivers and family members in health prevention practices, especially with regard to PL prevention conducts, strengthens awareness and support in the face of health problems, becoming essential to minimize the problem and reduce the length of hospitalization and worsen the patient's clinical condition⁴.

The participation of caregivers, family members and companions of hospitalized patients should be encouraged and involved to actively collaborate in care and treatment, contributing positively to PAL prevention practices, as reinforced by the technical note of the National Health Surveillance Agency – ANVISA. Through active methodologies, combined with health education, it is possible to collaborate in the surveillance and applicability of patient safety².

Recognizing the importance and need for health information to be clearly transmitted, the authors, as nursing students and collaborators of an accredited public health service with the highest level, seek to offer information to caregivers, family members and companions to actively participate in the process of caring for hospitalized patients.

The experience report becomes relevant, since it can contribute so that other health services can reproduce the teaching method used for family members and caregivers and, based on knowledge, the adherence to care can be strengthened in order to impact on the reduction of pressure injury indicators, as well as on patient safety. Based on the above, the present study aims to report the educational strategy carried out with caregivers and family members of hospitalized patients in the prevention of pressure ulcers with the use of active methodology.

METHODS

This is an experience report that aims to describe the application of an educational health strategy in pressure injury prevention practices. In this model, the experience is described in detail, articulated with data from the literature in a national and international

context⁵. The strategy was carried out in a large accredited public hospital located in the south of the state of Ceará, and was directed to the public of family members and caregivers of patients restricted to bed and/or at high risk of developing PL.

The educational strategy was carried out by a nursing student, stoma therapists, and permanent health education collaborators at the aforementioned hospital in December 2023. For data collection, the participant observation method was used, which allowed capturing and analyzing the conducts and behavior without the intermediation of a document or interlocutor, providing the analysis and interpretation of the answers⁶.

The recruitment of family members and caregivers occurred through the collaboration of the nursing and social service coordinators of the health institution. The selection was carried out through non-probabilistic convenience sampling, in which all family members, caregivers, companions and visitors of patients who were present at the unit on the day of the action were initially invited to participate in the strategy, through the intercom and at the bedside. Those who agreed to participate were sent to the institution's auditorium.

An active methodology was applied in order to encourage the participation and development of attitudinal and scientific skills of the participants in the face of a situational and realistic problem of a patient at high risk of developing PL. The educational strategy was organized in three moments: 1. Orientations, 2. Active methodology, and 3. Content synthesis. In the first moment, the importance of prevention practices and the need for the engagement of the participants in this process were reinforced, as well as the functioning of the action was clarified.

In the second moment, a realistic simulation scenario of a hospitalized patient at risk of developing PL was adopted. In this context, participants should identify the risks and list the main strategies for prevention. In the third moment, the oral debriefing technique was used, in order to assist and strengthen the integration of technical, scientific and attitudinal knowledge.

RESULTS

A total of 27 caregivers, family members and companions participated in the study, ranging in age from 19 to 78 years. Regarding the level of education, two (7.40%) were literate, seven (25.92%) had incomplete elementary school, five (18.51%) had completed elementary school and incomplete high school, 10 (37.03%) had incomplete higher education and three (11.11%) had completed higher education.

With the use of the active methodology, it was possible for everyone who was present to participate and take advantage of it. In the first moment, when asked if they knew what were the main strategies used to prevent PL, most participants answered no, thus ratifying the importance of actions aimed at education and dissemination of health information.

Before starting the active methodology, two volunteer participants were asked to demonstrate, through realistic simulation, how to identify the risks of developing the lesion and how they could contribute to this process. The other participants also contributed and cooperated with the two volunteers in the elucidation of the patient's

assessment. In order to promote attitudinal logical reasoning, the following were made available to help them: body moisturizer, pillows/cushions and disposable diapers.

It was observed that, despite the lack of knowledge, they knew how to detect the pressure points of the body and act on the changes in position. Through the use of pillows/cushions provided, they used to support the identified pressure points, such as: heel, head and sacral region.

In addition, family members and caregivers were encouraged to participate daily in the evaluation of the patient's skin, especially to identify cases of skinfold moisture and stage 1 lesion rates. Some participants pointed out the importance of moisturizing the skin in order to avoid dryness. Thus, the application of the moisturizer was reinforced until it was completely absorbed by the skin.

In the third moment, to conclude the action, a brief synthesis of content on the theme was carried out, through the oral debriefing technique. Thus, it enabled the participants, together with the facilitators of the action, to reflect on the good practices of health promotion and prevention, especially with regard to LP's, allowing the integration of skills and attitudes.

With the participants' reports, there was a potential for behavior change and greater adherence to PL prevention practices, as well as in the perpetuation of health information. Thus, this analysis demonstrates a positive perception of the applied educational strategy.

DISCUSSION

In the management of the prevention of pressure ulcers, it is necessary to constantly change the position position and daily evaluation of the skin, especially at the pressure points of the body, as found in a study that analyzed the main strategies for the prevention of PL in the United States⁷.

Caregivers, family members and companions, in turn, are important in this process, becoming a fundamental part of the care of hospitalized patients. With the use of the educational strategy, it was possible to provide work in the areas of knowledge, technical, scientific and attitudinal skills of the participants, engaging them in the process of prevention of PL's. As found in other studies, there was a lack of knowledge about the techniques used in prevention, and it is essential to increase methodologies that work on the development of care and patient safety⁸.

In health promotion and disease prevention practices, by bringing the caregiver and family closer together in the care process of the hospitalized patient, it makes them co-responsible and encourages protagonism and autonomy in the health-disease process. On the other hand, the high prevalence and incidence rate corroborates the fact that it continues to be a public health problem with an impact on the quality of life of patients in the hospital environment⁹.

In this context, the debriefing method provides a reflection and discussion on the knowledge addressed, enabling criticality on certain aspects and the development of attitudes towards the cases demonstrated. In addition, it allows the development of teamwork and the initiative of health promotion and prevention¹⁰.

The challenges encountered in the prevention of PL, when working on the integration of family members, caregivers and companions, were related to the adaptation to popular language and the implementation of techniques that would facilitate the understanding of the participants and encourage adherence to care.

CONCLUSION

From this experience, it was possible to pass on health information, introducing family members and caregivers to the center of care for hospitalized patients, making them allies in pressure injury prevention practices. By providing specific knowledge and guidance, the active role of these members in the care process is strengthened, promoting a more conscious and effective participation in the monitoring and prevention of possible complications.

Close collaboration between health professionals, patients and their families contributes to a more holistic and effective care environment, aiming at the continuous improvement of the quality of hospital care. The experience report has the potential to lead other institutions to adopt the use of educational strategies and active methodologies, in order to engage and encourage the participation of caregivers and family members in the prevention of LP.

Among the limitations of the study, we highlight the absence of a subsequent assessment of the participants' degree of knowledge and identification of behavioral changes on the part of caregivers, family members and companions in relation to pressure injury prevention practices. It is suggested that further research be conducted to analyze the participants' behaviors after the implementation of the interventions, in order to provide a more comprehensive and in-depth understanding of the results obtained.

REFERENCES

1. da Cunha EMD, Gomes LGA. Eventos adversos relacionados com a assistência à saúde no Ceará. *Cadernos ESP* [online]. 2019[citado 2024-01-19]13(2):131–47. Disponível em: <https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/204/181>.
2. Agência Nacional de Vigilância Sanitária (BR) - ANVISA. Nota Técnica gvims/ggtes/anvisa nº 05/2023. Práticas de segurança do paciente em serviços de saúde: prevenção de lesão por pressão [Internet]. 2023[citado 2024-09-29]. Disponível em: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/notas-tecnicas/notas-tecnicas-vigentes/nota-tecnica-gvims-ggtes-anvisa-no-05-2023-praticas-de-seguranca-do-paciente-em-servicos-de-saude-prevencao-de-lesao-por-pressao>.
3. Agência Nacional de Vigilância Sanitária (BR) - ANVISA. Boletins e relatórios das notificações de IRAS e outros eventos adversos. Incidentes relacionados à assistência à saúde - Brasil [Internet]. 2023[citado 2024-09-08]. Disponível em: <https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/servicosdesaude/relatorios-de-notificacao-dos-estados/eventos-adversos/relatorios-atuais-de-eventos-adversos-dos-estados/brasil/view>.
4. Sousa FCP de, Montenegro LC, Goveia VR, Corrêa A dos R, Rocha PK, Manzo BF. A participação da família na segurança do paciente em unidades neonatais na perspectiva do enfermeiro. *Texto Cont Enferm* [online]. 2017[citado 2024-01-24];26:e1180016. Disponível em: <https://www.scielo.br/j/tce/a/zzMFpck53vJSbZvLn94jbNz/>.
5. Daltro MR, de Faria AA. Relato de experiência: Uma narrativa científica na pós-modernidade. *Estud Pesqui Psicol* [online]. 2019[citado 2024-03-04];19(1):223–37. Disponível em: <http://pepsic.bvsalud.org/pdf/epp/v19n1/v19n1a13.pdf>.

6. Marietto ML. Observação participante e não participante: contextualização teórica e sugestão de roteiro para aplicação dos métodos. *Rev Ibero-am Estrateg* [online]. 2018[citado 2024-03-04];17(4):05-18. Disponível em: <https://www.redalyc.org/journal/3312/331259758002/html/>.
7. Cox J, Edsberg LE, Koloms K, VanGilder CA. Pressure injuries in critical care patients in US hospitals. *J Wound Ostomy Continence Nurs*. 2022;49(1):21-8. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9200225/>.
8. Sampaio LRL, Carvalho TB, Sampaio BBL, Fernandes MNM, de Oliveira CC. Prevenção de lesão por pressão: conhecimento e ações de cuidadores e pacientes domiciliares. *J Health NPEPS* [online]. 2019[citado 2024-01-09];4(2):331-44. Disponível em: <https://periodicos.unemat.br/index.php/jhnpeps/article/view/3981>.
9. Teixeira A de O, Brinati LM, Toledo LV, Silva Neto JF da, Teixeira DL de P, Januário C de F, et al. Fatores associados à incidência de lesão por pressão em pacientes críticos: estudo de coorte. *Rev Bras Enferm* [online]. 2022[citado 2024-03-05]; 75. Disponível em: <https://www.scielo.br/j/reben/a/KRbDPd6VwRpYgcQ65XC6bwR/?format=pdf&lang=pt>.
10. Bortolato-Major C, Mantovani M de F, Felix JVC, Boostel R, Silva ATM da Caravaca-Morera JA. Avaliação do debriefing na simulação clínica em enfermagem: um estudo transversal. *Rev Bras Enferm* [online]. 2019[citado 2024-01-18];72:788-94. Disponível em: <https://www.scielo.br/j/reben/a/DRHMC77PzkzK9fMhyG8cdQz/?lang=pt>.