










# The potential of dialogic health education in secondary care: experience report at the school clinic



## As potencialidades da educação em saúde dialógica na atenção secundária: relato de experiência na clínica-escola

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### Abstract

**Introduction:** Health education practices are important in different Brazilian health contexts since the difficult access to knowledge hinders understanding the health disease process. **Objective:** To describe the impacts observed in a health action about monkeypox. **Methods:** Discussions and interactive dialogues were conducted with people in the waiting room of a university clinical center in Pernambuco, Brazil. **Results:** The population was receptive to discussions that directly impacted daily living, contributed to the dialogue, and exposed pre-existing ideas and questions. **Final considerations:** Health discussions turn the individual into the protagonist of the health disease process, stimulating the search for well-being via autonomy.

**Keywords:** Health education; Secondary health care; Monkeypox.

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## Resumo

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**Introdução:** As práticas de educação em saúde no Brasil são importantes nos diferentes contextos de saúde, uma vez que a dificuldade de acesso ao conhecimento dificulta a compreensão do processo saúde-doença. **Objetivo:** Descrever os impactos observados em uma ação de saúde sobre a varíola dos macacos. **Métodos:** Foram realizadas discussões e diálogos interativos com pessoas na sala de espera de um centro clínico universitário em Pernambuco, Brasil. **Resultados:** A população se mostrou receptiva às discussões que impactaram diretamente no cotidiano, contribuiu para o diálogo e expôs ideias e questionamentos pré-existentes. **Considerações finais:** As discussões em saúde tornam o indivíduo protagonista do processo saúde-doença, estimulando a busca pelo bem-estar por meio da autonomia.

**Palavras-chave:** Educação em saúde; Atenção secundária à saúde; Varíola dos macacos.

## INTRODUCTION

Health promotion is a broad topic composed of personal, sociocultural, historical, economic, and political factors, with an emancipatory perspective focused on the social determinants of health. Consequently, this term is understood as a strategy to face the determinants of the health disease process and facilitate the individual protagonism in the search for better health conditions. Health promotion is also a transversal policy that surpasses the limits of the health sector in the search for social participation and autonomy and is contrary to individual practices focused on the imposition and control of individuals<sup>1</sup>.

Therefore, health education is an important tool for promoting well-being. From a dialogical perspective, educational practices seek an emancipatory approach and promotion of autonomy, valuing knowledge as a process of collective creation. In this sense, individuals are actors in the health construction process, regardless of the level of care or complexity<sup>2,3</sup>.

This conception is aligned with popular health education, a concept guided by principles of the popular education of Paulo Freire<sup>3</sup>. The Brazilian Ministry of Health recognizes popular health education, through the National Policy of Popular Health Education, as a political-pedagogical reference needed for the integrality of care, qualification of participation, social control, and training of professionals in the area<sup>4</sup>.

In this context, strategies are needed to stimulate the implementation of health education actions at all levels of care. Among these levels, secondary care stands out with specialized services at outpatient and hospital levels and intermediary technological density between primary and tertiary care (i.e., procedures of medium complexity)<sup>5</sup>.

In secondary care, university clinical centers are important learning environments for professionals to strengthen health education by favoring comprehensive, dialogical, and humanizing care. This care is mediated by qualified listening, defined as the ability to attentively listen to

narratives of individuals and perceive all the involved biopsychosocial factors. Hence, university clinical centers allow horizontal dialogues between professionals and users that contribute to the emancipation and promotion of individual and collective health<sup>6</sup>.

Thus, proposing health education within secondary care is challenging since it may intervene with the paradigm of care historically constructed based on passive information, prescriptions, and indications regarding behavior change. The path of health education needs dialogical and meaningful relationships, with health interventions based on ways of experiencing the health and disease process and influenced by gender, socioeconomic status, and race<sup>7</sup>.

Accordingly, health education is an important strategy to combat health disinformation by constructing general knowledge based on scientific and popular knowledge. In 2022, an outbreak of monkeypox, a disease with high transmissibility, started in non-endemic countries. Thus, the orientation of the population regarding this disease was fundamental to reducing its incidence<sup>6,7</sup>.

## OBJECTIVE

This case report aims to describe the impacts of a health education action regarding monkeypox.

## METHODS

The health action regarding monkeypox was conducted in a university clinical center in Pernambuco (Brazil) as a clarification activity mediated by academics from the Academic League of Family and Community Medicine and the Academic League of Infectious Diseases.

The topic was chosen due to the contemporary nature of monkeypox and the lack of debate in television news and social networks. To guide the population, the academics explained key points of the disease, such as risk factors, symptoms, prevention care, and places to seek medical care. Resources used in the action included the oratory and distribution of informative pamphlets to enable the community as knowledge propagators.

Furthermore, the group chose the topic based on the methodology of problematization proposed by Maguerez<sup>8</sup>. This method consists of five steps:

1. Observation of reality and definition of the problem: after contacting users of the university clinical center, doubts concerning the prevention and identification of monkeypox symptoms were identified, mainly because this was a new topic.
2. Key points: the problem identified by academics may have occurred due to several factors, including the dissemination of incorrect information and anguish of the population with the emergence of a new disease.
3. Theorizing: after identifying the problem, a theoretical deepening of the topic in reliable databases was conducted to materialize basic aspects of monkeypox.

4. Solution hypotheses: to clarify the importance of monkeypox prevention practices to strengthen the knowledge of the population on the topic.
5. Application of reality: five days of health education activities were conducted at different times in September 2022 to reach a greater community. The focus was on users in the waiting room of the university clinical center and information sharing about monkeypox without medical jargon (i.e., accessible communication).

The health action was also based on liberating education<sup>9</sup>, which recognizes dialogue and problematization as intrinsic processes to constructing knowledge, besides the need to stimulate curiosity and critical reflection about what was said. Thus, problematizing implies asking, an act that indicates human existence since the person of knowledge self-transforms and modifies the object or reality when problematizing<sup>10,11</sup>.

Associated with the knowledge from meetings, the responsible medical geneticist explained these topics by highlighting the outpatient clinic and addressing questions related to the anamnesis (e.g., dietary aspects, factors that trigger irritability and aggressiveness, physical activity practice, and family relationships) to help confirm the diagnosis. The geneticist also explained the main medications to treat signs and symptoms, such as difficulty concentrating and learning and aggressive behavior. Aggressive behaviors are more common in young people with autism spectrum disorder, and one of the most used drugs is risperidone, a serotonin and dopamine-blocking antipsychotic that may cause long-term side effects, such as weight gain, metabolic syndromes, and hyperprolactinemia<sup>6</sup>.

The problematization occurs through dialogue, defended by Freire<sup>9</sup> as a dialectical-problematizing process, and enables a look at the world and existence in society as a process since reality is constantly changing. In this context, dialogue is a tool that fosters solidarity since people involved reflect and act towards the transformation and humanization of the world.

## RESULTS

Health education is a tool of great impact on disease prevention and health promotion; however, it is mostly used in primary care and rarely applied in secondary care services. Thus, this study evidenced that health education may be an effective strategy in secondary care by enhancing the integrality of health care. In addition, it is noteworthy the perspective of Paulo Freire in defending education as active people sharing knowledge and contributing to constructing an autonomous individual that thinks and criticizes health-disease processes<sup>9,10</sup>.

During the health action, the waiting room of the university clinical center was considered a favorable environment for horizontal dialogues and knowledge sharing with the potential to promote autonomy and empower the users. Therefore, these spaces may be used to ensure the use of light technologies in secondary care (e.g., reception, bonding, and accountability) to share

information about health and care<sup>9</sup>. This scenario also contributed to reinforcing the change from the biomedical (focused on the cure of the disease, transmitted vertically, and centered on the figure of the physician) to the biopsychosocial model of health, which covers all spheres of life, has a participatory atmosphere, and is centered on the user<sup>12</sup>.

People in the waiting room were receptive to discussions on issues that directly impacted daily living. During the dialogues, users presented limited knowledge about the monkeypox outbreak. Users also presented their previous knowledge and doubts about the topic, which were clarified and helped them recognize signs of monkeypox in acquaintances and spread information beyond that space. This dialogical practice corroborates Freire<sup>9</sup>, who stated that teaching required openness, curiosity, and inquiry during speaking or listening to allow users to assume themselves as epistemologically curious.

The health education activity benefited the assisted users and academics, who became aware of different realities and learned from the reports and statements of users; thus, contributing to the formation of a humanized professional. The relationships between the medical student and patient must transcend the formal and technical aspects and involve respect, responsibility, and bonding<sup>13</sup>.

To promote humanized care and health education in health services, especially at the secondary level, the professional must use qualified listening for integral care. This tool surpasses listening to a report and is characterized by paying attention to gestures, expressions, and marks that help understand the individual biopsychosocial aspects.

Thus, according to the principles of Paulo Freire, health education (mediated by horizontal dialogue and qualified listening) becomes a fundamental instrument for health promotion if the professional perceives the assisted user as a person of rights, with limitations, and protagonist of the own history<sup>9,10,15</sup>.

## **FINAL CONSIDERATIONS**

Health education actions are essential in the health care of the individual, especially in Brazil, which is a country with inequalities that negatively influence the physical, mental, and social well-being and the context of illness of the population. Thus, health promotion is a tool to transform the reality of people by changing from passive listening to inciting questions and criticisms in daily living. Hence, the meeting during the health action stimulated the autonomy of users, an important precept to the liberating education defended by Paulo Freire<sup>9</sup>.

Therefore, this case report evidenced the importance of informative actions to elucidate and empower listeners concerning monkeypox, promote health education, and contribute to the consolidation of medicine based on scientific evidence and dissemination of a humanized approach to health.

Different health services have the potential to promote educational activities in health to change the verticalization of knowledge by highlighting the value of empowering the person who seeks continued health care in primary, secondary, and tertiary sectors.

Moreover, assisted users who recognize themselves as main agents in promoting health and conducting prevention and care activities may provide collective development and well-being and help the functioning of the health system and social life.

## CONFLICT OF INTEREST

None to declare.

## CONTRIBUTIONS OF THE AUTHORS

**AAS:** elaboration of methods, references, and review of the entire article. **APRC** and **AJPB:** preparation of final considerations, references, and review of the entire article. **LMSE** and **JMFRJ:** preparation of results, references, and review of the entire article. **JRCS:** guidelines, suggestions, and review of the entire article. **JFS:** preparation of the introduction, references, and review of the entire article.

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