







Experience Report

The experience of developing a care-educational technology in the light of the Theory of Transitions

A experiência de se elaborar uma tecnologia cuidativo-educacional à luz da Teoria das Transições

La experiencia de desarrollar una tecnología educativa sobre el cuidado a la luz de la Teoría de las Transiciones

Marina Noll Bittencourt^I, Bruna Hinnah Borges de Freitas^I,
Samira Reschetti Marcon^I, Angellica Fernandes de Oliveira^I,
Valquiria Mira Landim^I, Darci Francisco dos Santos Junior^{II}

^I Universidade Federal de Mato Grosso, Cuiabá, Mato Grosso, Brasil

^{II} Universidade Federal do Amapá, Macapá, Amapá, Brasil

Abstract

Objective: to report the experience of the first phase of the development of a care-educational technology for the promotion of children's mental health. **Method:** this is an experience report about the first phase of the elaboration of a manual in the light of Meleis' Transitions Theory and Goleman's Emotional Intelligence Model. **Results:** the manual should be prepared considering childhood as a period of a developmental nature, having as facilitators the school and the child's positive emotional characteristics, which may be inhibited by factors related to the negative social context. Regarding the pattern of response, it was expected that the manual would seek a pattern of positive emotional response from the child, through the promotion of mental health, from the strengthening of children's emotional skills. **Conclusion:** the choice of Theory promotes effective communication and the use of Goleman's Emotional Intelligence Model enables the manual to obtain understanding, multiplication and execution.

Descriptors: Nursing theory; Health promotion; Mental health; Child; Emotional intelligence

Resumo

Objetivo: relatar a experiência da primeira fase da elaboração de uma tecnologia cuidativo-educacional (TCE) para a promoção da saúde mental infantil. **Método:** relato de experiência, sobre a primeira fase da elaboração de um manual à luz da Teoria das Transições de Meleis e do

Modelo de Inteligência Emocional de Goleman. **Resultados:** o manual foi elaborado considerando a infância como um período de natureza desenvolvimental, tendo como facilitadores a escola e as características emocionais positivas da criança, podendo ser inibida por fatores relacionados ao contexto social negativo. Em relação ao padrão de resposta, obteve-se um padrão de resposta emocional positivo da criança, por meio da promoção da saúde mental, a partir do fortalecimento das competências emocionais das crianças. **Conclusão:** a escolha da Teoria promove a comunicação de forma efetiva e a utilização do Modelo de Inteligência Emocional de Goleman possibilita que a TCE obtenha compreensão, multiplicação e execução.

Descritores: Teoria de Enfermagem; Promoção da Saúde; Saúde Mental; Criança; Inteligência Emocional

Resumen

Objetivo: reportar la experiencia de la primera fase de la preparación de una tecnología educativa sobre el cuidado para la promoción de la salud mental infantil. **Método:** se trata de un relato de experiencia sobre la primera fase de la elaboración de un manual a la luz de la Teoría de las Transiciones de Meleis y del Modelo de Inteligencia Emocional de Goleman. **Resultados:** el guía debe ser preparado considerando la infancia como un período de carácter de desarrollo, teniendo como facilitadores la escuela y las características emocionales positivas del niño, que pueden ser inhibidas por factores relacionados con el contexto social negativo. En cuanto al patrón de respuesta, se esperaba que el guía buscara un patrón de respuesta emocional positiva del niño, mediante la promoción de la salud mental, a partir del fortalecimiento de las habilidades emocionales de los niños. **Conclusión:** la elección de la Teoría promueve la comunicación efectiva y el uso del Modelo de Inteligencia Emocional de Goleman posibilita que el TBI obtenga comprensión, multiplicación y ejecución.

Descriptores: Teoría de enfermería; Promoción de la salud; Salud mental; Niño; Inteligencia emocional

Introduction

Nurses play a fundamental role in promoting the health of the population, especially when they are directed to people in situations of social vulnerability, as these are more likely to have greater psychological suffering, with an impact on quality of life and well-being. Such a situation can affect the development of children, which is characterized as an ineffective transition, and the care offered due to not being offered favorable conditions for such an evolution, which is the insufficiency of the role.¹⁻²

Health promotion actions, led by nurses, which aim to promote quality of life and reduce vulnerability are essential to guarantee better conditions for the individual.³ Thus, when thinking about this promotion, it is important to consider the mental aspect, because there is no global progress, in this way it is necessary to encompass the biological, psychic and social dimensions of individuals.³⁻⁴

With regard to childhood, actions should be even more careful, as it is a phase in

which children undergo an intense biopsychosocial-spiritual development and, therefore, are more vulnerable to the onset of mental disorders, which can negatively influence their development throughout life.⁴ So, when taking care of the child's mental health, it is necessary to include the emotional/relational component. This care must be built from cultural aspects, permeated by different experiences and based on relationships with the environment and with the other, taking the child as capable of affecting and producing affection in the other.⁵

Thus, when we consider that the children go through a period of intense transitions, and that these transitions are affected by several factors (positive and negative), as described in Afaf Meleis' Theory of Transitions, nurses are able to assess the children taking into account the transactional characteristics experienced by them.⁶ In this way, they become able to propose prevention, promotion and therapeutic care intervention actions in these transactional processes.²⁻⁷ The proposition of nursing actions in the promotion of mental health based on nursing theories not only strengthens the changes in attitudes and healthier life practices on the part of the child, but also strengthens scientific and positive nursing.⁸

Nurses can use different technologies to creatively carry out the process of caring and educating and, among them, the Care-Educational Technologies (CET) stand out.⁹⁻¹⁰ They are part of Nursing praxis from a perspective that combines care when educating, providing individuals with the development of criticism, construction and strengthening of knowledge.¹⁰ Thus, by investing in the construction, validation and assessment of educational materials in order to become CET, nurses are helped in the exercise of their activities in an agile, creative, reliable and committed to the health and care provided.¹¹

Based on this, and considering childhood as a period of intense developmental transitions, in which nurses are strategic agents in proposing therapeutic interventions, this study aims to: report the experience of the first phase of elaboration of a care-educational technology for the promotion of children's mental health.

Method

This is an experience report study, about the first phase of elaboration of a manual for the promotion of children's mental health in the light of Afaf Meleis' Transition Theory and Daniel Goleman's Emotional Intelligence Model. The manual was chosen as the CET because it is an instructional guide that is commonly understood by people and can be easily developed,

which later called “I feel, then I think” was a product of the extension project in schools: stimulation and development of emotional intelligence in children” from the Federal University of Amapá, developed from January to December 2018.

This CET was developed by nurses, research and nursing students. The aim was to promote the health of child care workshops through such professionals to children aged 8 to 12 years in Primary Health Care Services, through the School Health Program. Coping encompasses all the different manual essences that aim to stimulate management and the emotional in transitions experienced in daily life, strategies that use the concepts of Emotional Intelligence: Self-awareness, Self-regulation, Self-motivation and Empathy.¹²⁻¹⁴

Considering that, in order to achieve the objective of promoting mental health, children must go through a transition, a change in their health status or in relationships, expectations or role skills, such a situation requires coping from the perspective of their development. This step requires the person to incorporate new knowledge, change behavior and, therefore, change the definition of himself in the social context. These changes are developmental, situational or health-disease events, of a psychosocial and/or biophysiological nature. The passage from childhood to adolescence itself has the potential to be associated with subsequent problems, such as mental health problems, so it requires an appropriate approach on the part of nurses.⁶

In this sense, to support the manual, the flowchart proposed by Afaf Meleis' Theory of Transitions was used as the first stage of elaboration. This theory seeks to understand the nature and responses to change, facilitating the experience and responding to its different phases, and promoting health and well-being. It provides a framework that guides effective care before, during, and after transition. Thus, nurses are able to prepare individuals and families for developmental transitions, the health-disease process, care for them during the transition, and improve their well-being and the quality of their lives.

The objectives of the flowchart are to ensure that they are able to cope with the changes they experience in their health and encounter in their environment and to emerge being able to function in all their capacities, through the acquisition of knowledge, skills, strategies and psychosocial competences. to deal with the transformation experience and responses.⁶

Transition Theory is composed of the nature of transitions (types, patterns and

properties); conditions that facilitate and inhibit transition (personal, community and society); response patterns (process indicators and outcome indicators) and nursing therapy.⁶ The theory was applied in the manual due to the management and emotional coping in the different situations experienced in daily life.

In addition, Daniel Goleman's Emotional Intelligence Model was used to formulate the axes and concepts of the manual. In addition to directing the result indicators of the manual proposal. For the author, emotional intelligence can be understood as the ability of individuals to identify their own feelings and those of others, to motivate themselves and to manage emotions and interpersonal relationships well. According to him, the control of emotions is essential for the development of an individual's intelligence.

His model is composed of five competencies and skills, namely: a) Self-awareness – ability to recognize one's own emotions; b) Self-regulation – ability to deal with one's own emotions; c) Self-motivation – ability to motivate and keep motivated; d) Empathy – ability to see situations from the perspective of others; e) Social skills – set of capabilities involved in social interaction.¹² This model was adopted since it is understood that, in order to promote children's mental health, it is necessary to address these competencies and skills, so that the children be able to develop the emotional intelligence required in their transitional processes.

It is worth mentioning that this study is about the experience report of the first stage of elaboration of this manual in the light of the theory of transitions and the model of emotional intelligence. After this first stage, the manual was built and went through the content and appearance validation process, presenting, according to data from a previous study¹³, satisfactory Content Validity and Concordance Indexes (98 and 100%, respectively).^{13,15} These data demonstrate a technology capable of helping nurses to promote children's mental health, through the development of emotional intelligence skills and abilities.

Results of experience

The representation of the first phase of the elaboration of the manual in the light of Meleis' Theory of Transitions is shown in Figure 1.

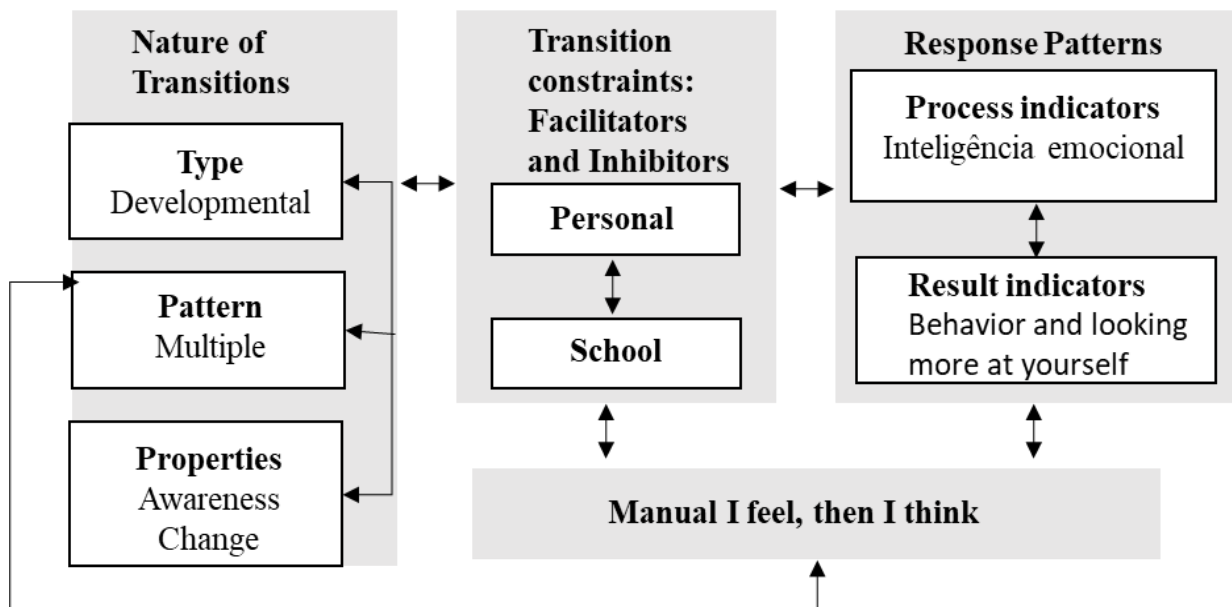


Figure 1 - Representation of the first phase of the elaboration of the manual in the light of Meleis' Theory of Transitions.

Considering that Meleis' Theory of Transitions proposes the identification of four assumptions for the proposition of a therapeutic nursing intervention, as shown in Figure 1, the nature of the intervention as developmental is highlighted, since it is directed to children in the school stage, transitioning between childhood and adolescence. Therefore, it presents a multiple pattern that involves properties of awareness and psycho-emotional changes, which is the objective of the therapeutic intervention proposed in the material.

As for the conditions of transition, the research team was based on studies that identify the school as a facilitator of this development, as it is a place that involves intellectual progression, in addition to strengthening interactions and social exchanges.^{2,9} Personal factors were reputed, since the characteristics and experiences of children can affect positively, when they are experiences that have emerged positive emotional skills, such as resilience; or negatively, when they affect the responses expected by the therapeutic intervention, such as lack of affection and family bonding (Figure 1).

Regarding the response pattern, it is expected that, with the construction of this therapeutic intervention, children develop emotional intelligence as an indicator of the process, resulting in the following results - based on the emotional intelligence model used: self-awareness, empathy, self-control and self-efficacy, and emotional resilience; captured by behaviors and a more positive view of oneself¹² (Figure 1).

The experience report presented in this study is about the first phase of the elaboration of a manual for the promotion of children's mental health that followed the assumptions of Afaf Meleis' Transition Theory and Daniel Goleman's Emotional Intelligence Model,^{6,12} leading to the construction of after a therapeutic intervention built by nurses and already validated by specialists, presenting satisfactory content validity indexes.¹³

It is worth mentioning that the complexity and uniqueness of the processes that involve transitions means that they can have different natures, therefore, it is identified that the change experienced in childhood is of a developmental nature, which is related to the advancement of a life cycle. In order to experience these transitions, which have multiple patterns and involve multiple dimensions and properties, it is essential that the child develops awareness, which is related to the recognition of the transformation experienced, and which defines their experience of change.^{6,16-18} Moreover, for the transition to generate changes it must change perceptions, ideas and identities, seeking healthy psycho-emotional changes, as proposed in the development of the therapeutic intervention reported in this study.¹⁹

In addition to identifying the nature of this transition experienced by children, it was also necessary to identify the conditions of the transition, with the school being identified as a facilitator of this development, and personal factors as positive or negative conditions. In this way, what is observed is that the conditions are essential for nurses to understand the experiences lived by the individual, including those that hinder and facilitate the transition process, as both can be used as strategies to aid in the management of the process and experience of a healthy transition, and the mastery of new emotional skills/competencies, as expected in the elaboration of this therapeutic intervention.⁶

For this reason, the proposed therapeutic intervention was designed to be used by nurses in their process of caring for and educating children, especially in the school context. Nurses play a key role in child care during the developmental transition process, marked by multiple biopsychosocial-spiritual changes, and this is pointed out by studies that demonstrate the positive effects of nursing interventions on child development.²⁰⁻²¹

In addition, it is worth mentioning that the school tends to prepare the children for imminent transitions that facilitate the process of learning new skills related to health and illness experiences, facilitating the transition and promoting mental health,⁵ thus, the school is

an environment that facilitates the development of the socio-emotional skills of this public; when strategies like these, which involve the promotion of mental health, are included in the school routine, positive responses are observed in the mental and socio-emotional health of these children.²¹

This manual therapeutic intervention consisted of the presentation, concepts, self-awareness workshops, empathy workshops, self-control and self-efficacy workshops, emotional resilience workshop, booklet and references. The concepts that reframe the workshops are described in the subsequent topic, such as the domains of emotional intelligence and techniques for creative communication with children. These techniques refer to the "I" message, in which the nurses must report the term "I" about the child's behavior, avoiding using "you", as they are seen as judgmental and make the child defensive.²²

Pointed out as facilitators in the transition process, individual factors were also identified as essential, among them, the very form of communication between nurses and children, since communication must always involve empathy and be based on the children's strengths, as this allows for the strengthening of their self-efficacy, one of the skills expected to be developed by the manual; thus, confrontation with the children should be avoided, through the use of appropriate resources and tools during these discussions.^{13,16,22} In addition, to open the children's speech space and facilitate their involvement in the activity and their trust in the nurses who propose it, children perceive it to be more accessible when nurses approach them with smiles, playful activities, and listen to them.¹⁷

The therapeutic intervention had as an indicator of the process that children develop emotional intelligence, since the literature has already pointed out the benefits of the development of emotional competences - self-esteem, empathy and resilience - in the school environment for the progress of better adaptive responses, and of more ethical responses, reinforcing that these emotional and social competences must be included from the beginning of the child's educational process.^{6,21,23}

Although the assessment of the effectiveness of this therapeutic intervention has not yet been published, and we have not identified the effectiveness of the outcome indicators selected in this first phase of construction of the manual, the literature has already pointed out the effectiveness of some of the strategies used in the manual's workshops "I feel, then I think" that was built and validated after this first phase of theorization, such as meditation and

storytelling, which are shown to be effective in improving children's attention and in reducing anxious symptoms.¹⁸⁻¹⁹

It is observed that despite the extensive literature that shows the construction of therapeutic interventions such as this one based on theories and/or nursing models to strengthen the nursing care practice in the hospital environment, there are few studies that present their construction with the objective of promote children's mental health. Among the studies that have this objective, despite presenting evidence that points to the effectiveness of strategies to promote children's mental health, nursing theories are not presented in the process of construction of these technologies led by nurses.²⁴⁻²⁵

Thus, in order to meet the positive vision proposed for the phenomenon of mental health promotion, and taking into account that this purpose permeates several theories of Nursing, including Meleis' Theory of Transitions, the proposition of this intervention facilitates and strengthens the practice of positive and scientific nursing.^{4,8}

It is noteworthy that this report presents the first stage of the elaboration of a CET to promote children's mental health in the light of the Theory of Transitions, which is not directly related to the phenomenon of mental health promotion, as there is no specific nursing theory to such an end. However, considering that this permeates the phenomenon of mental health promotion, and can be strengthened by a model that directs the activities proposed by nurses in this technology, the Emotional Intelligence Model of Psychology was selected to reinforce the objectives of the built technology and reduce limitations of nursing science.⁸

Conclusion

The care-educational manual "I feel, then I think" elaborated in the light of Meleis' Transitions Theory and Goleman's Emotional Intelligence Model, considered childhood as a period of a developmental nature, having as facilitators the school and the positive emotional characteristics of the child. child, which may be inhibited by factors related to the negative social context, the positive emotional development of the child during this process is based on the response pattern, through a nursing therapy that seeks to promote children's mental health through the strengthening of some emotional skills.

In this way, with the choice of Meleis' Theory, it was possible to promote communication effectively, since the main objective of the manual is the promotion of

children's mental health through therapeutic communication, bonding, listening and welcoming. Furthermore, the use of Goleman's Emotional Intelligence Model was essential for the development of the manual's thematic axes and the concepts used. In this way, it resembles the model that is widely disseminated and recognized, allowing the CET to obtain easy understanding, multiplication and execution.

It is hoped that this report of the first stage of the elaboration of a care-educational technology to promote children's mental health, in the light of a nursing theory, allows nurses to reflect on the importance of including theories in the first stage of proposition. of an intervention, especially for the strengthening of the science that governs the profession and for the reflection on what is expected of the practice to be built.

References

1. Souza LB, Panúncio-Pinto MP, Fiorati RC. Children and adolescents in social vulnerability: well-being, mental health and participation in education. *Cad Bras Ter Ocup.* 2019;27(2):251-69. doi: 10.4322/2526-8910.ctoao1812
2. Serradilha AFZ, Duarte MTC, Tonete VLP. Health promotion by nursing technicians from the nurses' perspective. *Rev Bras Enferm.* 2019;72(4):979-87. doi: 10.1590/0034-7167-2018-0552
3. World Health Organization (WHO). Mental health: strengthening our response [Internet]. 2016 [cited 2021 Mar 05]. Available from: <http://www.who.int/mediacentre/factsheets/fs220/en/>
4. Dias EB, Campos RC. Sob o olhar das crianças: o processo de transição escolar da educação infantil para o ensino fundamental na contemporaneidade. *Rev. Bras Estud Pedagog.* 2015;96(244):635-49. doi: 10.1590/S2176-6681/346813580
5. Meleis AI. *Theoretical nursing: development and progress.* 5th ed. Philadelphia (PA): Wolters Kluwer/Lippincott Williams & Wilkins; 2012.
6. Lima CFM, Santos JLG, Magalhães ALP, Caldas CP, Erdmann AL, Santos I. Integrating transitions theory and grounded theory for nursing research and care. *Rev Enferm UERJ.* 2016;24(5):e19870. doi: 10.12957/reuerj.2016.19870
7. Bittencourt MN, Marques MID, Barroso TMMDA. Contributions of nursing theories in the practice of the mental health promotion. *Referência.* 2018;4(18):125-32. doi: 10.12707/RIV18015
8. Wild CF, Nietzsche EA, Salbego C, Teixeira E, Favero NB. Validation of educational booklet: an educational technology in dengue prevention. *Rev Bras Enferm.* 2019;72(5):1318-25. doi: 10.1590/0034-7167-2018-0771
9. Salbego C, Nietzsche EA, Teixeira E, Girardon-Perlini NMO, Wild CF, Ilha S. Care-educational technologies: an emerging concept of the praxis of nurses in a hospital context. *Rev Bras Enferm.* 2018;71(Suppl 6):2666-74. doi: 10.1590/0034-7167-2017-0753
10. Rosa BVC, Girardon-Perlini NMO, Gamboa NSG, Nietzsche EA, Beuter M, Dalmolin A. Desenvolvimento e validação de tecnologia educativa audiovisual para famílias e pessoas com colostomia por câncer. *Texto Contexto Enferm.* 2019;28:e20180053. doi: 10.1590/1980-265X-TCE-2018-0053

11. Goleman DP. *Inteligência emocional: a teoria revolucionária que redefine o que é ser inteligente*. 2ª ed. Rio de Janeiro: Objetiva; 2012.
12. Bittencourt MN, Flexa RS, Santos ISR, Ferreira LD, Nemer CRB, Pena JLC. Validation of content and appearance of an educational manual to promote children's mental health. *Rev Rene*. 2020;21:e43694. doi: 10.15253/2175-6783.20202143694
13. Meleis AI, Sawyer LM, Im EO, Messias DKH, Schumacher K. Experiencing transitions: an emerging middle-range theory. *Adv Nurs Sci*. 2000;23(1):12-28. doi: 10.1097/00012272-200009000-00006
14. Burroughs MD, Barkauskas NJ. Educating the whole child: social-emotional learning and ethics education. *Ethic Educ*. 2017;12(2):218-32. doi: 10.1080/17449642.2017.1287388
15. Bittencourt MN, Pena JLC, organizadores. *Sinto, logo penso. Promoção da saúde mental infantil* [Internet]. Macapá: UNIFAP; 2019 [acesso em 2021 mar 10]. Disponível em: <https://docero.com.br/doc/850e1xn>
16. Petronio-Coia BJ, Schwartz-Barcott D. A description of approachable nurses: an exploratory study, the voice of the hospitalized child. *J Pediatr Nurs*. 2020;54:18-23. doi: 10.1016/j.pedn.2020.05.011
17. Crescentini C, Capurso V, Furlan S, Fabbro F. Mindfulness-oriented meditation for primary school children: effects on attention and psychological well-being. *Front Psychol*. 2016;7(7):805. doi: 10.3389/fpsyg.2016.00805
18. Yati M, Wahyuni S, Islaeli I. The effect of storytelling in a play therapy on anxiety level in pre-school children during hospitalization in the general hospital of Buton. *Publ Health Indonesia*. 2017; 3(3):96-101. doi: 10.36685/phi.v3i3.134
19. Markle-Reid M, McAiney C, Forbes D, Thabane L, Gibson M, Browne G, et al. An interprofessional nurse-led mental health promotion intervention for older home care clients with depressive symptoms. *BMC Geriatr*. 2014;14(62):1-23. doi: 10.1186/1471-2318-14-62
20. Hamdani SU, Huma ZE, Warratich A, Suleman N, Mazzafar N, Minhas FA, et al. Technology-assisted teachers' training to promote socioemotional well-being of children in public schools in rural Pakistan. *Psychiatr Serv*. 2020;72(1):69-76. doi: 10.1176/appi.ps.202000005
21. Costa LGF. Visitando a teoria das transições de Afaf Meleis como suporte teórico para o cuidado de enfermagem. *Enferm Brasil*. 2016;15(3):137-45. doi: 10.33233/eb.v15i3.181
22. McPherson AC, Hamilton J, Kingsnorth S, Knibbe TJ, Peters M, Swift JA, et al. Communicating with children and families about obesity and weight-related topics: a scoping review of best practices. *Obes Rev*. 2017;18(2):164-82. doi: 10.1111/obr.12485
23. Wilson DA, Hockenberry MJ. *Wong Fundamentos de enfermagem pediátrica*. 9ª ed. Rio de Janeiro: Mosby Elsevier; 2014.
24. McAllister M, Knight BA, Whithyman C. Merging contemporary learning theory with mental health promotion to produce an effective schools-based program. *Nurse Educ Pract*. 2017;25:74-9. doi: 10.1016/j.nepr.2017.05.005
25. Molloy C, Beatson R, Harrop C, Perini N, Goldfeld S. Systematic review: effects of sustained nurse home visiting programs for disadvantaged mothers and children. *J Adv Nurs*. 2021 Jan;77(1):147-61. doi: 10.1111/jan.14576

Authors Contributions

1 - Marina Nolli Bittencourt

Corresponding Author

Nurse, Doctor - E-mail: marinanolli@hotmail.com

Conception and/or development of the research and/or writing of the manuscript, review and approval of the final version.

2 - Bruna Hinnah Borges de Freitas

Nurse, PhD - E-mail: bruhinnah@gmail.com

Conception and/or development of the research and/or writing of the manuscript, review and approval of the final version.

3 - Samira Reschetti Marcon

Nurse, Doctor - E-mail: samira.marcon@gmail.com

Review and approval of the final version.

4 - Angellica Fernandes de Oliveira

Nurse, PhD - E-mail: enangellica@gmail.com

Conception and/or development of the research and/or writing of the manuscript, review and approval of the final version.

5 - Valquiria Mira Landim

Nurse, Master's Student - E-mail: vmiralandim@gmail.com

Review and approval of the final version.

6 - Darci Francisco dos Santos Junior

Nurse, Specialist - E-mail: darcijr.contato@gmail.com

Review and approval of the final version.

Chief Scientific Editor: Cristiane Cardoso de Paula

Associate Editor: Daiana Foggiato de Siqueira

How to quote this article

Bittencourt MN, Freitas BHB, Marcon SR, Oliveira AF, Landim VM, Junior DFS. The experience of developing a care-educational technology in the light of the Theory of Transitions. Rev. Enferm. UFSM. 2022 [Access at: Year Month Day]; vol.12 e29: 1-12. DOI: <https://doi.org/10.5902/217976966551>