



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

NURSING PRACTICES WITH HEALTH EDUCATION IN FAMILY CONTEXT: AN INTEGRATIVE REVIEW

PRÁTICAS DE ENFERMAGEM COM EDUCAÇÃO EM SAÚDE NO CONTEXTO FAMILIAR: REVISÃO INTEGRATIVA

PRÁCTICAS DE ENFERMERÍA CON EDUCACIÓN PARA LA SALUD EN EL CONTEXTO DE LA FAMILIA: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: evaluating the scientific evidence about nursing related to health education and family. **Method:** an integrative review, with the guiding question << *What is the Brazilian scientific production about health education, nursing and family, published in the period 2002-2012?* >>. The search was conducted in LILACS, BDNF and ScieLO library, between September and October 2012, with the descriptors << health education >> and << nursing >> and << family >>. There were applied inclusion and exclusion criteria, being selected for the analysis 17 articles condensed and presented in a figure. **Results:** the nurses conduct educational practices in health, individual and collective, as they believe are strong allies in preventing health problems. **Conclusion:** nurses conceptualize educational practices in healthcare as a social practice of nursing and characterized by fundamental instruments in the actions of health nursing. **Descriptors:** Health Education; Nursing; Family.

RESUMO

Objetivo: avaliar as evidências científicas acerca da enfermagem vinculadas à educação em saúde e à família. **Método:** revisão integrativa, com a questão norteadora << *Qual a produção científica brasileira sobre educação em saúde, enfermagem e família, publicada no período de 2002 a 2012?* >>. A busca foi realizada nas bases de dados LILACS, BDNF e na biblioteca virtual Scielo, entre setembro e outubro de 2012, com os descritores << educação em saúde >> and << enfermagem >> and << família >>. Foram aplicados os critérios de exclusão e inclusão sendo selecionados 17 artigos para a análise, condensados e apresentados em uma figura. **Resultados:** os enfermeiros realizam práticas educativas em saúde, individuais e coletivas, pois acreditam que são fortes aliadas na prevenção de agravos à saúde. **Conclusão:** os enfermeiros conceituam práticas educativas em saúde, como prática social da enfermagem e as caracterizam por instrumentos fundamentais nas ações de enfermagem em saúde. **Descritores:** Educação em Saúde; Enfermagem; Família.

RESUMEN

Objetivo: evaluar la evidencia científica acerca de la enfermería relacionads con la educación de la salud y la familia. **Método:** una revisión integradora, con la pregunta guía << *Cuales son las producciones científicas brasileñas acerca de la educación en la salud, la enfermería y la familia, publicadas en el período 2002-2012?* >>. La búsqueda se realizó en LILACS, BDNF y ScieLO biblioteca virtual, entre septiembre y octubre de 2012, con los descriptors << educación para la salud >> y << enfermería >> y << familia >>. Se aplicaron los criterios de inclusión y exclusión, siendo seleccionados para el análisis de 17 artículos condensados y presentados en una figura. **Resultados:** las enfermeras llevan a cabo las prácticas educativas en salud, individual y colectiva, ya que creen que son fuertes aliados en la prevención de los problemas de salud. **Conclusión:** las enfermeras conceptualizan las prácticas educativas en la asistencia sanitaria como una práctica social de la enfermería y caracterizadas por los instrumentos fundamentales en las acciones de enfermería en salud. **Descritores:** Educación en Salud; Enfermería; Familia.

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INTRODUCTION

The conception of education is not restricted only to transmit/acquire knowledge, but involves reflection on the roots of the problems that afflict the population. What resizes the view that health education is simply a way to make people change some pre-established behaviors.¹ Thus, the exchange of experiences can be used by others in their experiences, serving as a learning process.² In this sense, education can be considered a positive practice to be integrated into health care, it not only conveys information, but suggests alternatives for the prevention of disease and promotion of health of individuals and the community.

It is noted that the positioning and the thoughts of Freire entice educators and health professionals, because it stimulates the transformation through individual awareness process. In this sense, health education is aware that habits and attitudes reflect the body and health of each individual. So that there is grounded in the commitment to help people develop their human potential posture and not simply train them to adapt in society.³

Health education is a practice centered in society, contributes to the formation and development of critical view of people about their health, prompting the search for solutions and the organization for collective action. It shares knowledge in order to prevent, promote and restore health through educational activities, enabling the individual to a collective knowledge that reflects its autonomy and empowerment to take care of it, family and social environment.²

Practice of health education requires from the professional of nursing a critical analysis of its performance, because this serves as a tool for building community participation in health services and enhanced intervention of science in everyday life of families and societies.⁴

Health education is rooted in the assumptions of health promotion, a proposal that seeks to renew and transform educational practices in the field of health.⁵ Through this perspective, the nurse has been an important role in educational activities. The nurse is a qualified professional to propose and redefine health practices through targeted both for the organization of the work process in health, and for the promotion of entrepreneurial social practices, with emphasis on promoting and protecting the health of educational activities individuals, families and communities.⁶

Acting before the needs of health education is linked to decision making/initiative of individuals, in different situations of their day-to-day, supported by scientific knowledge.⁷ Believed that educational practices in health conducted by nurses make up the social practice of nursing and are characterized as fundamental tools in the process of health work. These are understood to working by meeting certain purpose, a goal.⁸

The association of care with educational practices is present in the sharing of knowledge on the exchange ratio, where nursing exercises educational functions in nursing care management, sharing knowledge and do in knowledge alliance. For educational activities be satisfactory, they need to be built from concrete situations experienced by families in their daily life. Health promotion in this context is understood as a participatory process of the subject, aiming at coping with multiple health problems, seeking the autonomy of the subject and its ability to reflect on the care of itself and the other.⁹

Public health programs that address health education, nursing and family are relatively recent. From the practice of health education it is possible to weigh the subjects to self-care, a strategy that enables decision making and awareness of the subject. This study is justified by the assumption that there are a limited number of scientific studies to approach these three axes. It is noted that this issue becomes extremely relevant, considering that the nurse assumes the position of health educator in its practices, acting in different social settings. From this study it is believed that it is possible to stimulate reflection on the productions that involve the family universe and conceptions of health education. Thus, it is essential to know how to perform nursing practice in health education, to disseminate scientific knowledge produced by nursing.

Given the above it asks << What is the Brazilian scientific production about health education, nursing and family published in the period 2002-2012? >> So, it has as objective:

- Evaluating the scientific evidence about nursing related to health education and family.

METHOD

This is a bibliographical research in the form known as integrative review. This method of analysis research aims to draw on the knowledge already built on a certain topic.¹⁰ The integrative review provides a

synthesis of published studies, allowing the synthesis of new knowledge guided on the results of previous research.¹⁰ For the composition of the corpus of scientific productions there were used six steps,¹⁰ described below:

First step: formation and identification of the research problem related to theoretical reasoning based on definitions already seized by the researcher.¹⁰ This review has the guiding question: What is the Brazilian scientific production on health education, nursing and family, published from 2002-2012?

Second step: it began the search for scientific production data bases in Latin American Literature and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF) and the virtual library Scientific Electronic Library Online (SciELO). For the refinement of the productions, the search engine was used, and the research started with the descriptor "Health education". As defined in the descriptors in health, health education aims to "develop in people a sense of responsibility as an individual member of a family and a community, to health, both individually and collectively".¹¹ As secondary descriptor it was used "nursing", defined as "the nursing field facing the promotion, maintenance and restoration of health".¹¹ And the third descriptor used was "Family", conceptualized as "social group consisting of parents or parent substitutes and children".¹¹

Subsequently, there were applied the criteria for inclusion and exclusion.¹⁰ There were included published articles available in full and for free; articles in Portuguese language, from 2002 to 2012. As exclusion criteria have: theses, dissertations, monographs and manual, as well as articles that did not provide the full version to the database, repeated productions based on previous data or those they needed to be acquired.

Third step: organization and summarization of information in a concise manner, forming the database in order to facilitating access and management of information collected.¹⁰ Thus, the publications were manually transcribed into a tool with the following topics: authors' names, title, subject, year, database, periodical, Brazilian state, method, level of evidence and synthesis of results.

Fourth step: assessment of studies, through critical analysis, statistical analysis and analysis of variables.¹⁰ To perform this step, there were performed careful reading of articles.

Fifth step: discussion of key findings in the survey. At that moment, the critical assessment of the included studies and the comparison with theoretical knowledge is held. From this it was possible to identify factors that affect policy and nursing and recognizing the gaps in existing knowledge.¹⁰ We carried out a comparison between the approach and the results, which favored the identification of findings and implications arising from the review integrative. The results are presented in two ways: first through descriptive analysis and the second through categories that emerged from the subjects of the scientific productions.

Sixth step: it is presented to the reader the main conclusions of the study and the evidence in the form of document.¹⁰

Data collection was carried out between the months of September-October 2012, being used descriptors: <<health education>> and <<nursing>> and <<family>>.

In LILACS database with the descriptor "health education" there were found 4968 productions. Refining with "nursing" were 640 productions that were refined with the descriptor "family", leaving 117 publications. After applying the exclusion and inclusion criteria 11 articles remained.

A search in the BDENF with the descriptor "health education", 914 productions were found. Refining with "nursing" remained 497 productions, which were refined with the descriptor "family", leaving 72 publications. After applying the exclusion criteria remained only three articles for analysis.

Already in the virtual library SCIELO with the descriptor "health education", 2.000 productions were found. Refining with "nursing" remained 279 publications; and, after refinement with "family", posted up 24 productions. After applying the inclusion and exclusion criteria, only three articles were selected for analysis.

Thus, the corpus of the study was composed by 17 items that had their methodological characteristics analyzed in order to identify the level of evidence¹²: systematic reviews or meta-analysis of relevant trials (level 1); evidence from at least one randomized controlled trial well delineated (level 2); well-designed clinical trials without randomization (level 3); cohort and case-control well delineated (level 4); systematic review of descriptive and qualitative studies (level 5); evidence derived from a single descriptive or qualitative study (level 6); opinion of authorities or expert

committees including interpretations of information not based on research (level 7).

RESULTS

Regarding the research subjects, in five articles, the subjects are nurses of the Family Health Strategy (FHS); in four articles are a team of FHS; in three articles are mothers / family of children; family in an article; in an article of undergraduate students of medicine and nursing; in one article << Community health workers >>; in one article << Nursing assistants >> and another << The community >>. There were no subjects described in two review articles.

It is emphasized that all studies are qualitative in nature, and the method of collecting the data was used to interview.

The database with the highest number of publications was LILACS with 11 articles.

Concerning the time of publication, highlights the year 2010 with five publications.

Regarding the journals with the highest number of publications, it highlights the Journal of the School of Nursing, Federal University of São Paulo (USP), Journal of the Anna Nery School and Science and Public Health with two publications each.

Regarding the Brazilian states, whose publications have originated, it is noted that nine items are coming from the Southeast region, three of the South and Northeast, and two publications from the North.

Figure 1 shows the distribution of the selected articles.

N.	Title	Year	Journal	Method	Databas e/Virtua l Library	Level of Evidence	Synthesis of the study
1	At-risk family and its inclusion in the Family Health Program: a necessary reflection on professional practice	2005	Text and Context Nursing	Study of qualitative nature, theoretical reflection	LILACS	6	The family health program is a promising strategy to encourage meetings between health staff and families seeking care approaches that facilitate evidence of the possibilities of risk experienced by the family group.
2	Working with families in the Family Health Program: the practice of the nurse in Maringá-Paraná	2007	USP School of nursing magazine	Study of qualitative nature, Interview, observation and document analysis	BDENF	6	Although the nurse considers family in its home space, focuses on disease and the individual, which does not facilitate participation and autonomy.
3	Online educational primer about the pre-term baby care: acceptance of the users	2007	Science, care and Health	Study of qualitative nature, case studies	LILACS	7	Users have submitted suggestions to the improvement of the primer-how the inclusion of contents on growth and development of the child's recovery, preterm and parents' emotional state and wide distribution of the booklet.
4	Educational practices developed by nurses of the Family Health Program in Rio de Janeiro	2007	Gaucha nursing magazine	Study of qualitative nature, observation and semi-structured interview	BDENF	6	There is a decoupling between speech and practice, which shows the need to associate the know to do and incorporate in daily life transforming educational practices nursing that entices the autonomy of the parties involved.

5	The management practice of the nurse in the FHP in terms of their educational pedagogical action: a brief reflection	2008	Science and public health	Study of qualitative nature, theoretical reflection	LILACS	-	The FHS highlights challenges of defining the necessary skills to professionals, their training, continuing education and permanent and new managerial models that meet everyday demands.
6	The practice of groups like health promotion action in the Family Health Strategy	2009	APS Magazine	Study of qualitative nature, Interview	LILACS	6	Shows a trend in operating the health promotion concept relating to disease prevention activities. The groups are the main actions with a focus on Health promotion, being for the most part, directed at specific pathologies, and to decrease the demand for nursing and medical consultations.
7	Health education: perspectives of a team from the Family Health Strategy under the optics of Paulo Freire	2010	Brazilian Journal of Nursing	Study of qualitative nature, Dialogic and Interview crop circles	LILACS	6	Health education is recognized as a liability, however his practice are faced with cultural barriers and still receives little emphasis in the daily work.
8	Health education and Family Health Program: performance of Nursing in preventing complications in hypertensive patients	2010	The world of health	Study of qualitative nature, literature review	LILACS	6	These nurses must act on health promotion and prevention, intervening in risk factors, in addition to involve family members in educational activities, so that they become motivators of the proposed methods.
9	Focus groups with Community Health Agents: understanding Grants of these social actors	2010	Journal of nursing UERJ	Study of qualitative nature, focus group	LILACS	6	The community agent uses as core technology of communication work, showing signs of wear by coexistence with biological and social problems of the community.
10	Health education in the Family Health Strategy: a literature review of scientific publications in Brazil	2010	Journal of the Health Sciences Institute	Study of qualitative nature, literature review	LILACS	6	Studies suggest that although the conceptions grounded in a Dialogic model are applicants, in practice the educational actions of nurses point to actions based on the traditional model.
11	Permanent education with nursing assistants	2010	Work, education and health	Study of qualitative nature, focus	SCIELO	6	There have been changes in the practice of nursing assistants after insertion in the permanent education activities through the

	of the Family Health Strategy in Sobral, Ceara			group			empowerment and improvement of skills, attitudes and knowledge.
12	Health education. Reports of Experience s of nurses with the Family Health Strategy	2011	Research and education in nursing	Study of qualitati ve nature, semi-structur ed Intervie ws	LILACS	6	Nurses consider important health education activities that happen through guidance and group activities.
13	The theatre in focus: playful strategy for educational work in family health	2011	Anna Nery School Journal	Study of qualitati ve nature, case studies	LILACS	7	Under the playful dimension, people left the pleasurable side flow of life. The theater was effective for acquisition of concepts of health, leisure, and feature space of coexistence.
14	Health education: nurses' perception of the basic attention in Uberaba	2011	Science and public health	Study of qualitati ve nature, semi-structur ed Intervie ws	LILACS	6	The subject presents a health education perspective broad. However, workers still perceive this strategy in a Verticalized, institutionalized in the professional sense-user.
15	The family health nurse in Amazonia: concepts and manageme nt in the use of alcohol	2011	USP School of nursing magazine	Study of qualitati ve nature, focus group and intervie w	SCIELO	6	Lack of permanent training and education regarding the use of alcohol, there is a need to revamp the undergraduate curriculum in nursing and permanent education of teams.
16	Childcare on nursing and health education: perception of mothers in the Family Health Strategy	2012	Anna Nery School Journal	Study of qualitati ve nature, action research and semi-structur ed intervie w	SCIELO	6	The consultations favor mothers for care to the child, providing quality health, through health promotion and disease prevention.
17	Teaching and research in Family Health Strategy: the PET-health of the FMB/Unesp	2012	Brazilian Journal of medical education	Study of qualitati ve nature, case studies	BDENF	7	There is devaluation of the extramural clinical practice and in the basic attention. PET-health comes to strengthen the academic practice that interconnects the University, in the activities of teaching, research, and extension service, with demands of society.

Figure 1. Distribution of selected articles, according to title, year, periodical, data base method, level of evidence and summary of studies.

DISCUSSION

In relation to health education and nursing care in primary care, studies show that health education is presented in broader than health promotion direction, since it enables the subject to critical awareness about the social aspects and collective, seeking to identify the community reality, and from that, develop action plans.

The implementation of family health strategy meant that health professionals to begin to act to address not only the individual and their illness, but also to develop care that aims to promote the health of the entire family and the community, especially through prevention of diseases. In this new scenario that health education is gaining ground and is considered a positive practice by professionals.¹³⁻¹⁵

Some authors argue that health education is the best way to transform harmful health habits and, in the case of prevention, educational activities are seen as essential. Thus, the nurse assumes the role of health educator, integrating both the patient and his family, to provide improvements in the quality of life of individuals.¹⁵⁻⁶

The actions of health education serve as an opportunity to develop in people the awareness of the importance of co-responsibility of all involved in the promotion and protection of health. Health education is an integral practice that can and should be carried at all times and places, as an activity that favors the interaction between different knowledge and emphasizing the link with the community and popular participation.¹⁷ This participation gives through awareness of individuals involved in the process that leads to awareness for modifying habits and thus in education in the full sense.^{14,18}

The authors believe that positive strategy so that the objectives of health education are achieved is cause problems and solutions through research and dialogue with users. Educational activities must have creative approach to facilitate individual and collective learning, seeking the autonomy of the subject and their ability to self-reflection and critical in the care of oneself and others.¹⁷

The nurses working in the FHS recognize the relevance of educational practice in working with families' process. Most nurses accomplishes this recognition, both at the individual level, as a group, because it believes that health education is an essential and very positive action in this type of health

care for people, even that is characterized by nurses as a lengthy work and presenting results distant.¹⁵

Health education, even if performed later, contributes to harm reduction, improved quality of life and solving the problems already installed. Thus, the nurse can be a facilitator for individuals and families develop skills to act consciously on health issues.¹⁶

Health education is considered an integral practice that can and should be carried at all times and spaces, as an activity that allows interaction between different knowledge and emphasizing the link with the community.¹⁴

In relation to the group as a strategy for health education, studies showed that the group practices in health education have been utilized in Health Promotion, having an important role in promotion and prevention.

There are considered to be practical promoting the health of the titled groups, most often as operative. The group is a form of interaction of different people, concepts, values and cultures, where participants recognize and differentiate themselves from others in a dynamic that allows you to talk, listen, feel, inquire, reflect, and learn to think, to overcome resistance to change and possible adaptation of lifestyle to health condition.^{16,19,20}

It is noted that group space can meet people with common illnesses where people are linked and interact, developing a dialogical relationship that operates in the integration of intellectual knowledge with the experience. May also result in changes of attitude toward health care and promote socialization, exchange of experiences and mutual support among participants.¹⁶

Groups are considered as a way to monitor the health of users, with a tool to rationalize the work of the professionals, because it reduces the demand for medical and nursing consultations, according to the logic of organization and methodology of such groups. Can be seen by optical positive, if effectively conducting such activities keeps consistency with the comprehensive care to people.²⁰

When the group is built in partnership with the needs expressed by the community, brings results relative to reduced demand and improved self-esteem. The construction of educational practices in healthcare, shared, must focus on the communicational interaction, where different knowledge interacts and subjects transform themselves and assist in the transformation of the other, seeking autonomy, citizenship and interdisciplinarity.^{16,19}

With regard to the multidisciplinary team meet the demands of health education, studies show that the multidisciplinary teams should act to develop health practices with integrity to serve the people. It is believed that the health education practice Figures as scheduled and assigned to all professionals who make up the team of family health. The actions of health education are inherent in all professional activities whose goals cherish the principle of integral care.^{18,16}

The size of teamwork expands the family health strategy due to the complexity of the health-disease process. Teamwork is essential to the performance of the care provided to the community. In this sense, the common goal of care and the promotion of population health can only be achieved with organized teamwork.^{18,20}

The care provided by the staff must go beyond the curative nature, advocating a commitment to promoting health and quality of life. Health professionals, through the construction of planned and engaged practices, can incorporate the benchmarks of public health and a health education program for the construction of group practices that reconcile the health needs and able guidance of impacting's health population.^{16,19,20}

Teams must perform surveillance actions in health, work-related and environment of citizens; perform humanized host; provide health care; practice home visits and create continuing and growing areas of educational activities. Promoting a healthy lifestyle should be priority team health.¹⁷

It is noteworthy that teamwork allows ongoing monitoring and greater involvement with the family, through the whole team approach. Team members articulate their practice and knowledge in responding to each situation identified to propose joint solutions and intervene appropriately, since everyone knows the problem. The team provides integral, effective, continuous and quality, considering the family perspective, through an interdisciplinary approach, the action planning, work organization and sharing decisions.^{16,19}

The Integrated teamwork requires knowledge and appreciation of the work of the other, a consensus regarding the objectives to be achieved and the most appropriate way to achieve it. The importance of teamwork in the FHP is the integration between team members, which allows professionals to exchange information related to patients to conduct a proper care according to each identified need. Each member has their own role and fulfills it with dedication

makes rewarding and recognized by the community and team work. Teambuilding activities are very important to provide integral support to patients and their family.¹⁸

Thus, the patient and family feel satisfied to have their problems solved and can rely on the team, allowing greater involvement. When professionals can establish the link, the quality of care improves, because the patient and family participate in interventions. Furthermore, enables personal confidences, made during household visits, develop an understanding of needs of individuals and the ethics of relations.^{18,20}

It is considered that the work in multidisciplinary team consists of form of collective work characterized by a reciprocal relationship between multiple technical interventions and the interaction of agents of different professional areas. In this sense, the actions of health education are inherent to all professionals who aim to cherish the principle of comprehensive care activities. Under the ESF, health education appears as a practice scheduled and assigned to all professionals who make up the team.¹⁸

Given its multiple roles, covering socio-political issues, educational and diagnostic actions of health conditions and disease to knowledge of the healthcare team, the community health agent has its educational performance practice presented yet with an obscure character.²¹

Among the members of multi-professional team, there are the community health workers, who began their work with no specific training in various regions of the country. Thus, received basic information about your visits to collect in and learned, in the routine of their work, learning by doing, depending on the good sense and judgment of each. It also appears that this was not professional teaching-learning tool, which allied popular knowledge, brought the community with technical-scientific knowledge essential to appropriate practices for health promotion and disease prevention.^{14,21}

The community agent has an important role to communicating with people and establishing link between the community and the health system, exerting a permanent contact with the families, which facilitates the work of surveillance and promotes improvements in population health. Because of that, he plays the role of mediator between the family health team and the demands of the population.¹⁴

Qualification of community health workers should provide diverse knowledge around the issue of the health-disease process, incorporating, besides the biomedical perspective, other knowledge that enable the interaction process with families. For this, one must keep in view its bidirectional role in guiding families for membership of healthy practices, system organization and routing, keeping staff aware of the health problems of community health.²¹

CONCLUSION

Studies have shown that nurses perform in their daily lives, individual and collective educational practices because they believe these are allies in preventing health risks to the population. Educational programs in health, held at FHS, play essential role for comprehensive care recommended in health services and the National Health System to achieve.

Health education should be developed with the participation of a multidisciplinary team, establishing inter-relationship with the community, to minimize health problems arising. It must be considered that these actions are inherent to all professionals whose goals cherish the principle of comprehensive care activities.

In the analyzed articles in the area of health education and family, one realizes that research is recent and that the levels of evidence are weak, which shows the importance and the need to conduct studies on this topic. This study showed the importance of educational practices in health, performed by nurses as a social practice of nursing and characterized by fundamental instruments in the process of health work. In nursing, the family has always been present since the beginning of the occupation, when the patients were seen in their homes, so it is believed that health promotion must be directed to the family as the unit of care.

Nursing has acquired an important role in the care and health promotion. Thus, the nurse assumes social and cultural responsibility to prepare the individual through an alliance of active and transformative knowledge, so this is co-participant their care process.

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ISSN: 1981-8963

DOI: 10.5205/reuol.6825-58796-1-SM.0812201422

Salbego LP, Silveira A da, Hammerschmid KSA.

Práticas de enfermagem com educação em saúde...

Submission: 2013/06/07

Accepted: 2014/09/08

Publishing: 2014/12/01

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