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## ORIGINAL ARTICLE

### FAMILY HEALTH STRATEGY WORKERS' SOCIAL REPRESENTATIONS ABOUT HEALTH PROMOTION

### REPRESENTAÇÕES SOCIAIS DOS TRABALHADORES DA ESTRATÉGIA SAÚDE DA FAMÍLIA SOBRE PROMOÇÃO DA SAÚDE

### REPRESENTACIONES SOCIALES DE LOS TRABAJADORES DE LA ESTRATEGIA SALUD DE LA FAMILIA ACERCA DE LA PROMOCIÓN DE LA SALUD

Maria de Fátima Mantovani<sup>1</sup>, Felismina Rosa Parreira Mendes<sup>2</sup>, Verônica de Azevedo Mazza<sup>3</sup>, Maria do Ceu Mendes Pinto Marques<sup>4</sup>, Anice de Fátima Ahmad Balduino<sup>5</sup>, Caroline Gonçalves Pustiglione Campos<sup>6</sup>

#### ABSTRACT

**Objective:** analyzing the Social Representation of health workers' promotion at the Program Strategy Family Health. **Method:** a descriptive research with Procedural Approach on the Theory of Social Representations. There were interviewed 58 health workers belonging to ten units with Strategies for Family Health of the Municipality of Curitiba/Parana/Brazil, from July to December 2010, through semi-structured interview. For organization and classification of textual data collected was used ALCESTE software. The research project was approved by the Committee of Ethics in Research, CEP/SD 890.015.10.02. **Results:** analyzed data showed four classes: work orientation; preventing disease; providing knowledge; and making change. **Conclusion:** the social representations that emerge reveal the dominance of the preventive paradigm, the conceptual and operational schemes of the participants when ruling on health promotion. **Descriptors:** Health Promotion; Professional Practice; Family Health Program; Nursing.

#### RESUMO

**Objetivo:** analisar a Representação Social da promoção da saúde dos trabalhadores de saúde do Programa Estratégia Saúde da Família. **Método:** pesquisa descritiva com abordagem Processual na Teoria das Representações Sociais. Foram entrevistados 58 trabalhadores de saúde pertencentes a dez Unidades com Estratégias Saúde de Família do Município de Curitiba Paraná/Brasil, entre julho a dezembro de 2010, mediante de entrevista semiestruturada. Para organização e classificação dos dados textuais coletados utilizou-se o *software* ALCESTE. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CEP/SD 890.015.10.02. **Resultados:** os dados analisados indicaram quatro classes: trabalho de orientação; prevenção da doença; oferecer conhecimento; e fazer a mudança. **Conclusão:** as representações sociais que emergiram revelam o domínio do paradigma preventivo, nos esquemas conceituais e operacionais dos participantes, quando se pronunciam acerca de promoção da saúde. **Descritores:** Promoção da Saúde; Prática Profissional; Programa Saúde da Família; Enfermagem.

#### RESUMEN

**Objetivo:** analizar la Representación Social de la promoción de la salud hecha por los trabajadores del Programa Estrategia Salud de la Familia. **Método:** encuesta descriptiva de enfoque de procedimiento en la Teoría de las Representaciones Sociales. Fueron entrevistados 58 trabajadores de la salud pertenecientes a diez unidades con Estrategias Salud de la Familia del Municipio de Curitiba/Paraná/Brasil, de julio a diciembre de 2010, a través de entrevistas semi-estructuradas. Para la organización y la clasificación de los datos textuales recogidos se utilizó el *software* ALCESTE. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CEP/SD 890.015.10.02. **Resultados:** los datos analizados mostraron cuatro clases: orientación laboral; prevención de la enfermedad; proporcionar el conocimiento; y hacer el cambio. **Conclusión:** las representaciones sociales que emergieron revelaron el predominio del paradigma preventivo, los esquemas conceptuales y operativos de los participantes cuando se pronuncia sobre la promoción de la salud. **Descritores:** Promoción de la Salud; Práctica Profesional; Programa de Salud Familiar; Enfermería.

<sup>1</sup>Nurse, Professor Post-Doc, Graduate/Postgraduate Program in Nursing, Federal University of Parana, Scholarship Productivity 2 CNPq. Curitiba (PR), Brazil. Email: [mfatimamantovani@ufpr.br](mailto:mfatimamantovani@ufpr.br); <sup>2</sup>Nurse, Professor, Graduate/Postgraduate Program in Nursing and Sociology, Lisbon University Institute, University of Évora, PPGENF/Ue. Lisbon (PT), Portugal. Email: [fm@evora.pt](mailto:fm@evora.pt); <sup>3</sup>Nurse, Professor, Graduate/Postgraduate Program in Nursing, Federal University of Parana, PPGENF/UFPR. Curitiba (PR), Brazil. Email: [mazzas@ufpr.br](mailto:mazzas@ufpr.br); <sup>4</sup>Nurse, Graduate Teacher, Doctoral student of the Postgraduate Program in Nursing, University of Evora. GENF/UE. Evora (PT), Portugal. Email: [mcmarques@uevora.pt](mailto:mcmarques@uevora.pt); <sup>5</sup>Nurse, Doctoral student of Nursing, Postgraduate Program in Nursing, Federal University of Parana, PPGENF/UFPR. Curitiba (PR), Brazil. Email: [anicebalduino@ig.com.br](mailto:anicebalduino@ig.com.br); <sup>6</sup>Nurse, Master Teacher, State University of Ponta Grossa/GENF/UEPG. Ponta Grossa (PR). Brazil. Email: [carogon@hotmail.com](mailto:carogon@hotmail.com)

## INTRODUCTION

For decades, the concept of health promotion has been studied and developed by different social actors, with the support of several international events among them the First International Conference on Health Promotion, which resulted in the Ottawa Charter.<sup>1</sup>

In this letter, the health promotion aims to ensure equality of opportunity and provide the means for people to realize their full health potential for both should be able to meet and satisfy your needs, living in healthy environments, have access to information, and have opportunities to make healthier choices.<sup>1</sup> Access to quality of life is related to the objective conditions of supply, demand, consumption, social representations, culture and social relations determined by society.<sup>2</sup>

Brazilian officials are investing in the development and implementation of policies to promote health, whose efforts are to build the health care that prioritizes actions of quality of life of individuals and society model. The National Policy for the Promotion of Health, Health Promoting Schools, The Covenant in defense of the NHS, The Covenant in Defense of Life and Management of the Covenant are guidelines that propose expansion and qualification of health promotion and health services management the Health System.<sup>3</sup>

Health promotion, described as a new paradigm is guided in comprehensive care, social engagement, health maintenance, and support the reorganization of health work.<sup>4</sup> The expanded definition of health, assumed by the movement of the Brazilian Health Reform System single Health and Health Promotion Letters, considers an integration between the subject and the community. In this aspect, the family health strategy is a reorientation of the healthcare model, operationalized through the implementation of multidisciplinary primary health units in teams and are responsible for monitoring a given number of families and are located in a defined geographical area.<sup>3</sup>

The members of the Family Health Strategy (FHS) is important, because one of these assignments is to establish connection with the community, in order to reduce the differences in health status of the population, because the teams performing the actions to promote health, prevention, recovery, rehabilitation of diseases and ailments and maintenance of health of the community.

In this aspect, the qualifications of health professionals was considered important element in Galway conference in Ireland in 2008. Thus, there is need to invest in understanding the different meanings that health promotion can be for actors to operationalize policies public. Therefore, it is necessary to develop skills for dealing with problems of population health in the perspective of promoting saúde.<sup>6</sup> Thus, the establishment of the ESF teams must address the interdisciplinary perspective considered action of knowledge among professionals, whose stance is exercising dialogue, exchange of experiences and recognize the context.<sup>7</sup>

Regarding the theoretical framework adopted in this study was the Social Representations (SR), which emerged in social psychology according to scholar Jodelet this theoretical framework should be studied by articulating the emotional, mental and social elements integrating cognition, language and communication through the awareness of the social relations that affect the representations and material, social and ideational about which reality will intervene.<sup>8</sup> Thus, each professional brings the representations of the phenomena that surround him. Thus, through access to the beliefs, interpretations and relationships established in a society about a particular domain or phenomenon.<sup>8-9</sup>

Social representations that workers are fundamental to identify the nurse has access to a vast field of research to understand the various relationships that build on individual and collective experiences of workers inside and outside the workplace.<sup>5</sup>

Given these settings we ask: What are the representatives of the workers of the Family Health about the health promotion strategy? to answer the question, the study aims to:

- Analyzing the social representation of FHS' health workers about health promotion.

## METHOD

Descriptive qualitative study based on the theory of social representations, with units being developed in the Family Health Strategy Units in the city of Curitiba, State of Parana, between the months of July to December 2010. We performed a FHSU draw of the ratio of 20% for the unit sanitary district and the same percentage of team members. These were represented by 58 health professionals (nurse, doctor, dentist, oral health technician, nursing assistant and assist in oral health) with ten units FHS.

Inclusion criteria were: belonging to the FHS team, have been selected by lottery, not be away or leave the service. And the exclusion criteria: workers who have not agreed to participate after knowing the goals and reading the term informed consent.

Data collection was conducted through semi-structured interview, whose instrument was the identification data and what is health promotion for you? There were also recorded on tape, which ensured the anonymity of participants. So, when transcribing the interviews sought to preserve the IDs of workers and were identified with the letter E, followed by numerals in ascending order, age, gender and professional category.

Data analysis used ALCESTE (Lexical Contextual Analysis of a set of segments of text) software. This program organizes and classifies the textual data, collected by means of a downward hierarchical analysis ranks the words according to their occurrences and groups them into classes. Quantitative analysis of textual elements to consider the quality of the phenomenon studied and provides criteria from the material as an indicator of scientific interest.<sup>10</sup>

The corpus analyzed consists of 58 Units Initial Context (UCI), which was divided into 124 Elementary Contexts Units (ECUs), which corresponds to 95.19% of the initial context.

In this corpus there were a total of 4183 events and 935 different forms of words, corresponding to an average of 4.5 occurrences per word. In the analysis of the following data were considered words with frequency equal or higher six one X2 equal to or greater than 4.

The research project was approved by the Ethics Committee of the Department of Health Sciences, Federal University of Paraná, CEP / SD 890.015.10.02 Health. All study participants signed a consent form after reading.

## RESULTS

Participants were characterized seconds, gender, and average age, length of training and length of service in the Municipal Secretary of Health, as shown in Table 1. Females predominated (n = 25), the nursing assistant category. Regarding the highest average age was 54 years evidenced in category oral technician. The average training time was over four years with a maximum of 22 years for dentists, with regard to length of service at the institution it is found that the auxiliary oral health have a longer stay in the institution.

**Table 1.** Characterization of the family health Team professionals. Curitiba (PR) Brazil, 2010

Health professionals	Sex		Average Age	Average time of training/years	ofService/Institution time years
	Female	Male			
Nurse	17	0	39	14	06
Doctor	02	01	38	14	07
Dentist	03	0	45	22	11
Oral health technician	03	0	54	19	06
Nursing Assistant	25	03	43	15	07
Assist in oral health	04	0	42	04	12

From the analysis resulted four classes hierarchically ordered as work orientation; preventing disease, providing knowledge and

make the change, which reveal the representation of health promotion for these FHS professionals, as Figure 1.

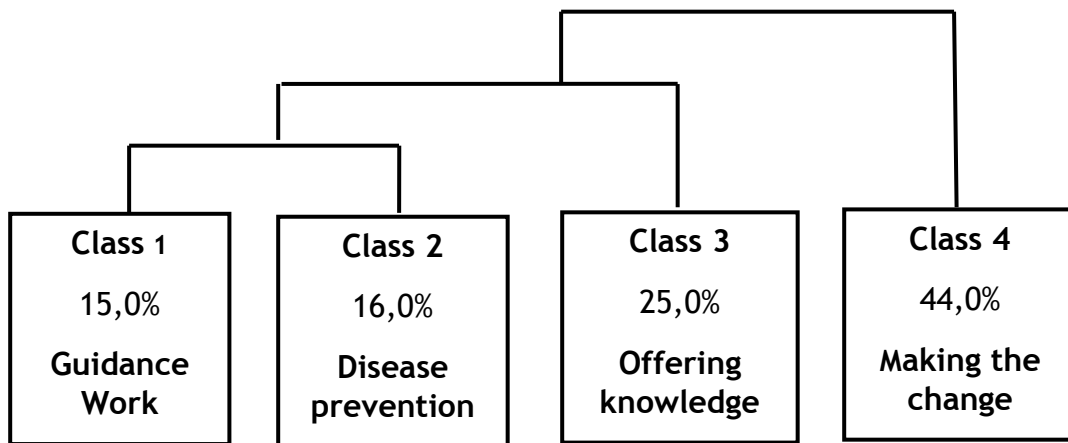


Figure 1. Classes of the Units of Elementary Contexts. Curitiba-PR, Brasil, 2011.

## Class 1: Guidance Work

Class 1 had as UCEs words: Work, health promotion, health advice, try and give. It constituted itself around a work orientation that attempts to improve the health of users. For these professionals, health promotion is represented from an everyday work through practical guidance to users aimed at changing the state of your health.

*[...] health promotion, especially in collective health and everything. Summarizes our work. Translate what we try to do it within the Office. Health promotion is you make a guideline and you clarify doubts and that generate a behavior change and especially the situation of the user (E18, 40, F, nurse).*

*All the people trying to get information, to me is health promotion (E23, 43, F, Odontologist).*

*Health promotion is that health that we crave for our patients, but that if he or we don't work guiding for them to have this health, through education, lectures, guidance, prevention work [...] doesn't happen (route E57, 50, F, Odontologist).*

## Class 2: Disease prevention

Participants represent health promotion from the paradigm of disease prevention. So, when referring to health promotion they use terms associated with prevention, eg, avoid or prevent disease in people. Another term used is taken care of, that is they try to pass / give quality of life for service users, in a sense with only one direction - from the professional to the subject, as is usual in the preventive paradigm, as seen in 2 ECUs representative of this class are: people, prevention, promotion, disease, try carefully.

*Is trying to avoid that diseases come harder? Appear faster, is prevention? In reality (E15, 23, F, Nursing Assistant).*

*Prevention is you try to get the disease doesn't appear, promoting, showing that person what she has to do to not have that disease, it is very difficult, because we have another culture, totally different, since College (E58, 48, F, Doctor).*

*Currently, within the PSF here and try, even those people who already have a disease, and try to make a quality of life. I think we would try to give and the own person be able to have, with us see beautiful is wonderful (E34, 35, F, Nurse).*

## Class 3: Offering knowledge

Health promotion is also designed for participants as a process of imparting knowledge to the users so that they can maintain or improve their health, UCEs this

class were: health promotion, care, and professional knowledge.

Expressed in social representations, the idea of the transmission of scientific knowledge about health only has a meaning or direction - the professionals (experts) for the laity. The domain knowledge of healthcare is in this conception, the sole professional. However, it is stressed that the knowledge itself is also considered a factor promoting health. This knowledge can give access to the means and resources to help health, as illustrated by the following excerpt:

*Health promotion is what you can offer knowledge to population (E13, 53, F, oral hygiene technician).*

*If you don't study won't have money, go through difficulty. Person with financial hardship becomes more ill, don't eat well, it all starts around [...] so I think health promotion is you be oriented in all directions, not only like this: ah! You need to take care of yourself, you have to eat it, you can't drink it [...] is you get to people your knowledge as well as regards all of health, which is the welfare, even the spiritual side, until the money, the financier. All that counts for a lot (E30, 32, M, Nursing Assistant).*

## Class 4: Making the change

The content of the class 4 shows that participants wish to make a change in the habits of life of individuals through the promotion of health. The unspoken need for individual changes omits the involvement of the users themselves, and also the community in which they live.

In fact, the word community appears infrequently in the interviews, which shows that the professional does not associate the change to the community itself, as can be seen in the ECUs of participants: do, know, anything, better, see, change, manages and health promotion.

*Health promotion is actually you can make change. I think it's the great problem (E1, 52, F, nurses).*

*We have to make them realize what's wrong in their lives, we know when to look, but what they are really feeling can improve, so that they can see it, it is very difficult [...]. Because it has a lot of difficulty understanding and each has its moment of change, each of us knows what sometimes is bad in our lives and how it is sometimes difficult to change certain things [...]. And so things like cigarette habit of eating candy, soft drinks, everything is change of habit these changes sometimes take too long for us, is the moment (E55, 49, F, nurses).*

## DISCUSSION

In class 1, Labor guidance, health promotion is associated with an everyday job in sustained guidance, attempts to change health behaviors of users. The social representations expressed brings out the difficulties of succeeding in the work of health promotion, which is assumed as an attempt to, not as a work whose objectives are achieved immediately. In fact, instead of the preventive paradigm, interventions do not get the expected results and not immediate results.

The change that health promotion is intended to achieve is not limited to the individual but to the context in which it is involved, which requires effort reconciled multiple partners and agents. Most cases is that it is wide change, it involves and needs time to be implemented.

Health promotion evokes and invites public participation in the construction of the system and health policies. Reveals the impossibility of the health sector alone respond to the changes needed to ensure healthy options for the population.<sup>11</sup>

Thus, the short times of prevention; opposed to long-time promotion, not yet seized by professionals trained in preventive dominant paradigm and always focused on immediate results. In fact, the work of health promotion, being strategic, sequential, driven step by step and more focused on problems than on solutions, always negotiated with all stakeholders in the process, which emerges as a long-term work.

The basis of the speech also focuses on the dissemination of scientific information and policy recommendations aimed at changing health habits, therefore keeping the shed in curative care, focusing on disease, with certain ignorance of reality and the sociocultural context of families.<sup>12</sup>

This health promotion, referred, was operationalized through specific actions is not borne out in a sustained and negotiated labor, seeking consensus with individuals and the community where they live. In addition, all guidelines and information that are transmitted always rooted in a verticality of knowledge conveyed, taking scientific knowledge and the only reference to the work they do. In this representation, lay knowledge and their contributions are absent, such as working in partnership with users.<sup>12</sup> The implementation of health promotion is done "to" users and not "with" users, as established by the Jakarta Declaration in 1987.<sup>13</sup>

Analysis of Class 1 work orientation reveals that the professionals interviewed deviate from current models of health promotion, particularly when it comes to articulating and use knowledge about health and to formulate operational strategies promoting the health of individuals and health communities.<sup>14</sup>

The results given in Class 2 Prevention of disease have a feature that resembles studies of Guergel and colleagues<sup>15</sup> in which health promotion is limited to the first level of prevention.

The speeches in this class show the following expressions "try to prevent disease" and "self-care". Social representations of health professionals in relation to health promotion are established based on the practice of preventing diseases and is also focused on how best to conduct the treatment through health education.

This is consistent with the results obtained by Toledo et al 16 mentioned that to improve the health of the individual is required to make use of professional health education, which should not only be informative and normative, but should lead users to reflect on the social bases of his life, going to see health not as a concession, but as a social right. This means that health promotion is more than a preventive activity, contrary to the views expressed by the participants.

Health promotion is considered a global strategy embodied in the lives of individuals in social, individual and environmental aspects. Therefore should not be seen as solely the responsibility of the health sector, it goes beyond a healthy lifestyle, emphasizes the conditions of life and work of the subject.<sup>17</sup>

Difficulties in operating the distinction between strategies of health promotion and preventive actions are related to their own health practices, which evolved from the scientific construction of the biomedical model inserted in our professional practices often since graduating. Moreover, the institutional organization of health actions, long, confined and limited to objective concepts, not health, but disease.<sup>17</sup>

Class 3, Offering knowledge, scientific knowledge is one who holds the truth about healthy practices, being transmitted by professional users by prescribing behaviors. This process of knowledge transmission reveals the lack of knowledge concerning the horizontality of professionals and users.

This performance is based on a relationship strongly hierarchical in that the holder of

professional knowledge transmits to the user completely devoid of knowledge. Work health promotion, as characterized by the respondents, is guided by the professional authority and does not establish, as a commitment to self-determination and self-care of individuals and communities, in accordance with the principles of the FHS.<sup>17</sup>

The evidence of the multidimensional approach is made when the knowledge represented is revealed as a science that focuses not only on health practices, but uses as a means of facilitating access to goods and services. Simultaneously it calls for interdisciplinarity and intersectionality, which are considered fundamental to the operation of health promotion. As the Jakarta Declaration, where it lays down the new challenges associated with health determinants characterization.<sup>13</sup> It refers to an approach of individuals and a broader political dimension, which determines, produces and reproduces itself in the practices of individual and collective health claims.

The speeches of the participants of the class 4 Making Change reveal that they do not cling to the paradigm of health promotion, it appeals to the need to respect the limitations, the time for each person to engage in the actions and plans related to health promotion. In this sense, individual changes translate the methodology of health education, health promotion although understand the radical model of health education, which is guided in developing the capacity of individuals and the community in order to improve the quality of life and people's health.<sup>18</sup>

In turn, individuals must take responsibility about the deleterious effects of their habits of life - an aggregate of individual decisions that affect health - unhealthy. However, this approach suggests counseling to individuals more flexibly, access to information, public awareness about their rights and responsibilities, involving their health and living conditions.<sup>18</sup> The change in professional speaking respondents is the underlying predictive models, whose performances generate unidirectional and immediate change in the determinants of health.

Preventive influences the discourse of the participants are visible when noting the negatives in life habits of the user, and assume a prescriptive, they put themselves at a higher level and consider themselves the sole holders of knowledge in health, as opposed to the precepts of operation

described in various conceptual and official documents relating to health promotion.

The Ottawa Charter in its socio-environmental approach proposes that the individual and collective need to acquire the skills that have influence on the cause of the disease state, in order to improve the quality of life. Also considers that individuals are able to identify and achieve goals that meet their needs, according to the medium in which they are inserted.<sup>1</sup>

The class analysis 4- Making Change reveals that the scenario of health care, the workforce is still trained in the practice of acute care model and not a joint approach to health promotion to perform the service to the individual. This makes having no expertise concerning the conceptual universe of health promotion. In fact, many primary care professionals still do not have effective access to skills, which in turn make them incapable of helping the individual, and act on health care teams effectively.<sup>1</sup>

The speeches analyzed in this class 4 reveal that the pronouncement of health promotion, the hostages participants preventive paradigm, not operationalize their daily work in a model of change that fosters conditions and adequate information for self-management, adherence to the treatment regimen, skills functional knowledge about the care and sense of responsibility towards oneself and towards healthcare workers..<sup>1</sup>

## CONCLUSION

The study provided insight into the social representations of health workers on health promotion reveal the field of preventative paradigm in the discourse of these professionals. The terms used to refer to health promotion, prevention and pointed expressions, or transmit disease guidelines indicate a clear hierarchy of unidirectional and the professional expertise for the user because it is a result of strong assimilation and appropriation of concepts and fundamentals of the model preventive, historically and traditionally dominant in the world of health.

There is a paradox between the institutional discourse and the discourse of the multidisciplinary health care team, which probably reflects the formation of participating in a biology and preventive model, in contrast to the theoretical model of health promotion, so we must ask: What is the practical arising from this contrast between the speeches? Thus, this study contributes to reflection of professionals regarding their

practices. Still, lets reflect the role of educational institutions and services efforts in addressing this paradox in an attempt to minimize or resolve the contradictions, not only for nursing, but other health professionals with a view to qualifying training.

This research is limited to a social group, so it is not possible to generalize these results, although it requires further research that may explain the impact of social representations in the development of actions in Primary Care.

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#### Corresponding Address

Maria de Fátima Mantovani  
Programa de Pós-Graduação em Enfermagem  
Centro de Ciências da Saúde  
Universidade Federal do Paraná  
Av. Pref. Lothario Meissner, 632 / 3º andar  
Bairro Jardim Botânico  
CEP 80210-170 – Curitiba (PR), Brazil