HEALTH, DISEASE AND CARE: MEANINGS FOR HIGH PERFORMANCE VOLLEYBALL PLAYERS

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ABSTRACT

Objective: To understand the meanings attributed to health, illness, and care for high performance volleyball players. Methods: This is a qualitative research based on the methodological framework of Data Based Theory. The theoretical sample of the study was composed of 34 subjects, including athletes, ex-athletes, coaches and volleyball club leaders. Data were collected through an in-depth interview and analyzed according to initial and focused coding. Results: The category "Being 100% able to play: body care as a health or disease definer" was obtained, which is composed of eight subcategories representing the meanings of health, disease and care. Final considerations: It was found that health and disease represent opposing forces. It is concluded that, in this battle of forces, care seeks to balance the energy intensity between health and disease to make possible the sport practice.

Keywords: Health. Care. Disease. Nursing. Volleyball.

INTRODUCTION

Volleyball was created in 1895 by William Morgan in Massachusetts in the United States and since then, went from a recreational sport to one of the most practiced sports modalities internationally, with about 220 federations and over 800 million players(1). In Brazil, the practice of volleyball began in the early twentieth century and launched quickly, being today one of the most popular school sports in the country⁽²⁾.

Throughout its history, volleyball has gone through a series of changes and has become a dynamic and competitive sport, especially when it became an Olympic modality. Therefore, it has been observed that athletes, especially highperformance athletes, have been increasingly required in terms of performance. The increase of the level of demand generates situations that can be considered potentially dangerous to their health and well-being⁽³⁻⁵⁾.

Research on the care and health of volleyball athletes has focused primarily on the risk of

injury and excessive physical activity loads⁽⁵⁻⁷⁾. However, an integrative review on health and nursing care in the context of volleyball evidenced the need for studies on systemic care, as well as biological processes focused on trauma, stress and organic exhaustion⁽⁶⁾. In this sense, knowledge of the athlete's perspective on his/her health condition contributes to the development of strategies to improve his/her sports performance^(5,8).

The definition of health needs to consider the economic, political and conjuncture, as well as related factors such as time, place, social stratum and individuals and especially collectivities' values, regarding and scientific, religious philosophical conceptions. In this perspective, the concept of disease can also have different connotations, being influenced by multiple factors and not only related to the anatomical and physiological changes that explain the illness⁽⁹⁾.

In this scenario, nursing care encompasses biopsychosocial needs, through actions to promote health, prevention of diseases and

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injuries, as well as health recovery and rehabilitation⁽⁶⁾. The participation of the nursing professional in the sports field is still incipient. However, a well-prepared professional and with knowledge that can favor the performance of the athletes is a great contribution to the service in the sports field. In this sense, this is an open field and excellent opportunities and challenges for the nursing professional⁽¹⁰⁾.

The understanding of the meanings associated with the trinomial health, disease and care in the context of high-performance volleyball is important for the development of better health practices for athletes of this modality, as well as represents a contribution to the insertion of nursing in this scenario. Thus, it was outlined as the guiding question of the present study: What are the meanings attributed to health, disease and care by high-performance volleyball athletes?

The aim of this research was to understand the meanings attributed to health, disease and care by high-performance volleyball players.

METHODS

This is a qualitative study, based on the Grounded Theory (GT) $^{(11)}$.

The study was not restricted to a specific scenario of volleyball practice. Thus, the theoretical sample of the study was composed of 34 individuals divided into three sample groups composed from the process of data comparative-constant analysis. The first sample group consisted of 19 athletes. The preliminary analyzes led to a second sample group composed of ten former athletes to explore the organization of volleyball in the 1990s and a third sample group composed of five coaches and volleyball club leaders to understand the repercussions of management models and technical conducts for the athletes' health.

The objective of the composition of these three sample groups was to explore the phenomenon under investigation from different perspectives until reaching the theoretical saturation of the data. We interviewed athletes with great representation in the national and international volleyball scenarios, such as world champions, South American, Brazilian and state athletes, athletes and former athletes with a

mention of the best player in national and international competitions, players who worked in teams of countries including Brazil, Spain, France, Poland, Germany, Japan and Italy. It should be emphasized that all the interviewees met the following inclusion criteria: being male, over 18 years old; and players, former players, coaches and/or leaders of high-performance volleyball. No exclusion criteria were adopted.

Data collection took place between February and September of 2013, through in-depth interviews, which were guided by questions related to the meaning of health, disease and care for volleyball athletes. The interviews were carried out in person by appointment with participants or via Skype® and had an average duration of 30 minutes, all recorded and later transcribed in full.

Data analysis was performed using the coding system of the constructivist perspective of GT. This methodological perspective keeps the rigor of the method but allows greater flexibility in the explanation of the studied processes. The basis of the constructivist side of the GT is the construction and reconstruction of data towards the theory based on the reflective interpretation of the researcher, without the use of the paradigmatic model or coding paradigm advocated by the Straussian hermeneutics⁽¹¹⁾.

Thus, data analysis was performed through an initial phase coding each data segment, incident per incident, followed by a focused phase that uses more significant or frequent initial codes to classify, integrate, synthesize and organize the data in subcategories and categories. Throughout this process, memos and diagrams were used as analytical resources, according to method⁽¹¹⁾.

From this analytical processing, we obtained the central phenomenon or category "Care management in the context of the high-performance volleyball player: living in the multidimensionality of the sports environment". Given its relevance in the context of the study, the focus of this article is the category "Being 100% able to play: body care as a health or disease definer", which is composed of eight subcategories organized according to the meanings of health, illness and care of participants.

The study was approved by the institution's Research Ethics Committee of the researchers.

CAAE 10270212.6.0000.0121 and Opinion no. 169,327. The project was developed in accordance with Resolution 466/2012 of the Brazilian National Health Council. Before each interview, the Free and Informed Consent Term (TCLE) was presented, read and signed by the participants. In the interviews via Skype®, in addition to verbal consent, the TCLE was sent by mail for signature and subsequent return to the researcher. In order to keep participants' identity, the lines are identified only by the letter J, and numerically arranged in the order of the interview. It was decided not to classify each sample group with a letter, understanding that

the results generally converge towards the same direction, with no elements that could generate and sustain significant counterpoints to be singled out.

RESULTS

The results of the category "Being 100% able to play: body care as a health or disease definer" are summarized in Table 1. The subcategories express the meanings of the study participants and are grouped according to the concepts of health, illness and care, as shown below.

Table 1. Subcategories of the category "Being 100% able to play: body care as a health or disease definer". Florianópolis/SC, 2013

Subcategories/Meanings	
Health	Feeling well
	Being well with own body
	Not feeling any limitation
Disease	Not being able to train and play
	Dissociating disease and sport
	Learning to live with the disease
Care	Going the right direction
	Keeping the organism in harmony

Meanings of Health

The athletes' understanding that health is related to well-being, having physical and mental health, that is, not presenting limitations that compromise the sports practice. In this sense, worshiping the body was highlighted as the main health concern of the high-performance volleyball athlete.

It is our well-being [...]. (J16);

It is not being sick, having physical health and being well, it is also emotional and mental. (J26);

Have quality of life, well-being, good energies. (J13):

It is to be well with you! How can I say, being well with you, body, soul, spirit [...](J1);

Being well with your own body and feeling no limitation. (J22);

I think that athlete already must be synonymous of health. We cannot be a normal person, it's that guy who takes care of himself, who has his athletic body. (J30);

The body being well is a sign of good health [...](J9).

Meanings of disease

The meanings of disease have been strongly associated with alteration or dysfunction of biological and/or psychological processes. Illness for the high-performance athlete in volleyball represents impossibility and/or limitation in execution and physical performance.

Because if you are sick you must move away from training, you must be out of games. (J27);

Disease and sport do not match, so I do not even think about it. (J12);

I cannot find a definition for disease [...] what about the opposite of health or poor health? (J31);

If you have the disease you must learn to live with it [...] you have to adapt to it [...](J2);

Disease is when you are ill, when you are not able to perform any activity or anything you want. (J33).

Meanings of care

Therefore, the meanings attributed to care are concentrated mainly in the physical body aiming

at the prevention of diseases/injuries and maintenance of the necessary conditions for the adequate performance of the functions as an athlete. It is also noteworthy in the statements that each athlete creates ways to develop self-care, which leads to an individual pursuit for maintaining their health.

The care for the athletes is to take care, to walk in the right directions. You have clear goals of what you want [...](J12);

Take care of health, eating and the body. (J18);

To take care I think it's to have attention to something that can go wrong. (J32);

Are the procedures to keep the organism in harmony. (J9);

Each athlete has a way of taking care of him/herself, some more, some less [...] we follow what we have learned from the basic categories. (J7).

This way, the relationship between the concepts of health, disease and care from the perspective of athletes is expressed, with the athlete's concern about not being able to train, play and compete. This articulation between the meanings expressed by the study participants supports the category "Being 100% able to play: body care as a health or disease definer" and is evident in the following statements.

Having the goal of thinking about health, it doesn't help only to play and not take care of the body, otherwise, one will get sick. (J36);

Health for me is to feel good, to take care of the body and not to have disease. (J15);

If we do not have health, we have disease. (J22);

Health is to always be careful, not to have a disease. (J9);

Not taking care of health can cause disease, and this can hurt you in the future, causing impairment in the sport. (J20).

DISCUSSION

The search for an understanding of the meanings attributed to health, disease and care by high-performance volleyball players becomes a complex challenge, considering the limitations found from the study, such as the scarcity of national and international literature presented in

the discussion of the results of this research with other studies with similar focus.

Health can be thought and conceptualized in different ways, for it has admitted over time constant adaptations, permeated circumstances of the evolution of the social context. Studies have shown that for highperformance volleyball athletes the meanings attributed to health are supported by a single concept that is associated with the non-existence of pathological processes⁽¹²⁾. The data showed that the concept of health needs to be worked out and deepened in the context of volleyball, favoring that the athlete has a better understanding of the complexity and extent of the concept, being able to understand the conditions and determinants that directly and indirectly permeate his/her health.

It was also highlighted in the speeches of the study participants the valuation of the body as the pillar of health support. Such association is the result of the culture in force in the sports environment that health care runs through the physical conditioning of the body. In addition, the practice of sports as an employment bond makes the body of athletes their main instrument of personal and professional living. Thus, the culture established in volleyball in relation to the body results from the requirement and performance and physical mental performance⁽⁵⁾.

In this analytical thinking, the disease appears surrounded by taboos, fears, mysteries and specially ignorance. The concepts of disease expressed by volleyball athletes are still attached to the biomedical meanings, which commonly refer to the alteration or dysfunction of biological and/or psychological processes. With this, disease is preserved as individual experience and perception, attached to the principle of healing, not relating the weight and the interfaces of existing relationships in the social context⁽¹³⁾.

Considering the athletes and the social context in which they perform their activities, the relations with the disease and becoming ill can be delineated under different views. Thus, the conception of disease does not have the same representation for all people, depending on different factors such as the period, place, social class and activity performed⁽⁹⁾. This plurality in

the relations and meanings of disease for the athletes translates the different faces that involve the sport of high performance. The athletes are exposed to the development of pathological alterations mainly due to the physical wear due to the training intensity and the trips and competitions, being able to generate organic imbalance, leaving them exposed to possible intercurrences in their health.

These possible intercurrences in the health status of athletes are considered by a line of thinkers as disease, since the organic imbalance is understood as a purely biological factor, causing the pathological state^(9,13). Already, for another line of scholars, the disease depends on more conditioning factors that involve the social context of the human being. In this sense, the strong mechanistic inspiration ends up reducing health concepts, not relativizing the complexity of life processes, individualizing them in disease, healing, care, pain, suffering, excluding the social facets of the context⁽¹³⁾.

High-performance volleyball athletes may be involved in many conditions and determinants that directly interfere with quality of life in a context that involves injuries and excesses on the body, intense and exhausting physical routine, complex travel logistics, and temporary inactivity due to injuries. Thus, there is no doubt that the athlete is constantly exposed to the risks of diseases and limiting traumatic injuries that do not depend on the way the model of care is organized^(7,9).

In this sense, care should always be present, aside to the development of the activities of the high-performance volleyball athlete. As for the care autonomy, it can be inferred that the human being, as an actor of health practices, becomes a subject capable of being actively involved in the exercise of his autonomy and his rights⁽⁹⁾. This statement reinforces the role of the athlete in the autonomy in their care^(9,14), as long as it is carried out with awareness, knowledge and responsibility, since a wrong action in their self-care can bring harm to the collective.

The characteristics of the concepts of health, care and illness conceived by the interviewees retained a balanced reflexive line, following the same bias of meanings between them. The speeches indicated an approximation of understanding on the part of the athletes between

the concepts, after all, belong to the same social universe. It is evident that health and disease have the meaning of opposing forces, with this, care assumes the role of interlocutor, making the necessary connections between the health-disease elements.

Disease-based care is a consequence of technological dependence to recover health. However, the promotion of care with a focus on valuing one's subjectivity is substantial. This definition of care characterizes and supports the essence of nursing as a profession, making ideal nursing care focus on being holistic, with ethics, competence and technical ability, and reflects on the individual's overall health⁽¹⁴⁾.

A broader perspective for the health care of the volleyball athlete is possible from the concept of health promotion. Health promotion is the process of training individuals and groups to improve their quality of life and health, including a greater participation in the control of this process⁽¹⁵⁻¹⁶⁾. Health promotion cannot be confused with the prevention of complications resulting from potential problems and risk factors intrinsic or extrinsic to the individual⁽¹⁵⁻¹⁸⁾

In this context of possible confusion, we have the restructuring of professional practices from the substitution of the emphasis on the biomedical paradigm by the salutogenic paradigm aiming at a collective care, which considers the multiple and complex social relations and interactions. This process requires individual adaptation and development of professional skills to promote the knowledge, skills, attitudes and awareness necessary for efficient self-care in the subjects⁽¹⁷⁻¹⁹⁾.

From the focus on health promotion, it is possible to an extended analysis of the complex interaction of biological, psychological and social factors that interfere in athletes' sports practice and development. And, with this, the work with this perspective demands the performance of a multidisciplinary team, aiming to achieve a balance between the prevention of pathological processes and the promotion of athletes' health, improving aspects that involve performance and professional performance. In this scenario it becomes possible to glimpse the substantial performance of nurses and nursing staff^(10,20).

FINAL CONSIDERATIONS

From this study, it was found that the meanings given by high-performance volleyball athletes for health, disease and care are centered on the understanding that health and disease represent opposing forces. In this battle of forces, care seeks to balance the energy intensity between health and illness so that it is possible "Being 100% able to play".

In the interrelationship between health and disease mediated by care, the body appeared as one of the striking manifestations. The concern with the body as a working tool is very strong in the design of athletes, built from a sometimes limited and reduced look, away from a more comprehensive understanding, involving aspects that overlap the physical, that can recognize the body not only as an instrument of ability and performance, but also as an instrument that moves life beyond the courts.

It is understood that one of the differentials of the study is linked to the subjects surveyed, which in the public view are people living in a glamorous world, which is not doubted, but intimately have the same fragilities of other people. The peculiarities of the athletes' professional practice show the need for differentiated care when designing a distinct and dynamic model of care in the volleyball environment, therefore, this concept of care becomes a challenge due to the specificities that the sport carries in its framework and social understanding.

Thus, this study contributes to the production of knowledge in the area of health and nursing by presenting an explanatory model of the meanings of the trinomial health, disease and care from the perspective of high-performance volleyball athletes, showing the possibilities of action for the team of health and, in particular, nursing. Considering the scarce scientific production on the problematic in vogue, the importance of new investigations on the health of the athletes of other modalities and levels of performance is pointed out.

SAÚDE, DOENÇA E CUIDADO: SIGNIFICADOS PARA JOGADORES DE VOLEIBOL DE ALTO RENDIMENTO

RESUMO

Objetivo: Compreender os significados atribuídos à saúde, à doença e ao cuidado por jogadores de voleibol de alto rendimento. **Métodos:** Trata-se de uma pesquisa qualitativa com base no referencial metodológico da Teoria Fundamentada nos Dados. A amostragem teórica do estudo foi composta por 34 sujeitos, incluindo atletas, ex-atletas, técnicos e dirigentes de clubes de voleibol. Os dados foram coletados por meio de entrevista em profundidade e analisados segundo codificação inicial e focalizada. **Resultados:** Obteve-se a categoria "Estando 100% para jogar: o cuidado com o corpo como definidor de saúde ou doença", que é composta por oito subcategorias representando os significados de saúde, doença e cuidado. **Considerações finais:** Constatou-se que saúde e doença representam forças contrárias entre si. Conclui-se que, nessa disputa de forças, o cuidado busca equilibrar a intensidade de energia entre saúde e doença para tornar possível a prática esportiva.

Palavras-chave: Saúde. Cuidado. Doença. Enfermagem. Voleibol.

SALUD, ENFERMEDAD Y CUIDADO: SIGNIFICADOS PARA JUGADORES DE VOLEIBOL DE ALTO RENDIMIENTO

RESUMEN

Objetivo: comprender los significados atribuidos a la salud, enfermedad y al cuidado a jugadores de voleibol de alto rendimiento. **Métodos:** se trata de una investigación cualitativa con base en el referencial metodológico de la Teoría Fundamentada en los Datos. El muestreo teórico del estudio fue compuesto por 34 sujetos, incluyendo atletas, exatletas, técnicos y dirigentes de clubes de voleibol. Los datos fueron recolectados por medio de entrevista en profundidad y analizados según codificación inicial y focalizada. **Resultados:** se obtuvo la categoría "Estando 100% para jugar: el cuidado con el cuerpo como definidor de salud o enfermedad", que está compuesta por ocho subcategorías representando los significados de salud, enfermedad y cuidado. **Consideraciones finales:** se constató que salud y enfermedad representan fuerzas contrarias entre sí. Se concluye que, en esta disputa de fuerzas, el cuidado busca equilibrar la intensidad de energía entre salud y enfermedad para hacer posible la práctica deportiva.

Palabras clave: Salud. Cuidado. Enfermedad. Enfermería. Voleibol.

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