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Articles

Elderly people social groups as a tool for health empowerment: action research

Grupo de idosos como dispositivo de empoderamento em saúde: uma pesquisa-ação (resumo: p. 14)

Grupo de ancianos como dispositivo de empoderamiento en salud: una investigación-acción (resumen: p. 14)

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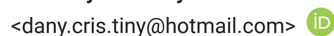

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This study aimed to build health promotion and prevention actions with elderly people and health professionals and evaluate the meaning of health empowerment for older people. An action research was conducted with a family health team, the Family Health Support Center, and 26 older individuals from a dialogic perspective. Seventeen older individuals were interviewed, and the content analysis technique was used. The elderly people expressed the meaning of the social group based on socialization, meaningful bonds, sharing, learning, and redefinition of life projects. The social group was a space for listening, creating, sharing experiences, and valuing life stories. This interaction redefined the aging process and life projects and increased satisfaction with health and life.

Keywords: Empowerment. Elderly. Health promotion. Aging.

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Introduction

The population aging[1,2] requires quality health care[3] to promote autonomy and independence of older individuals using collective and individual health actions[4]. These actions should aim at fullness, quality of life, and the living well concept[4], which comprises complementary and reciprocal relationships between individuals and the community[4,5].

However, health care services focus on vertical transmission and the biomedical model[6] instead of considering the social dynamics, popular knowledge, vocations, subjectivities, and socialization in a territory reflecting habits, customs, and values[6-8].

Empowerment is a valuable tool in health promotion that allows decision control[9] and should consider the way of living in older age, which varies according to social realities and cultural contexts[8].

The ethical and political construction of Paulo Freire[10,11], which considers the sociability produced by a territory, was used in this action research. We sought to reach the lives, subjectivities, and social support networks of older individuals[7,12].

Group work with the community is an opportunity for older individuals to express specific experiences and personal values. Also, participation and group interaction form an opportune scenario for developing autonomy and independence[13,14].

This action research occurred with the active participation of older individuals, a family health team (FHT), the Family Health Support Center (FHSC), and other agents from important sectors. The intention was to mobilize and value knowledge and practices, create a space for sharing, strengthen bonds, and express the local culture and life history.

This study aimed to evaluate the meaning of health empowerment for older individuals and promote health among them and health professionals.

Methodology

This study was an action research[15] with a qualitative approach[16], in which participants and researchers cooperated to transform reality[15].

We aimed to use dialogue to build knowledge, improve, expand, and qualify health care. The study was developed from the perspective of older individuals using the aging process as a symbolic and cultural place and considering the contexts and positioning of every older individual.

This study considered twelve FHTs, one FHSC (physical therapists, speech therapists, psychologists, nutritionists, and social workers), and one Psychosocial Support Center. The study included a nurse, a doctor, a nursing technician, five community health agents, and 26 older individuals. Workshops with the older individuals occurred monthly from September 2018 to March 2019.

The research was developed in three stages: exploration and planning, action, and evaluation[15] (Frame 1). The aim was a co-construction with the transfer of power and decision-making from health professionals to older individuals, (re)creating and re-signifying relationships and interactions, and valuing the living territory as a life scenario[17].

Frame 1. Stages of the action research

Study stages	Strategies	Aims/Goals	Product
Exploration	Conversation circle	Identify eligible topics and understand health needs, difficulties, interests, impressions, beliefs, and emotional and cultural aspects.	Themes: healthy eating and rights and physical activity for older adults.
Planning	Conversation circle	Discuss participatory approaches considering the speeches of the individuals.	Planning.
Action	Patchwork	Work on memory, imagination, creativity, teamwork, sensitivity, importance, and identity, representing each life story like in photography.	Memory patchwork.
	Shared breakfast	Broadly approach healthy eating. Food is an opportunity for socialization, sharing memories and obstacles to healthy eating, and appreciation of regional cuisine.	Recipes.
	Theatre of the oppressed	Promote a proper environment to express feelings and stimulate autonomy and problem solving of older adults using representations of daily life conflicts and situations.	Collective quote representing empowerment "Live life with quality as long as God wants."
	Culture and leisure activity with a historical tour	Encourage action and thinking to recreate the history of older adults and the community.	A sequence of exercises to prevent falls; formation of a *"Forró pé de serra"* (typical music genre) band; participation of older adults in the book about city history.
	Protagonism, citizenship, and rights of older adults	Discuss the won rights and ways to improve existing actions; mobilize in defense of older adults by implementing public policies, programs, and actions that meet their demands; and encourage older adults to be active agents.	Map of the support network for older adults in the city.
Evaluation	Semi-structured interview	Understand the contribution of the social group to the health empowerment of older adults.	

Exploration and planning diagnosed the group situation in a conversation with older individuals. Before the study, the social group developed actions focused on chronic diseases, in which health professionals were action subjects choosing and executing themes; however, participation was low.

Then, we aligned the approaches aiming at valuing the life stories of older individuals and promoting a space for sharing and listening beyond the contours of identity. Another aim was the perception that everyone is part of territory with lives intertwined, a community of dialogue, coexistence, and affection[18].

The planning was extended to sectors of the Municipal Health Department to raise awareness and search for support, envisioning collaborative work. Permanent mediation and construction[19] helped to align goals to balance the contribution and work.

Five workshops were developed in the action stage. Knowledge, feelings, and doubts were expressed, valuing the understanding and interests of older individuals. The problematization of reality and dialogue were essential to include unpredictable elements of emotion and affection in the human encounter[10,17].

The first workshop was called patchwork and aimed at building the cultural identity of the older individuals using painting. This process comprised the search for history, self-knowledge, and environment perception of the older individuals to understand and respect their feelings and feelings of others[11] (Frame 2).

The second workshop was a shared breakfast. Each older individual shared their meals. Faced with dietary difficulties, they showed potential and knowledge and produced healthy preparations. The local food culture was respected, switching the older individuals from passives to protagonists. Thus, autonomy was the experience of several and countless decisions.

The third workshop was a play based on the Theatre of the Oppressed[20]. The social group chose a representative story for the show: an appointment with a health professional and the patient. We noticed that the prescriptive dialogue was performed in the biomedical model, with verbs in the imperative directed to the patient. Then, older individuals returned to social reality, able to think about powers, conflicts, and confrontation (Frame 2).

Frame 2. Statements from the field diary of the action research.

Study stages	Statements	Dimensions of empowerment
Exploration and planning.	We could talk about food, walking. (I-1) What matters is the rights of older individuals. (I-2)	Motivation and confidence in the new proposal
Action	Ah! I do not know how to draw! (I-3) I cannot! (I-3) I am not going to draw! (I-4) I have never painted anything. (I-5) I thought they would talk about diabetes, check the blood pressure, or the nutritionist would talk! (I-4)	Resistance to the new proposal
	I drew a cat, my hero when I was a boy; it used to kill all the mice in the house, which was a lot. (I-6) This is the foundation (drawing) of my house. I have built my house. I have built many houses in this life. (I-7) I drew a garden; my whole life, I have liked roses; that is why I have married a rose. (I-8)	Sense of meaning, freedom, confidence, and motivation
	At home, I live alone, eat alone. (I-9) There is much offensive stuff in the fridge. (I-1)	Difficulties
	I know how to make couscous. My mother used to make couscous from grazed corn. (I-10) We used to make butter and curds only with milk from the cow. I still do. (I-11)	Autonomy, independence, coping skills; moving to the condition of instructor, multiplier, and protagonist with the group
	I have already stopped going to parties because I have diabetes. (I-4)	Understanding illness and its implications in life
	Theatre of the Oppressed dialogue You cannot eat anything; what you can do is walk, walk in the morning, in the afternoon, at night (older individual in the role of the health professional). (I-12) And am I going to starve to death? I do not like to walk (older individual in the role of the patient). (I-13) That is your problem! (older individual in the role of the health professional). (I-12) How do I come here, tell you about my problem, and you just say that I cannot eat and can only walk (older individual in the role of the patient). (I-13) Yes, you have to walk to shape that body (older individual in the role of the health professional). (I-12) What if I feel hungry? (older individual in the role of the patient). (I-13) Oh! Hold on to the poison like a snake (older individual in the role of the health professional end the service). (I-12)	Situations of oppression experienced in daily life; reproduction of vertical relationships
	I play the accordion; it is good for me. I am exercising, doing good for the people and the older individuals. (I-13) This is the first time I have danced since my husband died. He would not let me dance. I danced a lot when I was single. (I-14) The day they killed Margarida, everything went dark; they messed with the energy of the city. (I-15)	Freedom, shared decision; autonomy in decision-making when older individuals united to form a *"Forró pé da serra"* band in the community; action and reflection to recreate their own history, the community and the city, based on their lived experiences.
	She could go straight to the hospital to treat this wound. (I-11) It is no use treating the wound if she is not treated well at home; she has to report her children. (I-10)	Coping skills, shared decision; autonomy in decision-making
Evaluation	(...)At my age, I still solve everything, and that is how it will go as long as I am healthy, until the day God wants. (I-2)	Socialization with bonding, redefining life projects and encouraging autonomy and independence

The fourth workshop was a cultural and leisure storytelling[21], with a historical tour of the city in places where historical figures lived, and social and rural union movements took place in the state history. The older individuals told the stories from memories about the singularities of health, art, culture, and the struggle for rights. The goal was to strengthen intercultural emancipating health care, (re)create sociability, exchanges, and sharing, adjusting the being, doing, and living well[17].

The fifth workshop, "Protagonism, Citizenship, and Rights of Older Individuals," discussed the won rights in the Statute of the Elderly and mobilizations to defend older individuals. The implementation of public health policies and other programs for older individuals were discussed using a fictitious case.

For the workshops, the older individuals observed the activities and registered in a field diary, photos, and videos.

The evaluation was transversal to the process using listening and permanent action (re)construction. However, we observed the need for individual interviews. Therefore, 17 regular participants were randomly interviewed (semi-structured interviews) in March 2019 to understand how the social group contributed to empowerment.

Theoretical saturation determined the interview sample and the end of the fieldwork[22]. The researcher interrupted data collection when new elements were no longer provided to deepen the theorization of the research object.

The interviews lasted about 25 minutes and were audio-recorded, transcribed, and conducted by a researcher not involved with the group but with experience in qualitative research and FHT. The thematic analysis[23] considered three stages: the analytical description of the data (pre-analysis) aimed at discovering the core for communication, the exploration of the material identified key recurrent expressions representing the speeches after repetitive readings of the transcribed text, and data treatment and interpretation allowed a deep analysis of results acquired in the previous phases[23].

Speech records were coded with the letter I (corresponding to older Individuals) followed by Arabic numerals representing the order of interviews (I1, I2, I3...) to ensure anonymity.

Ethic aspects

The research ethics committee approved the study (Protocol 3.064.390), and all participants signed the informed consent form.

Results and discussion

Among 17 older individuals, 12 were men (71.6%) with a mean age of 70.2 years. Only one older individual was literate (5.9%), thirteen (76.5%) were married, three (17.6%) were single, and one (5.9%) was widowed.

In exploration, the older individuals reported “Embarrassed!” or “I do not know.”, demonstrating discomfort with the dialogue and construction. However, they showed motivation and confidence in the (co)creation of the work as the discussion progressed and they owned the proposal (Frame 2). An older individual commented, “I do not know how to write, I am very shy... But here I am getting more excited”. Another one said, “I am very excited; that is why you do not leave me out”.

Studies[24-26] described the importance of social groups for older individuals, especially regarding protection, belonging, appreciation, and meaning of life. During the workshops, older individuals shared stories, knowledge, meanings, and actions as an expression of their lives. This result reveals that they belong to a place of production of life, which includes living with domestic animals, building houses, gardens, and dreams, and producing typical food (Frame 2).

The workshops aimed at valuing the culture, social practices, and life history of older individuals. They became useful socialization spaces to break social isolation, express everyday problems and challenges of aging, and re-signify personal, social, and cultural projects[27,28]. Access to information[25] was prioritized to ensure choice autonomy about learning topics and motivate older individuals to stay in the social group[17].

Social support promotes protection, health, and psychological well-being of older individuals and provides the feeling of having someone to rely on in daily life[29]. Exchanges in the social group based on listening, mutual respect, and reciprocity contributed to strengthening bonds, learning, and recovery of meaning (Frame 2).

> I play the accordion; it is good for me. I am exercising, doing good for the people and the older individuals. (I10)

> This is the first time I have danced since my husband died. He would not let me dance. I danced a lot when I was single. (I9)

Proper social support re-signifies aging[30] and values the social context of older individuals. Thus, care possibilities were built from creating and reinvading a territory-based health service[27], seeking autonomy, independence, empowerment, and self-government for well-being and quality of life[6,17].

The older individuals expressed the meaning of the social group after socialization, forming meaningful bonds, sharing and learning together, and re-signifying life projects. According to the statements, the social group became a meeting for listening, sharing experiences and solidarity, and strengthening bonds and partnerships.

The socialization and meaningful bonds due to social interaction strengthened the feeling of belonging and satisfaction of older individuals. One individual stated the realization:

> It is the participation of friends, the play, one says one thing, the other says another, and, like that, we get stronger with those games, and we leave happy. We saw friends, played, we participated, we laughed, I mean, while we are laughing, talking about good things, it is good. We forget the bad things. (I1)

Sharing and learning together was part of the process of reciprocal exchanges. The intertwining of ideas, listening with respect and dignity, and the new learning generated new meanings for self-care and care of others[27]. The speech of the older individuals revealed that people learn from sharing, even at an older age:

> Here is the thing, I am always in the learning phase, method, always learning, and, as much as possible, what I have learned and understood I can pass on to other people. (I4)

Learning self-empowering improves self-care, care of others, and the ability to communicate in collective spaces by exposing wills and emotions, re-socializing, and reporting experiences[27,31].

The social group was a space where older individuals were protagonists of self-construction, allowing them to learn, share experiences, express frustrations, talk about anxieties, and rupture the place of static and alleged unproductiveness[27]. Needs and possibilities change over aging, justifying the need to discuss and negotiate the place of older individuals as different social agents continuously[32].

Participating in the group favored the understanding of self-reconstruction and the potential to self-reinvent and generate possibilities. The speeches also indicated the re-signification of life projects. The older individuals saw themselves in a life-producing territory, which allowed the exploration of other fields of interest and previously dormant projects.

> This year, I am even building a little garden, as I missed the courage to work last year. I had courage for nothing. When I got in here, that was it; it was gone. I am coming back with the small garden; God bless I have the health to work; for me, that is the greatest pleasure I have, working. (I8)

Aging should not be associated with finitude, significant losses, marginalization, or exclusion. Older individuals will always look for life meaning, although this meaning is unique and individual[33].

We observed that older individuals re-signify their existence by reinventing their routine and reaffirming decision-making for themselves, guaranteed by the power of conscious choices. Returning to an activity that was pleasurable in the past is related to continuity and re-signification. For some older individuals, returning to work is not only related to the financial aspect but to the feeling of pleasure, the need to recover social identity, remain active, and feel valuable[32].

The social group discussed the freedom to manage activities of daily living and home management with autonomy and independence, which involves self-care and care of other people:

> I am very afraid of being useless inside the house. It is just me and my husband in the house, right? And one of the boys still does everything, cleans inside the house, and does laundry, cooks lunch. I am still able to cook for myself and them all. I still go to the kitchen to do my things... (I6)

Autonomy is an important theme that covers several spheres and is transversally inserted into the life of older individuals, gaining new perspectives over time[34]. Autonomy is shaped by many factors, including ability, environment, personal resources, relationships with family members, friends, and neighbors, wider social support networks, financial resources, and opportunities[35,36].

Aging is often seen from a negative perspective, but according to older individuals, it may provide satisfaction and personal accomplishments since some of them self-present as protagonists of changes.

> I am alive; I have to fight for my health, right? But I always have, thank God, all my life, I have solved my things. At my age, I still solve everything, and that is how it will go as long as I am healthy, until the day God wants. (I3)

The speeches evidenced the feeling of usefulness and social belonging, which is influenced by each worldview and must be considered since it reveals the social and cultural contexts important for living and aging[37]. Being healthy was synonymous with freedom, independence, autonomy, protagonism, and self-governance.

> The more activities to do, the more I feel good, so my health is good. I am pretty healthy despite my age. (I11)

> Some older women my age are already wrecked, all staggering! I look young, little mommy doll! Sometimes, when I spend all day walking, in the evening, I wrap my leg; it makes that baroque look as if I were pregnant. That is why I avoid it. (I13)

However, these changes in older individuals may impact health self-assessment and should not be naturalized or neglected. Adaptations are needed for daily activities regarding body consciousness and aging, especially to know when to ask for help and what to reinvent in life.

One limitation was the impossibility of generalizing the results due to the regional delimitation of the study. The effort made in the action research was to understand a territory-based health service centered on the subjects.

Final considerations

The experiences of the older individuals and health professionals revealed that the dialogue in the social group promoted the appreciation of older individuals as social agents and their knowledge and actions. It also helped to build a space of listening, bonding, and reciprocal exchanges based on beliefs, values, and attitudes aimed at emancipatory health care.

The social group was a creative and interactive space for sharing and co-creating empowerment. From the speeches of older individuals, the symbolic place of aging was socially valued and triggered the desire for production and re-signification of life projects. Experiences from emancipatory movements, collaborative teamwork, and territorialized work should be valued and encouraged in primary health care.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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O estudo teve por objetivo construir, coletivamente, ações de promoção de saúde com idosos e profissionais de saúde e avaliar, na perspectiva dos idosos, os significados para o empoderamento em saúde. Realizou-se uma pesquisa-ação com uma equipe de Saúde da Família (eSF), núcleo ampliado de Saúde da Família e 26 idosos, em uma perspectiva dialógica e participativa. Ao final, 17 idosos foram entrevistados. Utilizou-se a técnica de análise temática. Emergiram na voz dos idosos os significados atribuídos ao grupo por meio de socialização, vínculos significativos, compartilhamento e aprendizagens. Compreende-se a potencialidade do grupo como espaço de escuta, de criação e compartilhamento de experiências e de valorização das histórias de vida dos idosos nesse território. A interação impulsionou a ressignificação do processo de envelhecimento e os projetos de vida, gerando maior satisfação com a saúde e a vida.

Palavras-chave: Empoderamento. Idoso. Promoção da saúde. Envelhecimento. Saúde da família.

El objetivo del estudio fue construir colectivamente con ancianos y profesionales de la salud acciones de promoción y evaluar, desde la perspectiva de los ancianos, los significados para el empoderamiento en salud. Se realizó una investigación-acción con un equipo de salud de la familia, núcleo ampliado salud de la familia y 26 ancianos en una perspectiva dialógica y participativa. Al final, fueron entrevistados 17 ancianos. Se utilizó la técnica de análisis temático. En la voz de los ancianos surgieron los significados atribuidos al grupo, a partir de la socialización, vínculos significativos, compartición y aprendizajes. Se entiende la potencialidad del grupo como espacio de escucha, de creación y compartición de experiencias y de la valorización de las historias de vida de los ancianos en ese territorio. La interacción dio impulso a la resignificación del proceso de envejecimiento y los proyectos de vida, generando una mayor satisfacción con la salud y la vida.

Palabras clave: Empoderamiento. Anciano. Promoción de la salud. Envejecimiento. Salud de la familia.