A Transformative Vision for Health: Promoting Nursing Colleges

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Evidence of Transformation Process

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Standards of Practice for Health Promotion in Higher Education (ACHA, 2012)

- Alignment with the Missions of Higher Education
- Socioecological-Based Practice
- Collaborative Practice
- Cultural Competency
- Theory-Based Practice
- Evidence-Informed Practice
- Continuing Professional Development and Service
Research question and objective

✓ How the involvement of a "seed group" in a participatory health research process mobilizes a community of higher nursing education to implement a health promoting context and increases the skills for the profession?

✓ To answer the research question, we defined the following objective: To evaluate the process and the results of the transformative process using the PEER-IESS model from the perspective of representatives of school management boards, the degree course coordinator, student leader and local community leader.
We intend to validate the use of PEER-IESS intervention model.

This model is a bottom-up intervention that mobilizes and activates the academic community to promote salutogenesis in the educational context.

It should be noted that participatory health research should be understood as an empowerment so that is "transformative participation" (Springett and Ledwith, 2010, p.189), which must implicitly mean that all people can perform a self-awareness (Freire, 2001), culminating in reflection and willingness to change behaviour.

Scientific knowledge is generated action and experimentation in context, democratic and social learning participation.
Methods

✓ Semi-structured interview guide, based on the indicators defined by the American College Health Association (ACHA, 2012), the Standards of Practice for Health Promotion in Higher Education

✓ The researchers interviewed the representatives of school management boards, the degree course coordinator, a student leader and local community leader, in a total of seven participants.
Methods

The interviews were transcribed *verbatim* by researchers and was created a document computed in IRAMUTEQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires).

IRAMUTEQ is a GNU GPL (v2) licensed software that provides users with statistical analysis on text corpus and tables composed by individuals/words. It is based on R software and on python language.
Results  
Alignment with the Missions of Higher Education

The elements of greater centrality are:

✓ **Health promotion** (transformation, PEER-IESS, academic community, good practices, health research and teaching)

✓ **Student** (peer education, well-being, quality of education, participation and activity)

✓ **Teachers and staff** (commitment, empowerment and empowerment)

✓ There is a strong link between teachers and students evidenced in the tree by the thickness of their connecting branch.
The elements of greater centrality are:

- **PEER-IESS** (PRECEDE-PROCEED, seed group, academic context, community leaders and training)
- **Health promotion** (implementation, salutogenic higher education institution)
- There is a strong ramification for student and academic success.
- Still as a structuring element of the participants' discourse one can observe is institution of higher education that is branched out into intervention and project strategies.
Results  Collaborative Practice

The elements of greater centrality are:

✓ **PEER network** (student, community, national, international, health promotion and collaborative practice)

✓ **Student** has a relationship with **teacher** who, in a branching trajectory, includes the element **quality of teaching**.

✓ The forms, **national** and **international**, allow us to identify the partners of the PEER network with whom the school has established protocols.
The elements of greater centrality are:

- **Health promotion** (active participation and good practices, cultural competence, social justice, awareness and determinants of health)
- **PEER-IESS** emerges as another strong link to health promotion, branching out into quality of teaching, culture and gender.
The elements of greater centrality are:

✓ **PEER-IESS** (research methodologies and change strategies)
✓ Designing an extensive branch that intercepts three common graphs, ie three lexical communities (Marchand & Ratinaud, 2012) that identify co-occurrences between **PRECEDE-PROCEED**, **peer education** and participatory health research
✓ **Health planning** (strategies, health promotion and bottom up model)
Results  
Theory-Based Practice

It showed coherence in the participants' discourse, not showing a branched central nucleus, but rather a network of connections between lexical communities that establish a relationship between evidence-based practice, research, measurable indicators, effectiveness, state of art, transformation, complex interventions, synthesis of results, knowledge production and dissemination of results.
Results  Continuing Professional Development and Service

The elements of greater centrality are:

✓ **Value** (ethical principles, teachers, integrity, ethics, continuing education, active participation, responsibility and equity)

✓ It was noted that there is a strong link between teachers and students evidenced by the thickness of their branch of connection and interception with the elements **human dignity** and **democratic participation**
Conclusions

✓ The analysis of these results allows us to conclude that participants are aware of the ACHA standards, they value the institution's transformative process in a health promoting higher education institution and we were able to validate the PEER–IESS model.
**References**


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