

# Reflections on nursing and COVID-19 in light of health education

*Reflexões sobre enfermagem e COVID-19 à luz da educação em saúde*

*Reflexiones sobre Enfermería e COVID-19 a la luz de la educación en salud*

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## ABSTRACT

**Objective:** To reflect on the nursing and pandemic of COVID-19 considering health education, health promotion, and the Ottawa Charter action areas. **Methods:** A theoretical-reflexive study on health education and health promotion concepts and the areas of action presented in the Ottawa Charter. **Results:** Educational actions are present in the contexts of epidemics and pandemics, as well as in the work of nurses, who need to be increasingly based on dialogue and individual and collective empowerment to enable users to adopt healthy and preventive behaviors - in this case, concerning COVID-19. However, this professional needs effective and efficient public policy actions and measures based on scientific assumptions of health promotion. **Final considerations:** The actions of health education need to be increasingly valued because knowledge can be considered the first “vaccine” to combat any pandemic. **Descriptors:** Health Education; Pandemic; Nurses; Health Promotion; Health Empowerment.

## RESUMO

**Objetivo:** Refletir sobre a enfermagem e pandemia da COVID-19 levando em consideração a educação em saúde, a promoção da saúde e os campos de atuação da Carta de Ottawa. **Métodos:** Estudo teórico-reflexivo fundamentado nos conceitos de educação em saúde e promoção da saúde e nos campos de atuação da carta de Ottawa. **Resultados:** As ações educativas estão presentes nos contextos de epidemias e pandemias, bem como no trabalho do enfermeiro, que precisa ser cada vez mais pautado no diálogo e no empoderamento individual e coletivo para possibilitar ao usuário a adoção de comportamentos saudáveis e preventivos — neste caso, em relação à COVID-19. Entretanto, esse profissional precisa de ações e medidas efetivas e eficazes de políticas públicas embasadas em pressupostos científicos da promoção da saúde. **Considerações finais:** As ações de educação em saúde precisam ser cada vez mais valorizadas, pois o conhecimento pode ser considerado a primeira “vacina” para o combate a qualquer pandemia.

**Descritores:** Educação em Saúde; Pandemia; Enfermeiras e Enfermeiros; Promoção da Saúde; Empoderamento para a Saúde.

## RESUMEN

**Objetivo:** Reflexionar sobre la enfermedad y la pandemia del COVID-19 teniendo en cuenta la educación en salud, la promoción de la salud y los campos de actuación de la Carta de Ottawa. **Métodos:** Estudio teórico-reflexivo fundamentado los conceptos de educación en salud de promoción de la salud en los campos de actuación de la carta de Ottawa. **Resultados:** Las acciones educativas están presentes en los contextos de epidemias y pandemias, así como en el trabajo de los enfermeros, que deben basarse cada vez más en el diálogo y en el empoderamiento individual y colectivo para que el usuario adopte comportamientos saludables y preventivos, en este caso, en relación con el COVID-19. Sin embargo, este profesional necesita acciones y medidas eficaces y eficientes de políticas públicas basadas en los supuestos científicos de la promoción de la salud. **Consideraciones finales:** las acciones de educación sanitaria deben valorarse cada vez más, ya que el conocimiento puede considerarse la primera “vacuna” para combatir cualquier pandemia.

**Descritores:** Educación en Salud; Pandemia; Enfermera y Enfermero; Promoción de la Salud; Empoderamiento para la Salud.

## INTRODUCTION

The pandemic of the new coronavirus (SARS-CoV-2) incites us to reflect on the actions of health education developed by nursing in the process of building knowledge, aiming at health promotion with autonomy and co-responsibility of people in their care, in order to achieve comprehensive care directed to the needs affected in the health-disease process.

The numbers related to COVID-19 are alarming, with global dimensions. In July 2021, 185,291,530 cases were reported worldwide: 73,450,049 in the Americas, 56,730,290 in Europe, 35,720,907 in Asia (Southeast), 4,316,877 in Africa, and 3,730,197 in the Western Pacific region. In this context, the countries with the largest cases numbers were the United States of America, 33,451,965, and India, with 30,752,950 notifications<sup>(1)</sup>.

In Brazil, we had 18,909,037 cases and 528,540 deaths in the same period, besides the underreporting numbers, such as worldwide<sup>(1)</sup>. These numbers portray this issue's epidemiological and social importance, making it necessary to reflect on health education strategies. These plans could contribute to individual and collective autonomy and therefore, positively influence the adoption of healthy behaviors within this scenario.

In this sense, health education contributes to the change in life contexts, minimizing risks and vulnerabilities and enhancing health prevention and promotion actions, being a strong ally in combating the virus spread through healthy behaviors<sup>(2)</sup>.

Therefore, health education is a process of knowledge construction that aims at the individual's autonomy and the potentiation of citizenship exercise, and the social control over health policies and services focused on the population's needs<sup>(2)</sup>.

Based on this understanding, health education has a direct relationship with health promotion, which is defined as the process of empowering people to increase control over their health, being essential to realize that various factors - such as social, personal, physical, environmental, and other aspects that go beyond healthy lifestyles - influence health and, consequently, health promotion of individuals and collectivities<sup>(3)</sup>.

The actions based on health education and promotion principles can empower individuals and the community to improve their quality of life and health, including greater participation in controlling this process. The Ottawa Charter, arising from discussions on this topic, guides us when it establishes the five areas of action: healthy public policies, supportive environment, community action, personal skills, and reorientation of services. They are considered the main reference framework for health promotion, are recognized and reaffirmed by international health promotion conferences, and are related to the definition of health education established by the World Health Organization (WHO)<sup>(2-3)</sup>.

It is noteworthy that the educational actions and strategies concerning these areas of health promotion drive the necessary transformations to change the population's health reality, once these practices are characterized by having a holistic conception of the human being, an expanded concept of health, intersectoral approach, individual and collective empowerment, social participation, search for equity, and actions on the Social Determinants of Health (SDH)<sup>(2)</sup>.

In this context, the nursing professional develops in their daily life several activities related to assistance at various levels of attention

in health networks, covering complex challenges in care, teaching, research, and management<sup>(4)</sup>. Moreover, this professional can behave as a health educator, being a sensitive and aware facilitator of his role and encouraging the population to be the protagonist of this learning process. Consequently, it enables the work along the lines of liberating education, based on concepts and reflections by Paulo Freire, anchored in critical consciousness, individual and collective transformation, including the cultural, social, and political context of which the subject is part, in order to promote transformation<sup>(2)</sup>.

As promoters of health, nurses need to be seen in their amplitude to act for the care of the human being in its entirety, involving educational actions for empowerment. It is known that, through educational activities in their various areas of action, the professional can provide subsidies to individuals and populations to expand knowledge and change behaviors aiming at adherence to preventive measures, health promotion, and reduction of injuries, as well as improvement of life and health, especially in the current pandemic of COVID-19.

Therefore, we reflect on health education as a primordial action for professional nursing practice aimed at promoting health and fighting the pandemic of COVID-19, taking into consideration Ottawa Charter areas of action, and highlighting the moments in this journey when it is possible to find the expansion of autonomy, empowerment, and healthy behavior.

## OBJECTIVE

Reflect on the role of nursing in the COVID-19 pandemic considering the health education and promotion proposed in the Ottawa Charter.

### **Health education, nursing, and the fight against diseases and illnesses**

Health education has undergone several changes while facing diseases and illnesses, mainly due to the advancement of science and changes in the political and social context. It is noteworthy that, in the twentieth century, the actions were centered on the biological and hygienist conception with a focus on sanitary education as it was with yellow fever, plague, and smallpox, resulting later in a massive popular revolt, in which various classes fought for better living and health conditions<sup>(2-5)</sup>.

This battle of popular classes boosted, in the 1970s, the Sanitary Reform Movement, one of whose objectives was to combat the exclusionary citizenship in force at the time and to defend the right to health for all, in which "education in health" came to be called "education for health"<sup>(5-6)</sup>.

In nursing, health education is evidenced with Florence Nightingale, covering populations with low socioeconomic conditions. Her primary area of activity was rural hygiene, and it was found that the environment directly influenced the individual's recovery, thus originating the first nursing theory, the environmentalist theory<sup>(7)</sup>. Consequently, it is observed how man and the environment are directly related and how nurses need to stimulate critical and reflective thinking of people and communities through educational actions to take care of themselves and the environment together to have healthy.

Educational actions, especially in nursing, have intensified over time. There is more open space for new experiences based on Paulo Freire's dialogical method, configuring "popular education in health," which goes beyond listening and speaking; it includes the commitment to freedom and people humanization, seeks to listen and understand who is expressing the word, also considering present the language, images, and symbols<sup>(2-5)</sup>. This valorization of dialogue, rooted in the life and experiences of all people involved in the educational process, provides a learning environment and a collective construction that change behavior.

In recent years, Brazilian nursing has faced several public health problems involving humanity and the environment, such as the increasing cases of dengue, zika virus, and chikungunya (diseases transmitted by *Aedes aegypti*), minimized by preventive behaviors<sup>(6)</sup>. This fact leads us to reflect on many educational actions aimed at raising awareness of the population to care for the environment, and especially, in this case, with standing water in the rainy season. However, the problem persists, indicating that the actions should be continuous and not only in periods of higher incidence.

Currently, the battle against the pandemic of the new coronavirus and its mutations has been a great challenge for science, in which it is necessary to reflect on the educational actions in the fight against these health problems<sup>(2)</sup>. Given the previous experiences, one realizes that it is crucial to plan the educational actions and base their contents on science and the knowledge of individuals and communities.

In this context, the exchange of knowledge, based on principles of the Unified Health System (SUS), contributes to social training in health since it is not done "for" the people, but "with" the people<sup>(8)</sup>. In this way, it is comprehended that the solution to many health problems requires people to understand the situation and be motivated to adopt healthy behaviors that promote their health<sup>(9)</sup>.

Therefore, actions aimed at health promotion conducted by the nursing team require the active participation of people in the modification of living conditions and their way of life. That leads to creating a wholesome culture that supports healthful policies and equity in health services and the development of personal motivations to take control of their health<sup>(4-9)</sup>.

Health education actions need to focus on the organization of social networks increasingly, from small neighborhoods to large municipalities, with the guarantee of promoting the role of the population in their health services and the community through an active citizenship attitude. Due to the pandemic, health education is present everywhere; health knowledge is transmitted in person and at a distance by the media<sup>(39)</sup>.

Faced with so much information and the need to share it, especially those related to innovations in knowledge, science, and new health measures, the media must join forces in educating and sensitizing the population with quality and suitable information content. It is known that information, communication on health, and the adoption of preventive behaviors plus health promoters are essential for healthy lifestyles and combat diseases and illnesses.

### Health education, COVID-19, and the areas of health promotion according to the Ottawa Charter

Health promotion actions require coordinated action among governments, health, social, and economic sectors in an

intersectoral way, having health education as the main tool. That is an essential tool that involves theoretical and philosophical aspects, which should guide the practice of all health professionals.

These coordinated and intersectoral actions become evident with the release of the Ottawa Charter, which shows a set of values such as equity, solidarity, quality of life. It also emphasizes a set of strategies designated as "areas of action" that must be articulated between the State through healthy public policies; with the community, such as the strengthening of community action; with individuals, through the development of personal skills; and with the health system, through the reorientation of strategies and intersectoral partnerships<sup>(10-12)</sup>.

In facing COVID-19, it is obvious the importance of adherence to protective measures and the implementation of actions aimed at education and health promotion, especially when articulated with the various sectors, as pointed out in the action areas of the Ottawa Charter<sup>(3,13)</sup>. Figure 1 shows a flowchart with the action areas and how they are interrelated.

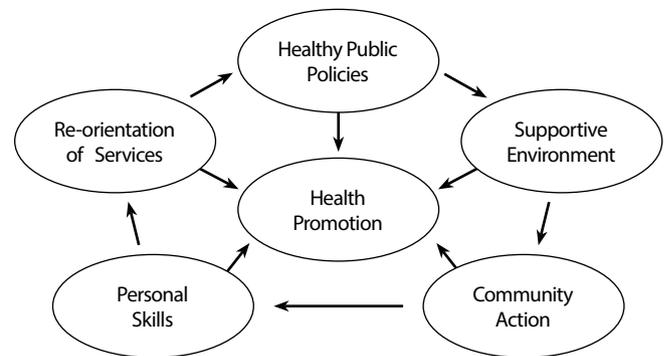


Figure 1 –Action areas established in the Ottawa Charter and how they are interrelated

Fighting COVID-19 urgently requires from the State actions that must go beyond assistance because it is known that it is necessary to change behavior through educational actions based on critical and reflective knowledge, science, and the population's experiences. Actions in health education are instruments that provide the development of discussions in all sectors and at all levels. Moreover, they sensitize administrators, professionals, and the population to adopt healthy behaviors, making each subject protagonist in their actions to combat diseases and illnesses<sup>(2)</sup>.

Dialogue-based assistance and adequate support from the media and information networks are essential to guide and raise awareness among the population about social distancing, the collective use of face masks, hand hygiene, use of alcohol gel, keeping their environments healthy, and sanitized<sup>(11-12)</sup>. However, in practice, there are difficulties in cohesively implementing these actions, often due to the dichotomy of information and different cultures established in this scenario.

It is also known that the development of healthy environments has been one of the challenges that Brazil faces because of the profound social inequalities of the country - where most of the population lives in communities with a high rate of agglomeration and low socioeconomic conditions - as well as a low literacy in health has led to numerous difficulties in the adoption of measures to combat and control the pandemic<sup>(12)</sup>.

The adoption of preventive measures requires lifestyle changes to reduce or mitigate the consequences of the pandemic event, which affects health in a very significant way. Therefore, actions that favor changes in the population's lifestyles can contribute to the creation of a healthy society with measures that ensure the positive nature of the effects of new behaviors for health. These actions need to be based on the SUS principle of equity, considering that diversity and regional differences require administrators to establish different strategies to ensure that the population has the basics to keep their environments healthy and sanitized, creating a favorable scenario for health promotion<sup>(4,13)</sup>.

In this context, health actions must be very well articulated with healthy public policies. This term appears in 1986 at the Ottawa Conference when the construction of those policies was recognized as a fundamental pillar for developing socially just and equitable communities<sup>(3)</sup>. It is recommended that the potential for healthy public policies can be reached when government sectors develop public awareness and responsibility for health and health promotion, involving the participation and enhancement of the population's needs.

In the broad sense of the term, healthy public policies do not intend to solve a specific health problem but, on the contrary, seek in an intersectoral and collaborative way to solve several problems based on health promotion. Therefore, the process starts with the identification and recognition of different sectors (agriculture, transportation, labor, education, housing, among others) and then, entering the strategic objectives of each one of them, attempts to achieve an effective contribution that enables favoring the well-being and health of the populations<sup>(6,13)</sup>.

The strengthening of the community at this time is essential since its practical and concrete participation in decision-making and the development of planning strategies for educational actions in times of pandemic and post-pandemic is essential to achieve the well-being of the population. The driving force for the process comes from the communities' influence and awareness, the subjects' protagonism in decision-making, and coping with diseases and illnesses<sup>(3)</sup>.

This bolstering and community action is based on health education actions, with human and material resources available to the community itself, to stimulate independence and social support and develop flexible systems that emphasize public participation and control of health problems. That requires complete and constant access to health information and instructions, i.e., good communication and the practice of dialogue to raise problems and solutions that reinforce community action and the development of personal skills for individual and collective change<sup>(3-4)</sup>.

The initiation of this development of personal skills should be through activities focused on educational practices in schools,

homes, workplaces, and community settings, thus stimulating open dialogue and qualified to listen, allowing the creation of free space for exchanging information and experiences and expanding the horizon of knowledge. Besides the possibility of promoting autonomy, the achievement of individual skills, and contributing to improvements in self-care habits, these activities favor the stimulation of responsibility in facing diseases and chronic injuries or situations such as a pandemic<sup>(3)</sup>.

In this process of facing a pandemic, the reorientation of health services is paramount, where the health sector must play an increasing role in health promotion in a way that transcends clinical and medical services, adopting a new orientation, more sensitive to the cultural needs of individuals.

Likewise, it is necessary to use mechanisms to meet the needs of communities with a focus on healthier living and create channels of communication between the health sector and the social, political, and economic sectors. It could do so by adopting actions and coping strategies using health education, promoting it based on the action areas of the Ottawa Charter. Thus, the population can be sensitized to a change in attitude and organization of health services, considering both cultural needs and SDH and always prioritizing the principle of equity.

## FINAL CONSIDERATIONS

Promote health education to combat pandemics according to the acting areas of the Ottawa Charter have fostered the dissemination of knowledge intending to raise awareness of the population's actions to prevent illnesses and diseases and improving their health, in addition to being important in the decision-making of administrators and users of the health system. Therefore, these theoretical and reflective assumptions can be used as a basis for actions aimed at changing behavior and confronting COVID-19.

Furthermore, on the one hand, when we articulate the professional practice of nursing with the elements that promote critical awareness and empowerment of the subject and the community, we can infer that its performance over the years in different contexts, especially in the face of epidemics and pandemics, needs to be more efficient and effective to favor attention based on dialogue, in order to expand knowledge and awareness in health in a preventive manner in situations that require behavioral changes.

On the other hand, health policies and their actions in society need to consider the elements of health promotion clearly and cohesively to support the actions of nursing professionals. Finally, health actions focused on education and health promotion need to be increasingly valued due to their scientific basis. We reflect on health education through knowledge, which can be considered the first "vaccine" to fight any pandemic.

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