

Health education for hospitalized patient in nursing care: a conceptual analysis

Educação para a saúde do paciente hospitalizado na assistência de enfermagem: uma análise conceitual
Educación para la salud del paciente hospitalizado en la atención de enfermería: un análisis conceptual

Priscila Brigolini Porfírio Ferreira^I

ORCID: 0000-0001-7225-2782

Isaura Sententa Porto^I

ORCID: 0000-0001-8303-4158

Fatima Helena do Espirito Santo^{II}

ORCID: 0000-0003-4611-5586

Nebia Maria Almeida de Figueiredo^{III}

ORCID: 0000-0003-0880-687X

Bertha Cruz Enders^{IV}

ORCID: 0000-0001-5258-4579

Lys Eiras Cameron^I

ORCID: 0000-0001-9907-5026

Silvia Teresa Carvalho de Araújo^I

ORCID: 0000-0002-2137-7830

^IUniversidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.

^{II}Universidade Federal Fluminense. Niterói, Rio de Janeiro, Brazil.

^{III}Universidade Federal do Estado do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.

^{IV}Universidade Federal do Rio Grande do Norte. Natal, Rio Grande do Norte, Brazil.

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Corresponding author:

Priscila Brigolini Porfírio Ferreira
E-mail: priscilabrigolini@gmail.com



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ABSTRACT

Objectives: to define the concept of Health Education of Hospitalized Patient. **Methods:** the study used the conceptual analysis based on Walker and Avant strategies: Derivation, Synthesis, and Analysis of the concept. Researchers conducted 35 interviews with nurses who worked in direct care to patients admitted to a Hospital-School, and a bibliographic search on the CINAHL, Medline/PubMed, Scopus, Web of Science, LILACS, and BDNF databases. **Results:** the study identified the antecedents, attributes, and consequences of the concept and defined the concept of Health Education of Hospitalized Patient as "the action of sharing knowledge about the promotion, prevention, recovery and rehabilitation concerning to health based on reciprocity between nurses and patients, family members and companions, in a systematized or unsystematic way". **Final Considerations:** the identification of antecedents, attributes, consequences, and empirical references enabled the theoretical definition unprecedented of this concept and its applicability in practice, contributing to science and hospital nursing care. **Descriptors:** Health Education; Patient Education as Topic; Nursing Care; Hospitals; Concept Formation.

RESUMO

Objetivos: definir o conceito Educação para a Saúde do Paciente Hospitalizado. **Métodos:** análise conceitual baseada nas estratégias Derivação, Síntese e Análise do Conceito propostas por Walker e Avant. Foram realizadas: 35 entrevistas com enfermeiros que atuavam na assistência direta ao paciente internado em um hospital-escola; e busca bibliográfica às bases de dados CINAHL, MEDLINE/PubMed, Scopus, Web of Science, LILACS e BDNF. **Resultados:** antecedentes, atributos e consequências do conceito foram identificados e permitiram definir o conceito Educação para a Saúde do Paciente Hospitalizado como "a ação de compartilhar conhecimentos acerca da promoção, prevenção, recuperação e reabilitação relacionadas à saúde fundamentada na reciprocidade entre os enfermeiros e os pacientes, familiares e acompanhantes, de forma sistematizada ou assistemática". **Considerações Finais:** a identificação dos antecedentes, atributos, consequências e referentes empíricos possibilitou a definição teórica sem precedentes desse conceito e sua aplicabilidade na prática, contribuindo para a ciência e para a assistência de enfermagem hospitalar. **Descritores:** Educação em Saúde; Educação de Pacientes como Assunto; Cuidados de Enfermagem; Hospitais; Formação de Conceito.

RESUMEN

Objetivos: definir concepto Educación para la Salud del Paciente Hospitalizado. **Métodos:** análisis conceptual basada en estrategias Derivación, Síntesis y Análisis del Concepto propuestas por Walker y Avant. Fueron realizadas: 35 entrevistas con enfermeros que actuaban en la atención directa al paciente internado en un hospital-escuela; y busca bibliográfica a bases de datos CINAHL, MEDLINE/PubMed, Scopus, Web of Science, LILACS y BDNF. **Resultados:** antecedentes, atributos y consecuencias del concepto fueron identificados y permitieron definir el concepto Educación para la Salud del Paciente Hospitalizado como "la acción de compartir conocimientos sobre la promoción, prevención, recuperación y rehabilitación relacionadas a salud fundamentada en la reciprocidad entre enfermeros y pacientes, familiares y acompañantes, de manera sistematizada o asistemática". **Consideraciones Finales:** identificación de los antecedentes, atributos, consecuencias y referentes empíricos permitió la definición teórica sin precedentes de ese concepto y su aplicabilidad en la práctica, contribuyendo para la ciencia y la atención de enfermería hospitalaria. **Descriptor:** Educación en Salud; Educación del Paciente como Asunto; Atención de Enfermería; Hospitales; Formación de Concepto.

INTRODUCTION

Over the years, the development of health education practices is related to the historical moment of society⁽¹⁾. The nineteenth and twentieth centuries presented decisive situations in the evolution process that we know today as health education. Nursing began to consider health educational practices after Florence Nightingale initially focused on professional training. Florence contributed to the emergence of a new care practice based on formal education, science, and work organization⁽¹⁾.

Studies point out that the term "health education" was first used in 1919 in the United States at the International Conference on hygiene principles⁽²⁾. In 1986, the First World Conference on Health Promotion represented a historic milestone for education in the context of health, when the term "health education" had been introduced. Health promotion became the main focus of health services, which is carried out through a set of actions, including health education⁽³⁾.

As the socio-political-cultural changed with the time, the educational activity began to be considered essential for the promotion and maintenance of health, correlating the nurse's role to the educator's role⁽⁴⁾. Several authors described the meaning of health education and how practitioners should develop it: 1) health education refers to "a set of practices that contribute to the increase of individual and collective autonomy of people and the debate with professionals and managers, to achieve health care according to the needs of individuals and communities⁽⁴⁾"; 2) health education represents all learning experience aimed at facilitating the alteration of human behavior for the process of Health Promotion⁽⁵⁾; 3) health education is traditionally involved by the information transmitted to the individual about how their behavior influences their health condition⁽⁶⁾.

Such definitions prove how the concept of Health Education is not only in evidence but also in the evolution process of ideas. A recent study defines the concept of health education as a continuous, dynamic, complex, and planned teaching process-learning during a lifetime and in different scenarios, implemented by the partnership between the client and the health professional to facilitate and empower the person to promote and initiate behavioral changes related to lifestyle and generating positive health outcomes⁽²⁾.

The existing conceptual definition of health education presents an overview and does not address a specific scenario. However, national and international studies that present health education strategies in the hospital environment highlight its peculiarities regarding the hospitalization process and the factors that hinder its accomplishment⁽⁷⁻⁸⁾. The results show the benefits that exist when educational practices are adopted⁽⁸⁾, despite the references used do not present a standardization or a contextualized definition of the concept in the hospital.

Faced with the lack of a standardized definition for health education of the hospitalized patient and in the face of the specificities that this care imposes in the hospital context, it is essential to analyze this concept and identify its attributes. Therefore, the present study proposes a theoretical definition of the concept of Health Education of Hospitalized Patient. The conceptual analysis reveals contextualized nursing actions in hospitals and legitimizes the role of nurses, highlighting the importance of this concept for the science, teaching, and hospital nursing care.

OBJECTIVES

To define the concept of Health Education of Hospitalized Patient.

METHODS

Ethical aspects

The Research Ethics Committee of the Anna Nery School of Nursing and the co-participating institution authorized the study.

Theoretical-methodological framework

The study methodology is based on the three strategies proposed by Walker and Avant⁽⁹⁾: Derivation, synthesis, and analysis of the concept. The strategies can be used concomitantly or not, without a specific sequence. For better understanding, the study presents them separately.

The study represents the concept derivation through the analogy between two or more phenomena. Then, the concepts generated from this analysis become derived from the initial concept and can be used as new sources of concept derivation⁽⁹⁾. The original concept of this study was Health Education, and the derived concept, the Health Education of the hospitalized Patient, aiming at its applicability in the hospital scenario as a field derived from the original concept.

The concept synthesis is based on observation, listening, or empirical evidence, allowing the theorist to search for results through care practice. This strategy is effective when there is the absence or scarcity of literary evidence of the phenomenon, suggesting the association between literature and knowledge coming from the community⁽⁹⁾. The study was based on the mixed conceptual synthesis method, associating scientific texts with interviews, aiming at a definition closer to reality.

The concept analysis aims at the detailed investigation of the structure and basic elements of the concept, which, in turn, is endowed with analysis attributes. It allows defining the field of knowledge of the concept and its relationship with the phenomenon of interest⁽⁹⁾. In nursing, concept analysis provides standardization of the language used to describe the practice of the profession. The study used the steps described by Walker and Avant⁽⁹⁾.

Type of study

This is a descriptive, exploratory study with a qualitative approach.

Methodological procedures

The study performed a database search (bibliographic production) and semi-structured interviews with nurses who provided nursing care (nurses' reports) in a federal hospital in the city of Rio de Janeiro to operationalize Walker and Avant strategies⁽⁹⁾.

Bibliographic search

The steps of the literature review were based on the guide Preferred Reporting Items for Systematic Reviews and

Meta-Analyses (PRISMA)⁽¹⁰⁾. The PICO strategy delimited: Patient – hospitalized people; Intervention – health education performed; Comparison – does not apply; Outcome – antecedents, attributes, consequences, and theoretical definition of the concept. After the standardized terminology identification, researchers selected the databases, determined the criteria, analyzed titles and abstracts, obtained full texts, and read documents carefully and comprehensively. The standardized terminologies indexed in Health Sciences descriptors (DeCS) used were: health education, patient education as a subject, nursing care, and hospitals. The terminology used from the Medical Subject Headings (MeSH) was: Health Education, Patient's Health Education as Topic, Nursing Care, and Hospitals. The study applied Boolean operators and controlled and free terms in accord with the bases.

The bases searched through MeSH terms were: Cumulative Index to Nursing & Allied health Literature (CINAHL), Medical Literature and Retrieval System Online (MEDLINE/PubMed[®]) via National Library of Medicine, Scopus (Elsevier), and Web of Science. The databases searched using DeCS were: Latin American and Caribbean Literature in Health Sciences (LILACS) and nursing database (BDENF). The literature search occurred between October 2019 and January 2020 and considered articles published until 2019. The study used the inclusion criteria: complete manuscripts, central theme "health education for hospitalized patient," in Portuguese, English, or Spanish. Theses, dissertations, and editorials, incomplete, and duplicate texts, out-of-hospital contexts, and pediatric ones were excluded. The latter because they present a different approach to the adult. Figure 1 represents the selection process of the articles.

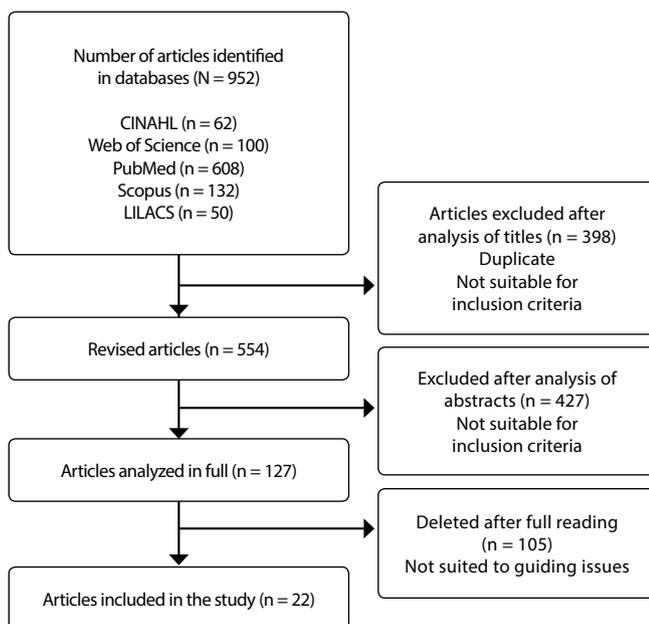


Figure 1 – Flowchart of the article selection process

The guiding question was: "What are the strategies, aspects, and activities of health education for hospitalized patients adopted in the nursing care practice?". The study used a data collection instrument consisting of the following items: authors, year, title, journal, database, objectives, sample or participants, type of study, results, and conclusions.

Study setting

The scenario of the study was in a school hospital in the city of Rio de Janeiro. It is a center of excellence guided by the development of teaching, research and assistance actions. The hospital is linked to the Ministry of Education and the Unified Health System (SUS), has 280 active inpatient beds, and receives about 200 hospitalizations daily⁽¹¹⁾.

Data source

Thirty-five nurses who worked in the medical and surgical clinic wards of this hospital participated in the study. It included nurses who provided direct care to the hospitalized patient and excluded the nurses unavailable and/or absent from the sector during the collection period.

Collection of data

The 35 semi-structured and audio-recorded interviews were conducted in 2016 after participants read and signed the TCLE. They took place in the care sector itself, in a reserved room (rest and/or meeting), at a pre-established time by the participant and with an average duration of 12 minutes. The researcher used a script with one part for sociodemographic data (pseudonym, age, marital status, time of graduation, time worked in medical-surgical care, shift, and religion) and another for open questions: 1) How do you define health education for hospitalized patient? What is inpatient health education? 2) How do you conduct patient health education during your care? 3) Describe a situation when it was possible to conduct health education on duty. 4) Based on your considerations about health education of hospitalized patient and the examples cited by you, what circumstances would you change to carry out this education?

Data analysis

The data analysis followed the steps of Walker and Avant⁽⁹⁾: 1) selection of a concept; 2) determination of the objects and purposes of the analysis; 3) identification of all uses of the concept; 4) identification of the concept definition attributes; 5) identification of a model case; 6) identification of the antecedents and consequences of the concept; 7) definition of empirical referents.

The NVivo 11 Pro software performed the analysis process based on the integrated results of the bibliographic production and the reports. The data source in the program's analysis corpus contained 22 texts from journals and 35 transcripts of the interviews, totaling 57 sources. The nurses' reports, along with the scientific texts, allowed the identification of situations related to the defining elements of the concept.

RESULTS

Bibliographic production

The bibliographic search initially revealed 952 articles. After using the exclusion criteria, 554 remained. The selection through the title and abstract resulted in 127 studies. The final selection after

reading in full resulted in 22 scientific productions, presented in Chart 1. The process of identifying the defining terms of the concept

present in the texts was carried out by delimiting the antecedents, attributes, and consequences through full reading and analysis.

Chart 1 - Scientific productions included in the study

| Title | Country/Year | Type of study/Participant | Interventions/Outcomes |
|--|---------------------|--|---|
| Patient education and health-related quality of life: surgical hospital patients as a case in point ⁽¹²⁾ | Finland 2005 | Qualitative study 237 patients | There is a positive relationship between the knowledge received and the quality of life. |
| Opportunistic interventions of nurses with patients regarding smoking ⁽¹³⁾ | Scotland 2006 | Multiple case study 12 nurses 40 patients | Health education needs to be introduced for more specialized intervention. |
| Effects of a needs-based education program for family caregivers with a relative in an intensive care unit: a quasi-experimental study ⁽¹⁴⁾ | Hong Kong 2006 | Quasi-experimental Control, 32 Experimental, 34 | Effectiveness of providing families with educational intervention based on need. |
| A qualitative study that explores the relationship between nursing and language, theory and practice of Health Promotion ⁽¹⁵⁾ | United Kingdom 2008 | Qualitative study 32 nurses | The narrow meaning of health promotion reflects limited forms of intervention. |
| Health promotion and health education practice: perceptions of nurses ⁽¹⁶⁾ | China 2008 | Husserlian phenomenology 8 students 8 nurses | Nurses had a good understanding of health education but did not implement it. |
| Shared care: a perspective of caring for the elderly based on health education ⁽¹⁷⁾ | Brazil 2009 | Convergent-care 19 escorts | Dialogicity provided the shared construction of care. |
| Understanding and experiences of nurses in the emergency sector about the implementation of the discharge plan ⁽¹⁸⁾ | Taiwan 2009 | Phenomenographic study 32 nurses | Being involved in patient education was one of the categories. |
| Nursing care research: applicability of the Leininger and Freire framework ⁽¹⁹⁾ | Brazil 2010 | Convergent-care 19 escorts | Education led the companions to carry out a care plan. |
| Health education and nursing performance in the context of inpatient units: what has been or is there to be said ⁽²⁰⁾ | Brazil 2011 | Review article 22 Productions | There is a need for research on health education in the hospital context. |
| Nurses' perception of Health Promotion in the Intensive Care Unit ⁽²¹⁾ | Brazil 2012 | Qualitative study 31 nurses | Multidisciplinary work and understanding of Health Promotion are needed. |
| The matrices of the conceptions of health education of nurses in the hospital context ⁽²²⁾ | Brazil 2012 | Quantiquality study 10 nurses | There is a presence of the traditional model in the conception of Health Education. |
| An educational program for caregivers improves the quality of life and burden of cancer patients and their caregivers: a randomized clinical trial ⁽²³⁾ | France 2013 | Multicenter controlled 67 randomized 33 experimental | An educational program for caregivers improves the quality of life. |
| Contributions of extensionist actions in health education in the postoperative period of traumatological surgeries ⁽²⁴⁾ | Brazil 2013 | Experience Report 240 patients | It is relevant to prepare the patient and companion for discharge through educational activities. |
| Health education strategies directed to caregivers during hospitalization ⁽²⁵⁾ | Brazil 2013 | Qualitative study 10 caregivers | Health education during hospitalization helped in-home care. |
| Influence of serial album-mediated health education strategy on maternal self-efficacy for breastfeeding ⁽²⁶⁾ | Brazil 2013 | Quantitative study 100 puerperal | The implemented educational technology was efficient in the process of breastfeeding. |
| Nurse practice related to patient care in the immediate preoperative elective surgery ⁽²⁷⁾ | Brazil 2013 | Qualitative study 15 nurses | Much of the care refers to the patient's preoperative orientation. |
| Perceptions of patients undergoing cardiovascular surgery about illness ⁽²⁸⁾ | Brazil 2014 | Qualitative study 10 patients | Health education instrumentalizes patients regarding hospitalization. |
| The interaction in clinical nursing teaching: reflexes in the care of the person with arterial hypertension ⁽²⁹⁾ | Brazil 2015 | Qualitative study 5 patients | Health education has proved to be a strategy for empowerment and autonomy. |
| Academic monitoring and the care of the person with an ostomy: Experience Report ⁽³⁰⁾ | Brazil 2015 | Experience Report 5 students | The activities developed promoted health education actions. |
| Patient satisfaction with nursing care: educational dimension ⁽³¹⁾ | Brazil 2016 | Qualitative study 223 patients | Implementing health education actions is necessary to obtain quality care. |

To be continued

Chart 1 (concluded)

| Title | Country/ Year | Type of study/ Participant | Interventions/Outcomes |
|---|---------------|------------------------------------|---|
| Effects of a surgical ward care protocol after open colon surgery as part of enhanced recovery after surgical program ⁽³²⁾ | Korea 2017 | Qualitative study 219 patients | Patients had shorter hospital stays and fewer complications. |
| Perceived quality of nursing care and patient education: a cross-sectional study of hospitalized surgical patients in Finland ⁽³³⁾ | Finland 2019 | Cross-sectional study 480 patients | The quality of nursing care and patient education are interconnected. |

Study participants – Nurses’ reports

The participants of this survey were most female nurses (86%) in the age range between 23 and 66 years, and 46% of them are in the range between 30 and 39 years. Time of experience: 49% of them have ten or more years of graduate, and 77% have five or more years of experience in hospital care. Contract employment and workday: most of them (74%) are hired by public exam, and 60% are linked to another institutional unit, in addition to the hospital under study (second job).

The excerpts present reports of nurses in situations experienced during care that is essential for the construction of the concept. Defining terms highlighted in bold refer to the antecedents; the underscores, to the attributes; and the speeches without emphasis, to the consequences of the phenomenon.

[...] *He was desperate, afraid to die, afraid that when he started treatment, it would be useless [...] we had a conversation with him [...] we said that he had to be calm, that he was doing the tests to know what the viral load was, to get the right dose of medication [...] we took a break to talk, guide, clarify, remove doubts, calm him down [...] and he calmed down. He is grateful to this day [...].* (E1)

[...] *She couldn't do anything she liked. So, we talked about the things she liked [...] we concluded that she could do most things [...] she felt more motivated and became more cheerful and all that.* (E19)

[...] *Another orientation I developed with the patient [...] who sometimes has some kind of skin lesion, some ulcer, [I do] guidance on how to make a dressing with aseptic technique, what kind of product can be used.* (E21)

[...] *When we have a quieter shift, we advise him that he cannot expose himself, that he has to stay in a room with the door closed [...] that he cannot eat anything raw.* (E27)

Antecedents, attributes and consequences

Chart 2 presents the antecedents, attributes, and consequences identified in the literature (Chart 1) and the nurses’ reports. The results show situations in which the health education of the hospitalized patient occurs and reveal the use of the concept through guidance at the bedside, in nursing consultations, interviews, lectures, and meetings, in planning for hospital discharge, in the systematization of nursing care, in the postoperative period, in groups and therapeutic care to the family member or companion who provides care.

Model case of the concept Health Education of the Hospitalized Patient

Mr. José, 35 years old, underwent emergency appendectomy surgery with intestinal involvement and temporary stool diversion through a colostomy. Upon arriving on duty, before the nurse spent the visit to the patients, Mr. José and his wife asked for help and showed great anxiety and distress as the colostomy pouch was full. The nurse went to the room with the necessary material for the emptying of the device and, before carrying out the procedure, began the process of educating Mr. José and his wife. The approximately one-hour conversation clarified all the doubts of the couple. She presented the device to be exchanged (colostomy pouch), taught how to manage the colostomy, guided on the care with food and on those necessary with the peristomal skin to avoid complications, and performed the emptying explaining how to care at home. By the end of the procedure, both were calmer. The next morning, when questioning how Mr. José was, the couple replied that they had carried out the emptying of gases from the device without problems and thanked the nurse. (Fictitious case)

Chart 2 - Antecedents, attributes, and consequences of the concept Education for the health of the hospitalized patient

| • Antecedents | • Attribute | • Consequence |
|---|--|---|
| <ul style="list-style-type: none"> Anxiety and distress experienced by patients and family members; Patient and family questions regarding therapy and health; Identification and evaluation of the nurse on the need to carry out Education; Planning and insertion of Education in the care plan as part of the systematization process of nursing care; Assessment of the multidisciplinary team on the need for education; Admission and hospitalization, preoperative, postoperative, and hospital discharge periods, for presenting situations that require health education; Professional training and knowledge about the therapy performed for providing the education process. | <ul style="list-style-type: none"> Accomplishment of nursing care as an opportunity for health education. Sharing knowledge about health and therapeutics. Commitment and willingness of nurses to patient health education. Receptivity of patients, family members, and companions to the process of health education. | <ul style="list-style-type: none"> Accomplishment of self-care; Adherence of patients and their families to therapy; Behavior change of patients, family members, and companions; Health-related promotion, prevention, recovery, and rehabilitation; Comprehension, understanding, learning, awareness of patients, family members, and companions concerning to health; Coping with new situations; improved self-esteem; Empowerment and active participation in the therapeutic process; Decrease or absence of anxiety and fear. |

The Model case operationally defines the concept of Health Education of Hospitalized Patient. It was developed based on the results presented in Chart 2. Questioning and anxieties of the patient and family regarding the therapy, the doubts regarding the care, and the need for nursing assistance evidenced the antecedents. The consequences included the acknowledgments that the patient and family member expressed to the nurse, the absence of signs of anxiety after instructions, and the management of the stoma pouch by the couple. These aspects are indicative of the effectiveness of the teaching-learning process. All attributes are present, such as the accomplishment of nursing care, the sharing knowledge about health and therapeutics, the nurse's commitment to health education, and the patient's receptivity.

Empirical references

The bibliographic production and the reports show the empirical references on the effectiveness of this phenomenon: the performance of self-care and the understanding expressed through a gesture and adherence to treatment by patients and family members. However, a deepening of this concept would be possible through additional studies on protocols of education for the health of the hospitalized patient, existing difficulties for their realization as work overload and lack of resources, expected behaviors of nurses and patients related to education, among others.

DISCUSSION

The results presented in Chart 1 and the interviews address health education in the hospital context as a fundamental part of the health promotion and for the improvement of the inpatient quality of life. The literature presents health education in a systematized and planned way. In the nurses' reports, the educational practice is revealed in an unsystematic way and on specific demand. However, there is coherence between the scientific texts and the interviews concerning the defining terms of the concept (attributes, antecedents, and consequences).

The attributes of a concept allow us to recognize its characteristics and its applicability in the analyzed practice⁽⁹⁾. Thus, the attributes defined in this study reproduce the features that express the concept of Health Education of the Hospitalized Patient. The first highlighted attribute is the "accomplishment of nursing care as an opportunity for health education." Nursing care is based on scientific knowledge and should be performed based on the nursing process aimed at the patient's health conditions.

Health education is referred to as nursing care when, faced with the nursing process and the identification of the Nursing Diagnosis, the patient presents "psychosocial" needs or "poor knowledge". This relationship indicates the insertion of health education in the care plan to be dispensed to the patient by the nursing team⁽³⁴⁻³⁵⁾. In the hospital context, health education is present in several situations. Through it, nurses must perform care considering not only the physiological needs of the patient but also their biopsychosocial, spiritual, and cultural demands.

The study identified the second attribute as a "sharing of knowledge about health and therapeutics," using as a means the communication established between the health professional and the patient,

their family member, and their companions. Education happens through the interaction between the caregiver and the one who receives the care. In hospitals, education is shared between the nurse and the patient through verbal communication, dialogued conversation, distribution of printouts, booklets, explanations about care, carrying out procedures such as dressings, applying bandages, administration of medications and other care for the patient, his family member, and companion. Evidence points out that, among the factors concerning patient education that nurses need to consider are engaging in dialogued conversation, being available to the requests and demands of the patient, practicing qualified listening, adapting speech to the socio-economic and cultural reality of the patients, and being ready to carry out education⁽³⁶⁾.

Health and nursing professionals, especially nurses, are committed to performing health education in the hospital context for their willingness to teach and their competence and knowledge to transmit to the patient the fundamental contents for their psychological and physiological recovery. Therefore, the "commitment and willingness of nurses" is configured as the third attribute of the concept of Health Education for Hospitalized Patient. Even though nurses assume the patient's education as a practice inherent to care, the conditions of work overload and the lack of material and human resources are the challenges to education. Given this, educational activity in the hospital environment develops focused on the disease, resembling situations also experienced in primary care⁽³⁷⁾.

The "Receptivity of patients, family members and/or companions" is a fundamental characteristic for health education to occur, being configured in the fourth attribute. The questions asked about their health and procedures, in the doubts regarding the care provided and subsequently developed by them, in the willingness to learn new strategies for self-care, in the use of mistaken practices performed by patients and/or family members identified by the nurses confirm this reciprocity. In the hospital setting, patients remain full-time, and their presence provides health education in a systematic or unsystematic manner. The availability of patients, their families, or companions to receive education represents the last attribute of this concept, which identifies the need and search that they express to have access to information regarding their health and the treatment offered.

The health needs of inpatients and their families require specific and qualified assistance from nursing. The results of this study show that nurses provide care in a planned and systematic way, but in case of specific demands, it does not have a prior planning. The professionals carry out Education during the patient's hospitalization several times and it is based on the knowledge of this specialist.

Nursing studies based on strategic models of health education in communities, primary care, and hospital setting present a diversity of care practices and discuss the ideal intervention related to health education. The nurse's role as advisors has grown significantly. The dialogical discussions on health education considered ideal in nursing care have evidenced a significant influence of Paulo Freire, highlighting communication or dialogue, awareness, and autonomy as fundamental principles for health education to be effective^(4,38).

The antecedents allow the contextualization of the concept in practice and the relations of events that occur before the observation of the phenomenon⁽⁹⁾. The results show discomfort situations, absence of self-care, low self-esteem of the patients involved,

among other aspects. The expectation that patients experience regarding their health conditions and procedures triggers unusual feelings of anxiety. In this sense, Education provides the reduction of negative emotions such as the fear of surgery and anxiety⁽³⁹⁾.

Consequences represent the events, incidents, or developments that occur as a result of the concept. Therefore, the consequences of education are self-management of treatment and health⁽⁹⁾. Education promotes learning for patients, and the absence or reduction of previously ignored issues are no longer a focus of concern during hospitalization. In addition, the inclusion of education in care provides a decrease in hospitalization rates and a significant improvement in the patient health condition^(4,8,40).

Studies confirm the importance of inpatient education to minimize problems arising from a lack of information about treatment. In a research conducted in Turkey, planned education to patients undergoing thoracotomy reduced pain and the use of analgesia in the postoperative period⁽⁴¹⁾. Another study from Canada found that a treatment program that included education, among other care, reduced the patient's length of stay in the hospital by decreasing anxiety, duration, and severity of pain⁽⁴²⁾.

Research highlights the importance of patient education and its effectiveness, in which the practice is approached in an elaborate and targeted way to serve specific clients⁽⁴¹⁻⁴³⁾. Although the concept focused on the hospital context, it highlights an education according to demand. This education is based on scientificity while emphasizing the importance of doing this practice systematically as well.

Theoretical definition of the concept Health Education of the Hospitalized Patient

The health education of the hospitalized patient is the action, the attitude of sharing knowledge about the promotion, prevention, recovery, and rehabilitation related to health and is based on reciprocity between nurses and patients, family members, and companions. It happens when the nurse performs the approach in a systematic or unsystematic way in view of the demand of the patient, family member or companion, after recognizing their need or when the patient manifest it. In practice, professionals manifest health education through operating verbs: inform, clarify, guide, show how, explain, transmit/pass on/exchange/share knowledge, form, empower, prepare, train, teach and educate.

Therefore, the sharing of information, clarifications, orientations, explanations, knowledge sharing, training, qualification, teaching, and education concerning the health and clinical therapy of patients, family members, and companions are characteristics of inpatient health education. It is based on the exchange relationship established between the professional and the patient during their interactions to carry out the promotion, prevention, recovery, and rehabilitation related to their health.

Study limitations

Although the nurses' reports converge with the results of the literature production, there is a limitation related to the study scenario and the period of data collection.

Study contributions

The results of this study promote the articulation among nursing theory, care, and practice, by increasing the understanding about this concept and encouraging behavioral changes of nursing professionals, patients, family members, and companions who interact with them. Health education in the hospital context is a relevant topic for the practice of nurses since it allows the growth, visibility, and breadth of its use as an element of nursing care.

FINAL CONSIDERATIONS

The identification of the antecedents, attributes, consequences, and empirical references of the concept of Health Education of Hospitalized Patient enabled its theoretical definition unprecedented and its applicability in practice. The concept shows the coherence between the terms found in the literature and highlighted by nurses, converging to the relevance of hospital nursing care. The reports indicate the professional's understanding of the effectiveness of education in the hospital context. However, to perform this practice, it is necessary to overcome the main obstacles: work overload and the precariousness of material resources.

Although the conceptualization process of the study does not analyze the perfect education, it points to the need and importance of education in the hospital environment. Just as Florence Nightingale brought scientificity to nursing care amidst many difficulties, it is up to health professionals to improve this care, improve patient's education concerning the care provided in the hospital environment to promote a successful recovery and contribute to the process of promotion, prevention, recovery and rehabilitation related to the health of inpatients. In this perspective, hopefully, this research will be able to instigate other researchers to assume the Health Education of the Hospitalized Patient as an object of practice and study.

SUPPLEMENTARY MATERIAL

The main results for the manuscript are from the Doctoral Thesis "*Educação para a Saúde do paciente como elemento do cuidado de enfermagem: Por um conceito no contexto hospitalar*"⁽⁴⁴⁾. Presented by the Graduate Program in Nursing (PPGEnf) at Anna Nery School of Nursing (EEAN) of Federal University of Rio de Janeiro (UFRJ). Available from: <http://objdig.ufrj.br/51/teses/855923.pdf>.

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