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ORIGINAL ARTICLE

HEALTH PROMOTION AND DISEASE PREVENTION: THE KNOWLEDGE OF NURSING STUDENTS

PROMOÇÃO DA SAÚDE E PREVENÇÃO DE AGRAVOS: O CONHECIMENTO DOS ALUNOS DE ENFERMAGEM

PROMOCIÓN DE LA SALUD Y PREVENCIÓN DE ENFERMEDADES: EL CONOCIMIENTO DE LOS ALUMNOS DE ENFERMERÍA

Polyanna Keitte Fernandes Gurgel[1], Ana Dulce Batista dos Santos[2], Akemi Iwata Monteiro[3], Kálya Yasmine Nunes de Lima[4]

ABSTRACT

Objective: to analyze the knowledge of the senior students of the Nursing course about the Health Promotion and Disease Prevention concepts. ***Method:*** descriptive and exploratory study with qualitative approach, with 26 students from the Nursing Undergraduate Course at the Federal University of Rio Grande do Norte. The production data was with a semi-structured form, then they were analyzed by Content Analysis Technique in the Thematic Analysis mode. The research project was approved by the Ethics Committee in Research, CAAE 0161.0.051.000-11. ***Results:*** after analysis three categories emerged << Knowledge about the Health Promotion concept >>, << Knowledge about the Disease Prevention concept >> and << >> Theory and practice relationship. ***Conclusion:*** it is necessary to promote reflection-in-action of the students with regard to these concepts, since regardless of the place of work, health promotion and disease prevention will be present in their everyday practices. ***Descriptors:*** Nursing; Health Promotion; Prevention; Education.

RESUMO

***Objetivo*:** analisar o conhecimento dos alunos do último ano do curso de Enfermagem sobre os conceitos de Promoção da Saúde e Prevenção de Agravos. ***Método*:** estudo descritivo e exploratório de abordagem qualitativa, com 26 estudantes do Curso de Graduação de Enfermagem da Universidade Federal do Rio Grande do Norte. A produção de dados foi realizada através de um formulário semiestruturado, os quais, em seguida, foram analisados pela Técnica de Análise de Conteúdo na modalidade Análise temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0161.0.051.000-11. ***Resultados*:** após a análise, três categorias emergiram << O conhecimento acerca do conceito de Promoção da Saúde >>, << O conhecimento acerca do conceito de Prevenção de Agravos >> e << Relação teoria e prática >>. ***Conclusão*:** é necessário promover a reflexão-na-ação dos alunos no que diz respeito a estes conceitos, uma vez que, independente do local de atuação, a promoção da saúde e prevenção de agravos se farão presentes no cotidiano de suas práticas. ***Descritores*:** Enfermagem; Promoção da Saúde; Prevenção; Ensino.

RESUMEN

***Objetivo*:** analizar el conocimiento de los alumnos del último año del curso de Enfermería sobre los conceptos de Promoción de la Salud y Prevención de Enfermedades. ***Método*:** estudio descriptivo y exploratorio de enfoque cualitativo, con 26 estudiantes del Curso de Graduación de Enfermería de la Universidad Federal de Rio Grande do Norte. La producción de datos fue con un formulario semi-estructurado, los cuales en seguida fueron analizados por la Técnica de Análisis de Contenido en la modalidad Análisis temática. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 0161.0.051.000-11. ***Resultados*:** después del análisis, tres categorías surgieron << El conocimiento acerca del concepto de Promoción de la Salud >>, << El conocimiento acerca del concepto de Prevención de Enfermedades >> y << Relación teoría y práctica >>. ***Conclusión*:** es necesario promover la reflexión-en la-acción de los alumnos en lo que se refiere a estos conceptos, una vez que, independiente del local de actuación, la promoción de la salud y prevención de enfermedades se harán presentes en el cotidiano de sus prácticas. ***Palabras clave*:** Enfermería; Promoción de la Salud; Prevención; Enseñanza.

[1]Nurse, Master degree in Nursing, Graduate Program in Nursing from the Federal University of Rio Grande do Norte/PGENF-UFRN. Natal (RN). Brazil. E-mail: E-mail: gurgelpkf@gmail.com; [2]Nurse, Master Professor in Nursing, Nursing Course, Federal University of Vale do São Francisco/UNIVASF. Petrolina (PE). E-mail: anadulcebs@yahoo.com.br; [3]Nurse. Ph.D. Professor, Nursing Department / Graduate Program in Nursing, Federal University of Rio Grande do Norte/PPGENF/UFRN. Natal (RN). Brazil. E-mail: akemiiwata@hotmail.com; [4]Nurse, Master degree in Nursing, Graduate Program in Nursing from the Federal University of Rio Grande do Norte/PGENF-UFRN. Natal (RN). Brazil. E-mail: lima.yasmine@yahoo.com.br

INTRODUCTION

At a time that constant changes are observed in the field of health even from the consolidation of the Unified Health System (SUS) and the adequacy of the current surveillance model, SUS will adopt the health promotion paradigms and disease prevention and they started to be an important locus in the health scenario and should be considered approaches in the health-disease, either in individual or collective level.[1]

On these two themes, it is observed that routinely, its theoretical content is different with more precision than its respective practices. In addition, an appropriate distinction between the two terms is not always made, which often end up being used as synonyms.[2]

However, it is understood that the health promotion is conceptualized as a determinant and health condition by worrying about the way of living of the population, economic, environmental, ecological and cultural factors. In health promotion, health is seen in a positive and multidimensional way resulting in an individual empowerment approach that incorporates guided policy initiatives.[3,4]

The disease prevention seeks the absence of diseases and its speech is on the epidemiological knowledge, aiming to control the transmission of infectious diseases and to reduce the risk of degenerative diseases or other specific rpoblems.[5]

It has been noticed that the principles, guidelines, and basic concepts of SUS, such as health promotion and disease prevention, are mostly covered in course subjects where the practice of the hegemonic vertical and biomedical health model is still predominant, in different acting scenarios[6], which makes it difficult to recognize these concepts, and therefore no differentiation as are applied in professional practice.

Thus, the following questions about the conception that students have about the concepts of SUS during training have emerged: what are the Nursing 9th graduation period students´ understanding about health promotion and disease prevention? In addition to the lectures, were there times when there were such concepts? In daily life, are both family life and welfare of the student, put into practice as these concepts?

This study aims to analyze the knowledge of the students of the final year of the nursing program on health promotion and disease prevention concepts, since such issues are in all fields of health activity.

METHOD

This article was developed from the Nursing Course Conclusion Work: Health Promotion and Diseases Prevention: Knowledge of nursing students, presented to the Federal University of Rio Grande do North-UFRN in 2012.

Exploratory and descriptive study of qualitative approach, developed in the Central Campus of the Nursing Department of the Federal University of Rio Grande do Norte / UFRN, where the undergraduate nursing education, created in 1973, is responsible for forming about 50 new nurses each semester, able to act in the different health services.

Among 36 students enrolled in the final period of the course at the time of production data 26 undergraduates students were selected as research subjects, who were attending the ninth semester of the Nursing course and agreed to participate by signing the consent and clarified form.

The production data was performed using a semi-structured form, then analyzed by Content Analysis Technique in the Thematic Analysis mode, after categorizing identified qualitative variables in order to allow an understanding of the author´s thought without intervening to further realization of textual interpretation.

From the thematic analysis of data about students´ understanding about the health promotion and disease prevention concepts, the following categories have emerged: << Knowledge about the Health Promotion concept >>, << Knowledge about the Diseases Prevention concept >> and << >> Theory and practice relationship.

The research followed the ethical principles for research, provided by the Informed and Consent Form (ICF). The research project of the study was approved by the Ethics Committee of the Federal University of Rio Grande do Norte / CEP / UFPE, with final opinion 333/2011 and CAAE 0161.0.051.000-11.

RESULTS

♦ Knowledge about the Health Promotion concept

Much of the students understand that health promotion is related to ensuring the quality of life of those involved in the process, as shown by the statements below:

> Health promotion considers not only the risks of illness, but also multidirectional and intersectoral actions to ensure the quality of life and well-being of the population (the

> individual and his family), as the right of access to education, housing, leisure among others. (Subject 24)
>
> Promoting health is trying to get the individual to understand his health-disease process in order to improve his quality of life and health. (Subject 6)

Legitimizing the speeches described above, it can be observed that the concern in establishing links with other areas to improve the health outcomes of the population was one of the goals proposed by Florence Nightingale who sought the development of collaborative relationships with medicine, nursing, people, engineers, politicians, family members and others with resources and influence.[7]

Relating it with the health model that prevails today in terms of representations of the process of health and illness, most respondents reduced the concept of health promotion and translated in the form of care practices as individual guidelines or family that are performed in the spaces of health services, in groups of pregnant women, elderly, etc.

In this case, the HP is seen only as health education actions, as seen in the statements below:

> *Health promotion is to perform social and educational measures searching for better quality of life of the population. (Subject 5)*
>
> *Health promotion is about the implementation of measures aimed at improving people's quality of life. This can occur through actions such as health education, actions in the community as well as targeting the elderly groups, pregnant women, adolescents, among others. (Subject 14)*

Despite some statements have described health promotion as quality of life, we noticed that the practices and examples of how these actions would be, they tend greatly to the prevention of specific diseases and risks. It was also observed that most of the students stopped to conceptualize health promotion terms and care practices guidelines whether individual and family. This factor refers to the existence of gaps in training, because education, health and guidance are concepts widely used in clinical health and individual model, with authoritative features.[3]

♦ Knowledge about the Diseases Prevention concept

Ao analisar o conhecimento dos alunos acerca do conceito de prevenção de agravos, grande parte dos alunos foi bem pontual ao defini-lo, como visto em algumas falas abaixo, o conceito já se define pelo próprio exemplo:

When analyzing the students´ knowledge about the concept of disease prevention, most students were well defining it, as seen in a few lines below, the concept is already defined by the example:

Health behaviors such as vaccination aimed at prevent possible injuries and diseases. (Subject 13)

Diseases prevention are actions that protect people (...) as a vaccine, the use of condoms, the use of PPEs. (Subject 25)

The statements are consistent with the real goals of preventive medicine, since they are related to the disease, its causes and treatment. As described in the speech below:

> *The disease prevention can be performed at general or local level, when the health and the risks to which the population is exposed are observed, so from then on, it is possible to program specific actions aimed at the people´s lowest disease index. (Subject 24)*

The disease prevention is guided by detection actions, control and weakening of risk factors or causal factors of disease groups or a specific disease, with the goal enough to the absence of the disease.8 In addition, interventions through preventive actions have advantages in reducing the incidence of complications and improving mortality and survival time.

♦ Theory and practice relationship

The relationship between theory and practice is presented as the strategy used to facilitate the teaching and learning process, as it indicates the need to integrate the student in health reality and causes it to experience the nursing work. The absence of this interconnection leads to the formation of professionals who are not able to intervene in the reality where they live.[9]

When inquiring students about the applicability of the actions, it could be seen that a large number of students related them to health promotion and disease prevention as strategies that are only applicable in the Primary Care environment as lines below:

> *Such concepts are worked only in primary healthcare. (Subject 21)*
>
> *In the stages in primary care, where we had the opportunity to work on health education in health promotion and disease prevention through educational lectures at schools and day care centers, monitoring of collective Growth and Development (GD) analysis of data from SIAB seeking to solve the main problem area. (Subject 20)*
>
> *In primary care these concepts are further explored as we can intervene through greater contact with the community which creates bonds of trust. (Subject 23)*

Few students mentioned that both health promotion and the diseases prevention can be performed in other environments and not just in Primary Care, as evidenced in the following statements:

> These concepts have been addressed at all times of the course. (Subject 7)
>
> Acting with educational lectures in schools, health centers, hospitals... (Subject 13)

During the speeches, the students reported these actions with a strictly traditional view, strongly presenting characteristics of the biomedical model, where the developed activities focus on the lectures, which most often focus only on the causes of risk factors.

It is observed that there is no direction for a critical and reflective awareness of the social and environmental reality that surrounds them.

The actions, however that at times are designated as health promotion by the research subjects, they are restricted presented, allowing the subjects involved little integration between the different aspects, since they are directed predominantly to individual aspects, guided by the change in attitude of the individuals involved.

Students were asked whether there was a connection of the contents taught in the classroom with practical moments of academic life and also these concepts were applied in everyday family life. The subjects research participants reported that the theory and the practice was especially well-connected in stages of Primary Health Care, as the speech follows:

> *These concepts were more emphasized in lectures and stages of Primary Care, where the focus is on preventive and health education, which contributes to make users in the protagonists of the health-disease process. (Subject 1)*

Students did not report how they could apply these concepts in their home environment, they only were adamant in saying that sometimes there are health guidance to families, factor not related to health promotion, establishing closer ties with what is proposed by the disease prevention.

The vast majority of students reported that the issues are studied in the classroom, but there is a difficulty to apply them in daily practice in health services and in their daily lives, which eventually becomes a concern. This situation brings questions about how this content is available to such students, since it is apparent that there is a reduction of knowledge to small parts.

DISCUSSION

In the first category, identified as Knowledge about health promotion concept, it was observed that the students even though they have some knowledge about the subject, it presents incipient nature, which holds the small parts of the whole.

It is believed that these characteristics, related to nursing education, are due to existing weaknesses in the teaching process, where in many cases there is not a theory-practice articulation.[6] In addition, it is necessary the understanding by the students involved in teaching approaches that the health promotion comes through changing their own behavior in order to help disadvantaged groups to seek better health, promoting it through collective incorporations.[4]

The discussion on health promotion approaches to include alternatives that represent a change in the pattern of health practices, including educational nature of actions, communication and social mobilization that will make the individuals involved and also in groups an active subject of the action constituting the empowerment construction. From these actions will be greater possibility of effective practices whose main product is the promotion, protection and defense of their living conditions and consequently on their health.[10]

The conceptual and political foundations of HP were established between 1986 and 1991, through three international conferences about the subject in Ottawa (1986), Adelaide (1988) and Sundsvall (1991).[11]

Thus, it can be observed that it was precisely in the 1990s that the concept of health promotion has become fashionable, resulting in significant changes through reforms in nursing curriculum.[4] This concept was developed in order to address the health and hegemonic positivist model, and has been changing in the last 20 years, in the same way as their actions are developed mainly in developed countries like the United States, Canada and Europe West.[11]

When reducing the concept of health promotion only to care practices, there is an imposing character, which appears more related to the biomedical model, losing the real advantages that this term can result in people´s lives.

Health promotion interventions are carried out through actions that have advantages in terms of modifying the incidence of aggravating factors of the conditions of life of

individuals, with a broad and comprehensive approach in seeking to identify and address the macro determinants of the health-disease process.[5]

It is through the establishment of a link between professional and population, that the health promotion search to share responsibility through community empowerment process to work on improving their quality of life and health, including greater participation in controlling this process.[1]

It is also related to strengthening individual and collective capacity, which seeks to deal with the multiplicity of health conditions. In this sense, the idea goes beyond a technical and normative application, showing that it is not necessary to know only the mechanism of diseases and their control.[5] This factor refers to the nurse Florence Nightingale already demonstrated in her work, confirming the belief that people need to be empowered to achieve health and well-being.[7] This confirms one of the pillars of what is proposed in health promotion, which is based on the potential ability to enable people to make healthy choices.[12]

In the category **<< Knowledge about the concept of disease prevention >>**, it was identified that there was the concept of the formulation of difficulty and because of this, students were specific to assign the example of action to the concept of disease prevention. The study participants were able to identify the risks that certain individuals were sensitive, showing that in their actions there are no means aimed at the genesis of such risks, the study of their nature, but also alternatives that not enable the incidence of appearance.

Preventive strategies are guided by scientific advances in health area aiming at stop the increasing mortality rates. They emerged from the biological nature of the disease, related to the existence of a cause and determining factor in the health care process, and then view merely as the absence of the disease. These strategies show as characteristics the biologicism, individualism and specialization.[4]

To ensure this principle it is important a comprehensive clinic and an integration of individual and collective practices in the promotion, prevention and recovery, which are technical and service issues.[13] Even with that, it has been observed mainly in developing countries that the biomedical model is no longer sufficient to account for all issues involving the health of individuals, and today it is seen that all the promises previously made in trying to seek health for all in the twenty-first century may fail.[14]

This issue is around the disease prevention that is guided in the modern epidemiological knowledge, which has as its primary objective the control of infectious disease transmission and risk reduction caused by degenerative diseases or specific problems.[5] Trying to overcome this practice, today is noticeable the acquisition and development of a new framework that has been based on ethical commitment to life, aiming to promote the cogent care, the establishment of a link between professionals and the community, the co-responsibility with the user, the continuous monitoring of results and comprehensive care.[15]

The third category related to **<< Theory and Practice relationship >>** has shown that there is a deficit in the preparation of concepts. In addition, another point of failure is related to the non-applicability of the concepts to several fields. As seen in the speeches, most students showed that the use of such terms are only in the area of Primary Care, uncovering the hospital environment and also their daily activities that are related for a better health searching.

One of the major concern for Higher Education Institutions (HEI) is the formation of health professionals with ability to understand and to respond to demands coming from different classes needing care[16]. For this, the profile of the students should be prepared throughout the period during the course.

HEIs are increasingly seeking to prepare students to present a reflective view about the reality that surrounds and especially to know the factors involved in the profession that will be part of them. This will reflect in the way future professionals will be formed.[6]

In addition, as being a profession of general nature, nursing should be composed of individuals who have experiences, combining theory and practice, supporting the construction of knowledge from the perspective of seeking new ways of working in order to break with the traditional teaching methods, even with some difficulties.[17]

Corroborating another study, we highlight the importance of incorporating health promotion and disease prevention proposals to the formation and training of the professionals involved, as they may contribute to the protection of individual and collective health of both health workers, but above all the population assisted.[10]

Such proposals must elapse all levels of complexity both management and also the of

the health system care, through linkages with other practices such as environmental, health and epidemiological surveillance, seeking control of specific risks, and direct assistance actions in outpatient, hospital, laboratory or pharmaceutical dimension.[10]

Although not a fully implemented practice, today studies have shown that the practice of health promotion in the hospital environment has been changing by clearly demonstrating the need for change in the clinical and technical activities paradigm. This can be due to implementing simple measures establishing view on health and not on the disease.[18]

Faced with this reality, it is necessary to establish preventive health measures while they can walk along with what is proposed for the health promotion, since there is a proposal for a reorientation of health services, where the actions are directed to the factors that cause the problem and not only to the process already installed.[14]

For these alternative be made and may be the link between practice and theory, it is important to be an interconnection between subjects, a connection which aims to provide individuals a contextualized capacity, putting together what the divider thinking of disciplinary hyper-specialization has separated, breaking the reliable and comfortable boundaries of the subjects, in an attempt to make the knowledge and hold discussions to form parts fitting not to make knowledge a puzzle pieces not related.[19,20]

It should be sought to understand the thought that separates and reduces, instead of thinking that distinguishes and unites. This is not to leave the knowledge of the parties by the knowledge of wholes, nor the analysis by synthesis; it is necessary to combine them.[21]

CONCLUSION

The results of this study indicated the failure to identify, by the students, the proposed concepts. There was a gap in the application of the concepts of health promotion and disease prevention in the academic and professional practice, which is evident in the theoretical confusion about the development of such activities. In addition, there was a failure to include these concepts in the family life of students.

Although the students have reported that the themes were well addressed in theory, it is believed that reality is not being consistent with the practice, which shows the need to prepare students for actions aimed at health promotion and disease prevention, as well as to clarify during the lectures, what can be developed in each one.

Given the paucity in addressing these concepts, it is highlighted the importance of a more thorough review of the contents, and adequate reflection regarding the role of the University. The study´s implications for nursing practice involving the reflection on the need to understand and exercise such concepts during the graduation course because from this point activities involving the individual in his fullness are developed in both the health promotion or disease prevention.

The professional profile of nurses is being formed at graduation, so this is the time to encourage them to think critically and reflectively. It could be noted that sometimes during the graduation students reported being encouraged to act critically in order to contribute to the construction of a transformer SUS, which are only advised that they would find a different reality studied in the classroom.

It is necessary to promote reflection-action of students to respect health promotion and disease prevention, because regardless of their place of work these terms and their respective practices will be present in the everyday citizen student and nurse individual.

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Corresponding Address

Polyanna Keitte Fernandes Gurgel
Universidade Federal do Rio Grande do Norte - Campus Universitário Central
BR 101 S/N – Residência de Pós-Graduação
Bairro Lagoa Nova
CEP 59072-970 – Natal (RN), Brazil