

# Health promotion in primary education: perceptions of bachelor's degree with a teaching diploma in nursing students



*Promoção da saúde na educação básica: percepções dos alunos de licenciatura em enfermagem*

*Promoción de la salud en la educación básica: percepciones de los alumnos de la licenciatura en enfermería*

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## ABSTRACT

**Objective:** To analyze how with a Teaching Diploma in Nursing Students understand the concept of health promotion, their perception of the nurse's work in the basic education schools and about the practices of health promotion related to the nurse educator training.

**Methods:** Qualitative, descriptive and exploratory study, the data were collected in 2015, from 11 nursing students from a Public University in the interior of the state of São Paulo, Brazil.

A semi-structured interview was used. The data was subjected to thematic content analysis.

**Results:** Three thematic nuclei were identified: "Health Promotion: overcoming the hegemonic model of technical rationality"; "The work of nurses in basic education: intersectoriality and interdisciplinarity" and "Promotion and education in health in school: dialogic and reflexive practice educational".

**Conclusion:** The conception and the practices of health promotion facilitate the vocational training process and empowers teaching nurses to work on social changes and in the development of individual's empowerment.

**Keywords:** Health promotion. Education, nursing. Health education. Students, nursing.

## RESUMO

**Objetivo:** Analisar como estudantes de um Curso de Licenciatura em Enfermagem compreendem o conceito de promoção da saúde, sua percepção sobre o trabalho do enfermeiro na educação básica e sobre as práticas de promoção da saúde para formação enquanto enfermeiro-educador.

**Métodos:** Estudo qualitativo, descritivo e exploratório, realizado em 2015, com 11 estudantes de uma Universidade Pública do interior do estado de São Paulo. Os dados foram coletados através de entrevistas semiestruturadas e analisados segundo análise de conteúdo, modalidade temática.

**Resultados:** Identificou-se três núcleos temáticos: "Promoção da Saúde: superando o modelo hegemônico da racionalidade técnica"; "O trabalho do enfermeiro na educação básica: intersectorialidade e interdisciplinaridade" e "Promoção e educação em saúde na escola: a prática educacional dialógica e reflexiva".

**Conclusão:** A concepção e as práticas de promoção da saúde favorecem o processo de formação e potencializam as ações dos enfermeiros licenciados na efetivação das mudanças sociais e empoderamento dos indivíduos.

**Palavras-chave:** Promoção da saúde. Educação em enfermagem. Educação em saúde. Estudantes de enfermagem.

## RESUMEN

**Objetivo:** Analisar cómo los estudiantes de un curso de Licenciatura en Enfermería aprenden el concepto de promoción de la salud, cómo perciben el trabajo del enfermero en la educación básica y las prácticas de promoción de la salud para la formación del enfermero educador.

**Métodos:** Estudio cualitativo, descriptivo y exploratorio realizado no año de 2015 con 11 estudiantes de una Universidad Pública del interior del estado de São Paulo, Brasil. Se utilizó entrevistas semiestruturadas y los datos fueron sometidos a análisis de contenido en la modalidad temática.

**Resultados:** Se identificaron tres núcleos temáticos: "Promoción de la Salud: superando el modelo hegemónico de la racionalidad técnica"; "El trabajo del enfermero en la educación básica: intersectorialidad e interdisciplinaridad" y "Promoción y educación en salud en la escuela: la práctica educativa dialógica y reflexiva".

**Conclusión:** La concepción y las prácticas de promoción de la salud favorecen el proceso de formación profesional y empoderan las acciones de los enfermeros en la implementación de los cambios sociales y en el desarrollo del empoderamiento de los individuos.

**Palabras-clave:** Promoción de la salud. Educación en enfermería. Educación en salud. Estudiantes de enfermería.

**Conclusión:** El estudio describe la experiencia de la mujer embarazada en edad avanzada y presenta diversos aspectos experimentados que pueden utilizarse como subvenciones para la atención de enfermería para mujeres que se embarazan a esta edad.

**Palabras clave:** Enfermería obstétrica. Edad materna. Embarazo. Atención de enfermería.

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## ■ INTRODUCTION

The many concepts of health promotion can be divided into two groups: one behavior list and the other related to the quality of life. In the first one, health promotion consists of activities targeting the behavior transformation of the individuals, focusing on educational components, primarily related to behavioral risks that can be changed. The second group is based on the understanding that health is the product of a broad spectrum of factors related to quality of life, including proper standards of food, nutrition, housing and sanitation; employment; access to education throughout life cycle; clean physical environment; support from social networks; responsible lifestyle; and proper health care<sup>(1)</sup>.

The understanding of the health promotion concept proposed by the Ottawa Charter assumes the need to articulate public policies and the commitment to the creation of favorable environments for health; development of personal skills; strengthening of community actions and reorientation of health services<sup>(2-3)</sup>.

Health promotion implies considering social determinants as well as an expanded concept of health that must necessarily involve different sectors and areas in order to meet the principles of integrality and intersectorality. The risk of not paying attention to this is the depoliticization of the debate, and the maintenance of conservative practices that take the social context into disregard<sup>(4)</sup>.

It is also important to emphasize that there is a close and essential relationship between health and education. This is considered one of the main determinants of health, as much as the dialogic and critical-reflective perspective of education is considered essential for the empowerment of the subjects, promoting their personal and social development<sup>(5-6)</sup> and consequently as an instrument of social transformation.

In this sense, health promotion references give trainings in the field of nursing a transformative re-signification of teaching practices, favoring the overcoming of the hegemonic model of technical rationality that still characterizes the training and the performance of health professionals. From this perspective, the teaching-learning process in nursing requires educational and health care practices that empower the subjects to act in the effective social changes. When applying the active methodologies, such references contribute to critical thinking as well as a participative role in the construction of knowledge, not to mention a contextualized vision of the reality and necessary autonomy to act in decision-making process<sup>(7)</sup>.

The Bachelor's Degree with Teaching Diploma course of the Ribeirão Preto School of Nursing (EERP-USP) aims to

articulate the training of nurses with pedagogical knowledge, preparing them for teaching through a certificated, technical program in nursing, and also for accomplishing health promotion actions in basic education<sup>(8)</sup>.

From this perspective, the disciplines called Health Promotion in Basic Education and Supervised Internship: Health Promotion in Basic Education enables future nurses-educators to be inserted in the school environment with the purpose of promoting health, stimulating the autonomy of individuals and the community through the use of active methodologies<sup>(8)</sup>. Nursing teaching is developed in conjunction with extension and research projects, for which learning has its starting point in the professional practice and meaningful learning, based on concrete daily situations in health and education.

The training of nurses to work in health promotion and education should incorporate concepts that involve interdisciplinarity, intersectorality, empowerment and quality of life to support a new practice and action, having as reference the promotion of health with a focus on collective health<sup>(9)</sup>.

The concerns, caused to the educator and the educated up against the commitment to training for intervention in the perspective of health promotion, contribute to the demand for studies that investigate how health promotion practices can enhance the professional training of licensed nurses in a theoretical context practical, based on the concept of health promotion in the context of Basic Education.

Considering the above, the following research questions were established: What understanding do students have about the concept of health promotion? How do they perceive work and health promotion practices in the school context? Does the nursing degree enhance the training of nurse-educators in association with health education? Therefore, the present study intends to analyze how students understand the concept of health promotion, their perception about the work of nurses in basic education and on the practices of health promotion for training as a nurse-educator.

## ■ METHOD

Descriptive-exploratory study with a qualitative approach, observed as a methodological alternative that will enable us to collectively construct a new knowledge, helping us to understand the reality expressed by the subjects, the meanings and relations that they attribute to the phenomena, and to understand the meaning attributed to the object of study<sup>(10)</sup>. The study was carried out from August 2014 to December 2015, at the Ribeirão Preto College of Nursing (EERP) from University of São Paulo, which offers

a bachelor's degree and a degree in Nursing. The group of participants included 11 students, delimited by the saturation of the data<sup>(11)</sup>. The students were selected considering the following inclusion criteria: to be a student regularly enrolled in the 9<sup>th</sup> or 10<sup>th</sup> semester of the course in question and to have taken both disciplines Health Promotion in Basic Education and Supervised Curricular Internship Promotion of Health in Basic Education.

The data collection was based in semi-structured interviews, directed by a script, with the following triggering questions: tell me how you perceive your learning regarding the concept of health promotion. What is your perception regarding the exercise of health promotion in the work of the nurse as an educator in the school context? How do you evaluate the health promotion practices developed in the school regarding your training as a health professional and future teacher?

The interviews were conducted individually and scheduled at times chosen by the students themselves, outside the class hours, in order not to interfere with the students' learning process, attendance and participation in their academic activities. The interviews were recorded on an MP3 device and later transcribed, identifying those interviewed by the letter "E", followed by the number assigned to each participant, thus preserving the identity of the subjects.

For the analysis of the data, the content analysis method was used, thematic modality<sup>(10,12)</sup>. The analytical-interpretative trajectory covered the pre-analysis stages, with the reading of the obtained material; exploration of the material, with a categorization and organization by themes, aiming to reach the core of meanings, in order to allow further understanding about the meanings that permeated the object of study and, finally, treatment, inference and interpretation of the results<sup>(12)</sup>.

Respecting the ethical requirements for conducting research with human beings, according to the Resolution No. 466/12 of the National Health Council – CNS – from the Ministry of Health, the proposal of the mentioned study was submitted to the analysis of the Research Ethics Committee (REC), of the Ribeirão Preto School of Nursing – USP, and approved under the Protocol CAAE No. 23460413.4.0000.5393. After accepting to participate in the study, the students signed the Free and Informed Consent Term.

## ■ RESULTS AND DISCUSSION

After the process of organization and qualitative interpretation of the material collected in the interviews, three subject lines, presented below, were captured from the students.

### Health Promotion: overcoming the hegemonic model of technical rationality

The speech analysis allowed to verify that the promotion of health as a strategy and set of actions is conceived by the students as a way of overcoming the biologist model and the technical rationality, which extends the concept of health, breaking the fragmented and technicist view of care<sup>(12)</sup>. It corroborates with other studies, in which students conceive health promotion as a strategy involving much more than direct health care<sup>(2,13)</sup>, but also changes in health determinants, whether individual or collective, that are capable of influencing the quality of life.

From this perspective, health begins to consider the various determinants of the health-disease process, such as social, economic, environmental, access and accessibility conditions, no longer being understood as mere absence of disease<sup>(1-2,13)</sup>. In the undergraduates' opinion, health promotion actions should therefore be planned considering the social context of individuals to understand the action of these determinants on the health-disease process.

*Health promotion for me is [...] to have this enlargement, not only [...] not only me, for example, looking at the student at that moment, but understanding the context of the community he lives in, his family. That is promoting health. For me, it is to go beyond that student in school, but trying to understand even the whole process that he is inserted. (11)*

*[...] we begin to learn, therefore, the concept of health [...] that is not only absence of disease. That the physical, psychological, social well-being goes beyond, that you need to have a home [...] which are the factors, thus, education, leisure condition and everything. (14)*

The perception of future licensed nurses reaffirms the assumptions of the Ottawa Charter, considering that economic, social, political, environmental, behavioral and even cultural factors influence health directly or indirectly. Thus, they are prerequisites for health: education, food, housing and income. These factors are recognized by the students as guiding principles for health education actions as outlined in the Ottawa Charter when it comes to define the concept and guidelines of Health Promotion<sup>(2)</sup>.

*[...] Because it's not enough talking to an individual that has to feed himself three times a day or [...] every three hours, if he cannot afford it. (19)*

As a priority, the health promotion aims to make the condition of life of individuals favorable to their health and quality of life, reducing vulnerabilities<sup>(2)</sup>. Therefore, it implies the development of the autonomy of the individuals and of the collectivity, making both responsible regarding the limits and risks determined not only by the disease, but also by the social context in which they are inserted<sup>(1,13)</sup>.

*[Health promotion] [...] It has to do with autonomy, self-care and health education. [...] nothing more than respecting the patient's autonomy [...] for him to take care of his own health. (16)*

*[...] health promotion is to enable this individual to know himself and to be aware of his attitudes... that he really empowers himself with his conditions, what he must do to ensure good health, good nutrition, prevent disease. [...] These are guidelines. [...] Yes, you educate this individual for self-care. (110)*

The contents seized in the students' speeches highlight the distinction between health promotion and prevention. Preventive actions aim to avoid the disease process by means of interventions aimed at reducing the incidence and prevalence of diseases in the community. It is related to the dissemination of scientific knowledge and to the establishment of norms of conducts that promote changes of habits. In this sense, studies have shown that the promotion of health, on the other hand, goes beyond the normative, constituting a process that involves individual and collective empowerment, through health education, which strengthens individual and collective potentialities, making individuals able to face the multiple determinants of their health-disease process<sup>(12-13)</sup>. Although the concepts are different, the students pointed out the interrelationship between promotion and prevention to institute health:

*[...] health promotion is [...] promoting [...] through actions, activities, awareness, consciousness... a search for health. And prevention, it gets into it. But prevention is more in the sense of this healing part, so I will prevent the disease and promote health. (12)*

In order to express the understanding of health promotion, students associate the concept apprehended with the notion of integrality recognizing that, in order to make health promotion possible, it is necessary to know and understand the people's way of life, articulating it to the social determinants of health. This perspective is emphasized by current studies, which reinforce the expanded concept of health, its social determination and the need to establish

comprehensive and intersectoral care to address social demands as a strategy to foment health promotion<sup>(14-16)</sup>.

*[...] I need to know if that community has basic sanitation, because if it doesn't have [...], how am I going to do [...] So I need to know the condition. [...] we need to analyze to know our needs. [...] If I realize that children are leaving school... could this be related to their problems in the family? Or does this child have a vision problem or any other limitation that discourages them from continuing? (15)*

### **Nursing work in basic education: intersectorality and interdisciplinarity**

When questioned about how they perceive the work of the nurse-educator in the exercise of health promotion in primary education schools, the subjects of the study pointed to the nurse as a professional that adds knowledge about didactic-pedagogical approaches to their care work, and that instrumentalize them to carry out health education activities that enable strategies for health promotion.

*[...] besides being a caregiver, the nurse is also an educator [...] And it has a great responsibility to work in front of these students [...] with transversal themes, that is STDs, teenage pregnancy, drugs [...] [The nurse] is more qualified to deal with these situations. (11)*

*In the teaching training we have the opportunity to build knowledge that gives us the input to act more safely and effectively in educational actions [...] health education also requires didactic and pedagogical knowledge. (18)*

In addition, as the nurses are in direct contact with the social context of individuals and families, they are considered to be one of the main agents of health promotion and comprehensive care for the individual, population and community, who can potentially understand biopsychosocial issues<sup>(12,14)</sup>. In this perspective, a study carried out with nurses of the Family Health Strategy reaffirms that, for the development of their attributions, the professional must understand, get proper knowledge of the school reality and of the social context, planning their actions in order to meet the identified demands<sup>(17)</sup>.

*[...] [the nurse] has to [...] contextualize even the reality of the school, the reality of these students, where they come from, [...] what is the demand of the school and what is the demand of the students, and if this space is used [...] as a space of health promotion [...]. (14)*

Several authors emphasize that the teaching-learning process, as well as the educational actions carried out in basic education, should be planned and executed taking into account the needs, interests, prior knowledge and autonomy of each student, in the perspective of an education in critical health<sup>(18-20)</sup>. This perspective of health education has a promotional character of health and is based on the dialogic model of Paulo Freire. It focuses, therefore, on processes of interaction between subjects and their contexts, seeking individual and collective transformation through participation and empowerment<sup>(19)</sup>.

In this sense, students emphasize the importance of the nurse-educator to know the social reality of individuals and to design their educational actions directed to the construction of habits and healthier living conditions, in consonance with the particular reality of each subject and social context.

*The nurse needs to know the population that he/she is going to work with, he/she needs to see, what is the area around that school, what are the needs of these students [...] to learn this and from these data to work around the health and education needs of that population. (13)*

In order to do so, the nurses' work must incorporate intersectoriality and interdisciplinarity as a tool to deal with the health needs of the individuals and their social contexts. The nurse-educator's work process assumes the interaction between the different social sectors and professional areas, overcoming the fragmentation of knowledge, with the common goal of improving the quality of life of the population<sup>(14,16)</sup>.

*[...] it has activities that can be done at the health clinic and has activities that can be done outside. For example, in the community, in a church [...]. (15)*

Isolated actions of a single professional are insufficient to deal with the complexity of the health-disease process, as the health needs of individuals cross different fields and nuclei. In this perspective, the importance of the narrowing and integration of the professional relations are emphasized, as well as the importance of the nurse with the community and its care networks<sup>(16)</sup>.

*[...] it is multiprofessional [...] the work of nurse educator. [...] Because the nurse [...] works with several other professionals. He works with a psychologist, a doctor, a nutritionist, a physiotherapist, he goes there according to the need [...]. (111)*

The nurse has a role of establishing care in the perspective of comprehensiveness and interdisciplinarity. It should provide individuals, groups and communities with access to knowledge that generates change. Thus, as the results of the present research point out, other studies emphasize that it is essential to provide the nurse professional with new experiences and construction of new knowledge, preparing them to act in the face of multiple determinants of the health-disease process<sup>(13,15)</sup>. One of the places where this action can and should be carried out is the school.

*I think that the nurse here [in school] has the courage to demystify this [...] world, this universe and to give subsidies so that this school [...] can become [...] an adult aware of its attitudes [...] of the consciousness of your own body, of your food. (110)*

The study participants pointed out difficulties observed in the performance of the primary care nurse. The obstacles mentioned were: the overload of work and the problems of human resources; the unusual presence of licensed nurses in the school environment; academic training centered on the biologist model.

It was also highlighted in the speeches that the overwhelming work and the lack of quantitative and human resources training contribute to a great demand for activities assigned to the family health nurse, who needs to conciliate reception care, prenatal care, woman and man health, educational health actions with community groups, home visits plus administrative duties that are essential to the functioning and control of the activities carried out by the staff of the basic health unit.

This context for the primary care nurse, in the conception of the study participants, has been an obstacle for the nursing professional to be able to join the community and develop health promotion in the school environment.

*[...] the nurse has overwhelming activities, even more, they are administrative activities. So sometimes he gets so overwhelmed by these bureaucratic, administrative [...] activities that he/she does not have the time to do [...] of education, there are few nurses. A nurse per unit is far from enough. (16)*

*[...] the greatest difficulty that exists today is the number of employees, which is very small for the demand that we end up attending in basic health units [...]. (110)*

Although these factors interfere in the availability of the nurse-educator to develop health promotion in basic

education, the testimonies bring light to the mistaken conception of the interviewed that, in order to promote health, the nurse must exclusively have a specific time or period to perform it. Health promotion must be incorporated as a work logic, and it does not require specific moments to be carried out.

Intersectoriality is so often absent in the daily routine of the nursing professional that the presence of licensed nurses in basic education is still uncommon, which is one of the difficulties to aggregate the nurse-educator practice to school institutions. When they were inserted in the school environment to work on health issues, the speeches implicitly imply the idea that the subjects of the study experienced expressions of surprise by the school community regarding their presence.

*When we put a nurse in a school [...] the staff [...] thinks it's strange, different [...] one problem that I face [...] is that the health service is linked to schools. Work closer to that. (I1)*

*[...] there is no effective participation of the nurse within the schools. [...] There is no introduction of the nurse, in fact in all schools. (I7)*

Research shows that the insertion of the nurse-educator in basic education is still incipient and discontinuous, not contemplating all the schools, which contributes to some individuals that don't understand the professional's role within the school, mainly regarding the educational actions<sup>(5,15)</sup>. The speeches evidence the persistence of a curative and nursing view of nursing, not involving health education.

*[...] unfortunately, you still understand the nursing in school as the person that does a bandage and not as a health promoter [...] because you get there [...] [and listen]: 'ah then you came here, oh, so it's to give medicine to the students? Ah, you came here, because if the student hurts you know how to do the bandage on the leg.' Okay, I don't see the problem in performing assistance too, but it's much more than that (I5)*

Therefore, among the challenges to overcome it, there is, above all, the possibility of insertion of licensed nurses in basic education. At the moment, this is a factor to be fostered, considering the complexity of the work process in primary care and the impact of academic training on the development of health promotion outside the walls of a health unit.

Although in the course there is also the concern with the teacher training – as a degree with a teaching diplo-

ma–, it is not possible to separate, in practice, the contribution that the possibility of insertion in the school for educational purposes ends up offering to the licensed nurse as a whole, for the different practices and actions that they may develop.

### **Health promotion and education in schools: the dialogical and reflexive educational practice**

The concepts of future licensed nurses demonstrate that the comprehensive care assumes the nurses' sensitivity and ability to perceive the different dimensions and complexity of individuals. In that way, they understand that interventions and educational activities should be organized considering the uniqueness of the population.

From this perspective, future registered nurses perceive the school community as a potential target audience for health promotion actions, especially since children and adolescents are essential spokespersons for the health and well-being of the community and families<sup>(2)</sup>.

*[...] the graduation [...] in the teaching diploma course is [...] very wide [...]. So when we study the theoretical references, [...] the political pedagogical project, when we know the territorialization... this makes us consider a look, a broad view of the whole. And even in health services, care, hospital or basic, so it has contributed a lot to me, to other visions, to other perspectives. [...] the degree [...] offers this broader look [...] it gives me this: I talk to the other, I listen to the other, I identify their problems [...] It makes it easier. (I1)*

*[...] promoting health in the school environment is making sure that the future generation will [...] be adults that think [...] about eating better, having better life habits [...]. If you propose a habit for a child, it is from that moment on that it is shaping, the construction of its character, I believe you can make the individual perpetuate it. (I3)*

*[...] if I want to reach the parents, sometimes the parents I am not able to reach [...] Reaching the children I can take information to the parents, because child arrives home telling: [...] the nurse was there and she taught this to us, she taught that'. (I5)*

In addition to this, according to the interviewees, the professional approach is more effective when the educational actions are carried out with emphasis on meaningful and critical learning. The topics addressed should arise from the interest manifested by the individuals themselves, according to their needs and personal experiences.

*[...] including the other, being significant to the other. [...] Some people [do not] understand how [...] a teenager [...] gets pregnant. But [...] how is that for her? [...] What is the social environment that she lives? Is it her choice or isn't? I think you have to promote with the person, develop with the person, It is a reasoning, 'Ah how is that going to interfere in my life? If this is what I want now, and everything else?' Not making the decision for the other, but developing it [with the other]. (14)*

*[...] I go there and discuss something, I build something with him [the student] and he takes what is most meaningful to him as the learning. [...] From the moment we enter the school, we get in touch with the students, with the educators, and we get these messages: 'Oh, I want to learn this', 'I want to know more about this' [...] Learning begins to become meaningful because it shows something different that makes sense. (18)*

In this sense, for the development of health education, different studies point out that opportunities are needed to favor the dialogical practice between the educator and the student. In this perspective, health education is not considered as mere transmission of content, since knowledge becomes a collective construction<sup>(3,19)</sup>.

The health promotion practices developed in the training of licensed nurses are fundamental to transform teaching practices, enabling the development of a new paradigm and praxis that surpasses preventive actions, both in training and in professional performance.

Nurses' conception of health promotion determines their practice, especially as an educator with the team and community, which requires the professional to understand health with emphasis on community empowerment and mobilization to act in defense of life.

The speeches show that the educational practices experienced in the teaching diploma degree provide the nurses with a better understanding of the educational and human elements, which is necessary for the planning and effectiveness of the actions that privilege the biopsychological socio-cultural, spiritual and environmental dimensions that involve the health of different population groups. This aspect is highlighted as

*I think that if he [the nurse] does not have a formation like we have during graduation, directed [...] I am experiencing myself it at my stage [...] that we have a proposal to develop an activity in the school [...] and the nurse [...] is only a bachelor, [...] she has no idea what it is to take [...] the class in a school with elementary school children. [...] you*

*have no idea of the organization of class time and how much children need a lesson that is dynamic, that they get involved with the activities, how much that is meaningful to them. (13)*

In addition to the development of essential skills for education and health promotion actions, the experiences developed in basic education are important for the training of licensed nurses in planning and carrying out actions with school group and the community. Specifically, the exercise of health education allows better knowledge of the school community and its main demands, which makes easier the work of the nurse-educator.

*[...] the experiences I experienced in education [...] to be an educator, to understand this experience of children [...] enabled me to work with this audience [...] Because when you do not know the audience you work with, when you have no idea what you can expect from them, it becomes more difficult to develop a job. (13)*

The students interviewed also emphasized that the practices developed through the teaching diploma course help in their formation, in the acquisition of communication skills, empathy and self-evaluation. The active methodologies used during the graduation are important in this process, as they stimulate future graduate nurses to reflect on their practices, and thus develop attitudinal, procedural and cognitive knowledge.

*[...] [these practices] provide this exercise, this reflection on my actions, my behaviors, how I can do to take care of the other, to educate the other, is an exercise. (11)*

*[...] when you arrive [...] in basic education to work [the knowledge] [...] the language will be different, even your way of looking will be different [...] I believe that you create greater resourcefulness until even to speak [...] who is from the teaching diploma course [...] has more ability to speak [...] we realize that in our group the activities are very dynamic. (12)*

In this sense, the critical-reflexive formation, given by the construction of a theoretical-practical knowledge mediated by an active teaching approach, is determinant for the professional formation of the future nurse-educator as an agent of social transformation.

Health professors, especially nursing, are being challenged to appropriate innovative and active pedagogical practices because they are an effective strategy for better learning outcomes. The use of active methodologies con-

tributes to theoretical-practical approaches to teaching, which mobilize strategies to build knowledge and stimulate the exercise of the protagonism of the actors involved in all stages of the teaching-learning process<sup>(20)</sup>.

Through the insertion in the school environment, the pedagogical approach of the degree in nursing awakens the professional interest in health promotion practices, transposing the theoretical and instrumental knowledge to a practical-reflexive educational model. In contrast, the speeches show that the clinical disciplines of the course alone are insufficient to broaden the concepts of health and develop the view of individuals as multidimensional beings..

*I believe that the nurse goes much [further] [...] for my experiences ... I believe, therefore, that you will not be a good nurse just because you perfectly know how to collect blood [...] It takes years to understand the issues of integrality, health promotion, prevention [...]. (I2)*

*[...] when you are in the health disciplines, the most clinical of the course, they have an overvaluation [...] and we stop looking, to have that humanized look, which is the look of didactic-pedagogical disciplines [...]. (I3)*

The potential of the nurse-educator was identified in the paradigm shift from the implementation of actions based on the expanded conception of health and a learning focused on the valuation of the practice in the real scenario of professional performance, active methodologies and student autonomy<sup>(20-21)</sup>. Therefore, the professional can contribute to new ways of conceiving and intervening in the promotion of conditions favorable to the health of the population.

While the discourses reveal the students' perceptions about the importance of health promotion in the process of professional formation, it is perceived the criticality of the future graduated nurses acquired during the graduation, demonstrating the interest and capacity to reflect on the reality, the search for knowledge to base their work, observing the essential aspects for the professional practice of nurses<sup>(21)</sup>. Students' reflections on the practices observed during their internships were observed in the speeches, which shows the potentialization granted by the teaching diploma in the education of the nurse-educator along with health education, forming an essentially critical-reflexive professional.

## ■ CONCLUSION

The way how the nursing professional inserts him/herself in the field of health promotion, in the development

of his/her performance as an educator with the team and the school community in health education strategies, is strongly related to their training and the conception built on the care with a focus on health promotion.

The licensed nurse is one of the professionals who can potentially contribute to the changes necessary to overcome the biological paradigm still present in health practices. The pedagogical training, based on a critical-social approach, contributes to the nurse-educator to develop sensitivity to reflect on the social reality and to propose transformative actions from a differentiated perspective of work.

In this sense, the speeches also point to the academic formation as determinant of the nurses' ability to perceive and understand the needs of students in basic education, as well as to develop interventions committed to the empowerment and protagonism of the school adolescent in individual and collective health and citizenship.

It became clear that the commitment of the training of nursing graduates with a focus on health promotion is essential for students to develop a practical, critical and reflexive theoretical construction of the possibilities and challenges for a health work, capable of establish emancipate networks for health promotion actions.

As a limitation of the present study, it is recognized the gap created by the non-insertion of other subjects involved in the process of training nurses, such as professors, course coordinators, and in this specific case of teachers and managers of basic education. Considering the results, the possibility of future studies with graduates and other professionals makes it possible to evaluate the performance of licensed nurses in the scope of health promotion in basic education. It is considered important to identify the main obstacles present in nurses' work, in order to better understand the factors that facilitate or hinder the development of health promotion and education actions in the field of their professional practice.

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