Socio-educational video debate technology for active aging promotion

Tecnologia socioeducacional de videodebate para o cultivo do envelhecimento ativo

Tecnología socioeducativa de videodebate para la cultura del envejecimiento active

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ABSTRACT

Objective: Evaluate the relevance and efficiency of socio-educational video debate technology as a strategy to promote active aging. **Methodology:** Convergent care research was conducted with 16 elderly users of a basic health unit in Belém, to implement the technology by selecting YouTube videos, which were analyzed and discussed, seeking to coordinate the video plot of each video with determining factors of active aging, principles of continuing education, and life experience of the elderly participants. **Results:** The following categories emerged from debates: "Learning how to know oneself," "Learning how to do things differently," "Learning how to live with others," and "Learning to how to be a better person." The video debate allowed behavioral changes in nutrition and relationship, as evaluated using the lifestyle scale, before and after the video debate. **Conclusion:** Video debate technology proved to be efficient and relevant as it allowed the elderly to reflect in groups by sharing ideas, learning together and building new strategies for active aging.

Keywords: Health education; Socio-educational technology; Video debate; Elderly; Nursing.

RESUMO

Objetivo: Avaliar a pertinência e eficácia da tecnologia socioeducacional de videodebate como estratégia no cultivo do envelhecimento ativo. **Método:** Pesquisa Convergente Assistencial realizada com dezesseis usuários idosos de uma Unidade Básica de Saúde de Belém, para implementar a tecnologia, selecionando-se vídeos encontrados no YouTube os quais foram apreciados e debatidos, buscando-se articular o enredo de cada vídeo com fatores determinantes do envelhecimento ativo, com princípios da educação permanente e com experiência de vida dos idosos participantes. **Resultados:** Dos debates, emergiram categorias: "aprender a conhecer a si mesmo", "aprender a fazer diferente", "aprender a conviver com o outro", "aprender a ser melhor". O videodebate permitiu mudanças, entre outras, as comportamentais nos domínios nutrição e relacionamento, avaliadas pela escala de estilo de vida, pré/pós videodebate. **Conclusão:** Essa tecnologia mostrou-se eficaz e pertinente porque permitiu aos idosos refletirem em grupo, compartilhando idéias, aprendendo juntos e construindo novas estratégias para o envelhecer ativo.

Palavras-chave: Educação em Saúde; Tecnologia Socioeducacional; Videodebate; Idosos; Enfermagem.

RESUMEN

Objetivo: Evaluar la pertinencia y eficacia de la tecnología socioeducativa de videodebate como estrategia para la cultura del envejecimiento activo. **Método:** Investigación Convergente Asistencial, con dieciséis pacientes ancianos de una Unidad Básica de Salud de Belém. Para implementar la tecnología, fueron seleccionados vídeos en YouTube, que fueron apreciados y debatidos, buscando articular la relación de cada vídeo con factores determinantes del envejecimiento activo, principios de la educación continuada y con experiencias de vida de los participantes. **Resultados:** De los debates, surgieron las categorías: "aprender a conocerse a sí mismo", "aprender a hacerlo diferente", aprender a convivir con el otro", "aprender a ser mejor". El videodebate permitió cambios; entre otros, los conductuales en los dominios nutrición y relación, evaluados por escala de estilo de vida, pre y post videodebate. **Conclusión:** La tecnología resultó eficaz y pertinente, permitiendo la reflexión grupal: compartiendo ideas, aprendiendo juntos y construyendo nuevas estrategias para el envejecimiento activo.

Palabras clave: Educación en Salud; Tecnología Socioeducativa; Videodebate; Anciano; Enfermería.

INTRODUCTION

Aging is a natural, dynamic and progressive process in which morphological, functional, biochemical and psychological changes can reduce one's ability to adapt to the environment, increasing vulnerability to the conditions of chronicity, which are very common in old age.[1]

In Brazil, the elderly corresponded to 10.6% of the total population in 2010, which has doubled in the last 50 years. Estimates indicate that in 2020, it may be about 15%, and 18% in 2050, totaling around 47 million elderly people in Brazil. The elderly population is more concentrated in the Southeast region in Brazil (12.7% of the total population), while the North region has the lowest number of elderly (7.1%), corresponding to 1,081,469 elderly people aged 60 and over in the North region, with the highest concentration in Pará (535,135 elderly people), where they are distributed in all municipalities, particularly in peripheral districts of large cities, rural areas, river islands and waterside areas.[2,3]

Considering the above, the Brazilian population is reaching old age, a fact that has an impact on the profile of population morbidity and mortality as these demographic and epidemiological changes place the conditions of chronicity in perspective. The increase in the incidence of chronic diseases requires adjustments in social policies, particularly those to meet the growing demands in the areas of health care, welfare and social care.[4]

It is essential to ensure the elderly population access to health and social services, which, in addition to traditional care, offer more attractive, creative and transforming services, such as those that use socio-educational technologies to discuss aspects related to active aging, seeking health care equity, comprehensiveness, and universality.

In the municipality of Belém and other more populous cities, in basic health units (BHU) and in the family health units (FHU), in general, care provided to elderly patients is still fragmented, without effective actions in programs in operation, far from observing the principles of the Brazilian Unified Health System (SUS, as per its acronym in Portuguese).

Considering the recent inclusion of care to the elderly population in the SUS and the complexity of such care due to multiple specificities of the cultural and socio-geographical contexts, the daily reality of basic health care with a focus on elderly patients and their families is still precarious. Thus, the delivery of quality care is required, that is, promoting healthy and active aging; compensating for common inabilities and limitations of old age; providing support and control of the course of life while aging and facilitating the process of continuous and extended care throughout life time.[5]

The information above shows how complex this issue is, requiring an emphasis on collective efforts of professionals from multiple sectors to cover different life and health conditions of the elderly population in their aging process, taking into account the cultural background of families, including specificities of social, geographical and cultural contexts.

Based on such conception, it is necessary to promote active aging through health education. Humanity has never aged as much as today; therefore, it is very important to dedicate attention to healthy aging, with the population playing an active role in their own aging.

The Gerontology Video Debate is a strategy that encourages changes in the lives of the elderly, with an educational impact on their perception of aging in the family and social contexts. It is a mobilization tool, as it triggers discussions of relevant aspects about the aging process, considering the content displayed on the screen can be related to the life experience of every elderly person, causing them to question the essence of life and showing that besides their physical appearance there are unknown aspects to be discovered and rethought.[6]

Videos can engage human beings with a combination of imaging, music and theme discussion. Such mobilization promotes, facilitates and reinforces subsequent meetings for group reflection to discuss life events reproduced in the video, contributing to develop understanding, tolerance, mutual respect, solidarity, and cooperation when searching for solutions to everyday problems. It also allows the elderly to acquire knowledge for their own benefit, in a systematized and targeted manner, using cinematographic resources, which can represent a school of life by integrating technologies with new languages and new paradigms for education, broadening the perspective of educational acts.[6]

The objective of this study was to evaluate the relevance and efficiency of a socio-educational video debate technology as a strategy to promote active aging.

METHODOLOGY

This is a qualitative study, using the convergent care research (CCR)[7] method aiming to develop a video debate technology to promote active aging.[8] It was based on the principles of lifelong learning[9,10] and conducted in the facilities of a basic health unit (BHU) in Belém, Pará, Brazil.

Convergent care research is a methodological approach in which the researcher assumes the commitment to study and operate in the healthcare or health education practice, from the perspective of the professional and the patient involved in the study. It proposes the development of technical or technological knowledge to minimize problems, and introduce innovation and changes in the education-care practice, which requires the researcher to immerse in the practice during the investigation process.[7]

The target population consisted of patients aged 60 years or over assisted in the BHU that offers the Elderly Program. This program develops multidisciplinary gerontology activities to promote personal growth and social integration of the elderly through acting, dancing, chorus, physical exercise and cultural participation in local festive celebrations. An intentional sample of 16 elderly individuals was created, observing the inclusion criteria: being 60 years and over, Mini-Mental State Examination[11] result indicating no cognitive disorder, and agreing to attend the

scheduled video debate meetings. The exclusion criteria were elderly individuals who were not enrolled in the Elderly Program of the BHU in question.

The video debate technology implementation was conducted between August and September 2014, after the approval by the Research Ethics Committee of the Federal University of Pará, and once the selected participants were informed about the study and signed an informed consent form. The video debate sessions were conducted on a weekly basis, with every session lasting around 3 hours. In total, eight sessions were held.

Considering the adoption of the CCR method and video debate technology, still incipient and not commonly found in the context of health services,[7] the research team was previously trained by a research nurse and a gerontology educator for the study on video debate as an educational strategy to promote active aging.

The procedures for this implementation consisted of several steps that were all documented, providing data for analysis, as follows: a) In the first preparatory meeting with the elderly participants, detailed instructions were provided about their participation in the video debate, explaining the activities to develop and goals to be achieved; b) The research coordinator, in agreement with the elderly participants, selected eight short YouTube® videos, each one with a defined theme that guided the researcher when selecting the theoretical supporting text that referred to a determinant of active aging;[12] c) The activity plan for the video debate meetings included in each one: video reproduced to the elderly participants and guests, educational coffee break (with fruit and nutritious low-calorie food), discussion about the video in small groups (with a maximum of four elderly participants) based on the guiding question: "How do you relate the video with your life?" During the discussion, an elderly man took notes that were presented to everyone at the end of the session. Next, the theoretical supporting text was read, relating it to the video plot and encouraging interpretations of aging experiences. Finally, all participants met in a large group to discuss the reflections of each subgroup together with the research team; d) At the end of each session, the research team (in its role as educator) listed the most frequent themes mentioned by the elderly and discussed aspects related to the different determinants of active and healthy aging, valuing shared knowledge and encouraging mutual help for the aging period, according to the principles of lifelong learning;[9] and (e) Aiming to quantitatively evaluate the effectiveness of video debate as socio-educational technology in gerontology, the Nahas Lifestyle scale[12] was applied to the 16 elderly participants of the sample immediately before starting the video debate sessions. The same scale was reapplied after all sessions were conducted to analyze the performance of the participants before and after the video debate, as complementary data for the evaluation of the technology effectiveness. The Lifestyle scale, also called 'the Pentacle of Well-Being,' evaluates the lifestyle of people in terms of health, by analyzing the following dimensions: Physical activity, Nutrition, Stress Control, Social Relationship, and Preventive Behavior through a 0-45 score: the higher the score, the more adequate the lifestyle.[12] In the last field meeting for the conclusion of the video debate study, the elderly participating and other guests, besides the BHU professional team, were invited by the researchers to watch the dissertation presentation (the result of this study) at the Federal University of Pará (UFPA), one of the moments for the validation of the study results by health professionals and patients.

Data for this study was collected through the complete record of the video debate process involving the elderly participants. The discussions were recorded and transcribed later, respecting the privacy and anonymity of the information. Data analysis and interpretation of the results were performed according to the instructions of the CCR method and principles of lifelong learning.[9]

Data analysis in the qualitative CCR follows four steps: apprehension, synthesis, theorization, and transference. Apprehension begins with data collection, when the researcher starts in field study as a stranger and then seeks to know more and immerse in the study scenario and simultaneously conduct the care and study activities. The researcher records all data to understand the meaning and immerse in the study object. The researcher converts information into smaller units, encodes data, and then organizes them into categories. Synthesis consists of gathering information and describing the behavior patterns of and typical answers obtained. Theorization refers to the process of identification, definition and construction of relationships between constructs to help anticipate facts about the investigated phenomenon. The theory in qualitative research is developed from the apprehension of information and results in synthesis of results. The transfer of results consists of the possibility to contextualize them in similar situations with the intention to transfer and socializing them, that is, apply the study results to the reality.[7]

This study observed all ethical aspects according to Resolution 466/2012 of the National Health Council. It was approved by the Research Ethics Committee of the Federal University of Pará, protocol 543.685, 26/02/2014, CAAE 26532214.2.0000.0018.

RESULTS

Characterization of elderly participants

The characterization of the elderly obtained from the information contained in the Elderly Person's Health Records[14] included the following information: sociodemographic identification, family and social support, and current health problem. The adoption of these records to obtain data was limited to information from the basic health units and constituted a strategic supporting tool for the health management of elderly individuals. Of the 16 elderly participants, 13 were female and 3 were male, aged 60 to 89 years; 12 of them were single and four were married; all participants lived in the area near the BHU, with poor sanitation and housing conditions. Most had eight or more years of

schooling. They were retired or living on pensions. Only one participant reported living alone, the others lived with relatives. When asked about who their caregiver could be if they needed one, 15 answered they would have a caregiver and one would ask a neighbor. All of them sought health services at the BHU to control their morbidities, including hypertension, diabetes and dyslipidemias, with consequent use of multiple medications (polypharmacy). They also participated in events to promote health and vaccination and activities related to gerontology. Although their social and local conditions were not satisfactory and they presented multiple pathologies, the participants positively evaluated their health condition.

Video debate: education for active aging

The eight short YouTube® videos reproduced to the participants were: *1) Tolerância, 2) A casa em pequenos cubinhos, 3) Apenas uma volta, 4) Quinze dicas para a felicidade, 5) A lenda da águia, 6) Day and night, 7) O que é isso? Um pássaro*, and *8) O bolo*. The themes resulting from the debates among the participants were categorized according to the principles of health education for life.[9] 1. Learning how to know oneself; 2. Learning how to do things differently; 3. Learning how to live with others; and 4. Learning how to be a better person.

Category 1 - Learning how to know oneself

This category emerged from the reactions and debates of the participants after they watched *A casa em pequenos cubinhos*, when they identified the importance of self-knowledge, retrieving facts, recalling past events of their lives that cause a positive or negative impact and directly or indirectly influence their life as they age. Regarding the negative aspects they recalled, the video helped them with reconstruction, highlighting the positive aspects of their experience. During the debate, knowing oneself was emphasized as a great step towards reviewing lessons for better aging, as observed in the statements below:

> *[...] he had a family, but as he lived alone, he never gave up finding his way around and then his old age went by. I'm also telling my story, his story is also mine (Orange);*

> *[...] we can't give up, we have to continue, happy, doing things. I'm 67 years old, I have a son who is sick, and that makes me very sad, but I'll never be there, crying all the time. I go out to look for happy things. Because I'm not happy in my house, it's just sadness all around (Acerola);*

> *With this video we learn lessons for our life [...] (Pineapple);*

> *We have a better understanding of things (Grape);*

> *Today I feel that I'm within that context that was presented in the video. I'm very happy because I'm having the opportunity to grow and take one more step forward in knowledge, in wisdom, in everything I've heard, seen and experienced (Melon).*

Category 2 - Learning how to do things differently

This category emerged from the debates of the participants when analyzing the following videos: *Apenas uma volta, Tolerância* and *A lenda da águia*, as they talked about them and associated the video plots with their daily experiences:

> *We should always sit and talk to people, have more dialogue. I'll train that more often (Orange);*

> *Missing people and things is part of the human being. We have so many memories. Are we going to preserve them? I'm going to be more attentive when I start forgetting things (Melon);*

> *I liked the eagle's flight, I liked the fact that it managed to renew itself. It was a new start. I want to be like this, ready to start again (Strawberry);*

> *The eagle became old, and then renewed itself, and then it was new. When you take care of yourself, you renew yourself. I need to renew my nails, improve my haircut and I need to renew my thoughts. If we keep the same old thoughts, we tend to go backwards. It's very important for us to renew our thoughts (Peach).*

This category of 'learning how to do things differently' is also closely associated with the way older people face the adversities of the aging process. One example is how they deal with loneliness. The elderly people discussed here how they handled loneliness:

> *I think the video is about loneliness. The family abandoned him and left him alone. I live alone, but I'm not lonely, loneliness isn't good (Açaí).*

Category 3 - Learning how to live with others

Some statements showed the importance of living with other people. In order to experience active aging, it is important to have elderly people involved in a strong and harmonious social support network, actively participating in their family and community.

The video titled *O bolo* shows a couple who is always arguing. However, despite the adversities observed in the video, the participants recognized family unity, respect, mutual help, tolerance, and patience.

> *We have to live without complaints and arguing, it's better. That was a good lesson (Peach);*

> *I liked the proof of love. Without love, we have nothing, no understanding and harmony. Where there's love, there's everything. Concordance is important in a couple's life (Bacuri);*

> *From the beginning they showed tolerance, patience with one another. I believe these things made them stay together for 50 years; it must be wonderful (Acerola);*

What I can say about this relationship is that we should be closer to one another, be more fraternal, give support to those who need it, help each other, the most important thing is the love for other people (Orange).

Another video, titled *Tolerância*, encouraged the participants to talk about their feelings related to social life, as observed in the statements below:

If there was dialogue between the two, maybe the video would have a different end (Cashew);

People need communication, friendship, unity. These things are very important because if someone doesn't communicate, this person will destroy himself or herself. There's no unity, it's no use living under the same roof, but without unity, it will only destroy them (Banana);

They should sit down and talk, but they started a fight instead. The right thing is to sit down, talk and understand each other, and not start with impolite words and acts (Plum).

A tolerant and harmonious interpersonal relationship was highlighted by the elderly participants as the main aspect in old age, as it generates well-being, satisfaction with life, good mood and a positive view of life. During the discussions, they talked about the importance of tolerant, healthy, supportive, active interpersonal relationships, with attention to the needs of other people. This concern was clear in the dimension "relationships" (Table 1), regarding the evaluation of the lifestyle of the elderly before and after the video debate sessions, which showed a significant statistical difference for better in their relationships.

Category 4 - Learning how to be a better person

Some statements of the participants showed how they see themselves as subjects, their self-esteem, and motivation to face aging-related challenges:

We are living longer and better. So old age is not about moaning. It's something to be proud of. Everyone has to promote positive psychology which is nothing but joy, it means trying to understand the other and not having time to think about negative things. I can say that I'm happy (Pineapple);

I'm very happy with my old age. I have good health and quality of life (Blackberry);

For me, aging is something natural and everyone has to accept it and be happy. It has to be in a positive way. He [the video character] has only good memories, he doesn't have bad memories of his family and his children, these are good memories, a good feeling. This is good and healthy aging (Grape);

[...] we should never feel discouraged. We should always be happy, even if there is sadness around. If you give a chance to sadness, you will be filled with depression and bad memories. He remained cheerful, he even made a toast to life (Orange);

I see old age this way. I have my limits, I recognize them, but I accept that with joy and happiness (Açaí);

Every day we have to thank God for the day today. What we can live. For us, living is a gift. So many people could have a future, but God called to his dimension (Cajá).

Considering the statements above, the elderly participants present good self-acceptance, motivation, optimism and subjective well-being. Their answers attest to the fact that they cope with the vicissitudes related to aging and accept old age.

Lifestyle evaluation

Table 1 presents the mean values of lifestyle evaluation,[12] with statistically significant differences observed in the dimensions of Nutrition (p=0.014) and Relationships (p=0.011), considering the values obtained before and after the video debate sessions.

Table 1. Mean values and standard deviation of partial scores and total score obtained in the lifestyle evaluation conducted before and after the video debate sessions with 16 elderly participants from a BHU, Belém-PA, 2014.

Lifestyle scale	Before		After		t*	p-value
	Mean	Standard deviation	Mean	Standard deviation		
Nutrition	6.8	1.8	7.6	1.1	-2.78	**0.014**
Physical activity	6.4	2.7	6.6	2.9	-0.23	0.825
Preventive behavior	8.7	0.6	8.8	0.4	-0.81	0.432
Relationships	6.1	2.6	7.8	1.7	-2.90	**0.011**
Stress control	8.3	1.2	8.4	1.0	-0.90	0.383
Total score	**36.1**	**5.8**	**39.2**	**4.0**	**-2.48**	**0.026**

* Paired Student's t-test.

The mean scores from the lifestyle scale increased by 1.1 times, that is, their lifestyle improved, although a little, in terms of nutrition and relationships.

During coffee break in every video debate session, the snacks consisted of different types of fruit, when the participants were advised of the importance of consuming those foods daily as a healthy eating practice in old age, which may have contributed to the improvement observed in **Nutrition**.

The significant change in **Relationships** can be attributed to the debates among the elderly participants when they discussed the videos that highlighted the importance of tolerant, healthy, supportive, active interpersonal relationships, with attention to the needs of other people.

DISCUSSION

Today, a strong concern has been observed about encouraging the creation and implementation of health education strategies and technologies using the concepts of active aging.[8] Technologies have been used as important tools when searching for ways to inspire people to adopt healthy lifestyles[13] for quality aging.[15]

Technologies of comprehensive care can be used to help promote active aging aiming to ensure the development of autonomy and independence and improve life conditions of the elderly, providing them with resources that can ensure quality health care and encouraging their participation and better social control. When a favorable and welcoming space[16] is created, combined with an innovative, differentiated and attractive technology, the adherence to proposed activities increases. The video debate practice presented high adherence and participation, as reported by the elderly participants - many of them even canceled other personal appointments to attend the video debate sessions.

When developing this educational strategy to be tested with elderly participants, video debate proved to be relevant and effective as it promoted changes in some aspects of their lives related to determinants of active aging.[8] In the behavioral determinant, a change was observed in nutrition; in the determinant of personal aspects, the change was in psychological factors, with improvements in their relationships and perception of their own aging process. The elderly participants realized the need to improve the quality of their interpersonal relationships, avoiding social isolation and participating in activities that ensured and encouraged personal satisfaction. These results agree with those of studies that consider group educational activities as a strategy that promotes behavioral changes in the elderly[17-19] and improves the quality of life; therefore, it is an adequate and effective educational resource for the elderly.[17,19]

The reports from the debates among the elderly participants show they present good self-acceptance, motivation, optimism and subjective well-being, which are essential characteristics of healthy aging; handling and accepting the old age. Studies[16,20-22] show a strong relationship between happiness or satisfaction and health self-assessment in changes regarding old age by reducing negative ideas and increasing positive perceptions. Thus, socio-educational actions through video debate can provide strategies that value the subjective well-being of the elderly, considering that the higher the dimensions of subjective well-being, the greater the chances of quality aging.

Unfortunately, the context of the elderly in this study did not favor important determinants of active aging (poor governability of the elderly), such as the social and environmental situation of unwelcoming homes, and social and health services that do not fulfill their needs.

However, the targeted practice of watching videos promoted moments of empathy among the participants as they projected themselves into the character's role and assumed their own fate, which is demonstrated in some studies.[23,24] Humans have reason, but they also need affective-emotional and esthetic dimensions for their psychic and intellectual evolution because learning in life happens not only through formal sciences, but also through arts, such as literature and cinematography[25] - which is the case of this study in which YouTube® videos were used. It was observed among the elderly, who were open to learning and willing to share their experiences with their peers and relatives.

When discussing the concept of "reminiscence",[25] articulated in the plot of the video titled *A casa de pequenos cubinhos*, the elderly participants recalled past situations, individually or interactively, allowing them to analyze the past, understand the changes, adapt to the transitions and acquire new knowledge. Recalling old facts is inherent to humans, and even though it is not exclusive to a specific stage of life, it becomes progressively more present with aging.[25,27,28] Watching videos is an important strategy for education as it helps to change world perceptions because stories of fictitious characters can cause viewers to identify with them or associate scenes with certain contexts that have experienced. It can also be used as a learning strategy about aging, empowerment, and challenge for change, since the purposes of encouraging personal growth and social integration of the elderly can be developed according to one's own point of view and particular way to see the world.

Respect for others, another topic of the debate, can also be addressed in different spaces, in all phases of life, encouraged in the family context, in educational institutions and intergenerational dialogues, among the elderly and between the elderly and the community.[21] Tolerant and harmonious interpersonal relationships were highlighted as the main aspect of active aging, as it generates well-being, satisfaction with life, good mood and positive attitude in life.

Video debate, a simple educational technology[5] that was adequate and effective in this study, gains high relevance in the practice of nurses and other health professionals. The adoption of this technology should go beyond the structure of health education that is limited to individualized practices in offices and consider the relevance of group strategies of technologies that value group culture and collective learning, promoting debates, and sharing of participants' experiences.[16,26] Health professionals

should also value life stories, challenges and desires of the elderly to consolidate different ways to learn, according to the concepts of continuing education for life.[9,26]

These findings require nurses to go beyond their health-disease focus in their roles with the elderly patients of the BHU and assume an interdisciplinary and cross-sector effort, rethinking and innovating methods, techniques and technologies to make users aware of the importance of acting aging, allowing them to learn how to practice their role of leading their own aging process and emancipate themselves while conducting their lives with quality, good health, and dignity. Considering the professional specificity, which is serving the elderly, multiprofessional gerontologists should be continuously trained and/or updated to better meet such demand with quality, and more investments are required in research for the development of pertinent and effective educational healthcare technologies.[5]

Study limitations refer to its restricted sample and short time of the educational process. However, it provided important support for replication in different care contexts for the elderly and their families.

Nurses are suggested to extend their focus beyond the health-disease context in their roles with the elderly patients of the BHU and assume an interdisciplinary and cross-sector effort, rethinking and innovating methods, techniques and technologies to promote healthy and active aging among the elderly, allowing them to practice their role of leading their own aging process and emancipate themselves while conducting their lives with quality, good health, and dignity. Although this technology is recent and limited, further studies are expected, aiming to obtain more consistent results, with this technology reapplied to other similar contexts to ensure transferability[7] of the value of this socio-educational video debate technology.

CONCLUSION

The objective of evaluating the relevance and efficiency of the socio-educational video debate technology was achieved, as it is an innovative technology applicable to several health service con-texts and an educational resource that instigates debates among the participants, in this case, the elderly. It enabled learning or relearning of healthy behaviors, such as coping with different life and health conditions in the aging process, assuming control of their own lifestyle as they age. Therefore, the technology was an adequate proposal as it promoted the health of the elderly when used by gerontological nursing in the context of basic health care.

The guiding framework - pillars of continuing education - and the convergent care research method adopted while conducting the video debate sessions confirmed its relevance in the education to the elderly. The concepts of "learning how to know oneself," "learning how to do things differently," "learning how to live with others," "learning how to be a better person" facilitated the learning process of the elderly participants, observing the spiral of deep learning for active and healthy aging.

Regarding its relevance, significant changes in the lifestyle of the elderly participants were obtained after the video debate sessions, according to the results of nutrition and relationships, although not observed in important determinants of active aging, such as: environmental and social situation of unwelcoming homes, and social and health services that do not fulfill their needs. The elderly used their personal characteristics of strength, determination, and self-sufficiency to adapt to changes and adversities to redefine their lives and value facts that ensure joy, satisfaction, and psychosocial well-being.

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