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NEXUS AND CHALLENGES OF HEALTH EDUCATION FOR ELDERLY IN PRIMARY CARE

NEXOS E DESAFIOS DA EDUCAÇÃO EM SAÚDE PARA IDOSOS NA ATENÇÃO BÁSICA NEXOS Y DESAFÍOS DE LA EDUCACIÓN PARA LA SALUD EN ATENCIÓN PRIMARIA PARA PERSONAS MAYORES

Verbena Santos Araújo¹, Camilla de Sena Guerra², Marina Nascimento de Moraes³, Luanna Silva Braga⁴, Jeferson Barbosa Silva⁵, Maria Djair Dias⁶

ABSTRACT

Objective: to assess the bottlenecks, challenges and opportunities for health professionals regarding educational interventions for the elderly. **Method:** a qualitative, exploratory, descriptive, with twelve professionals from primary Family Health who work or have worked with Health Education facing the elderly in the city of Campina Grande, Paraíba / Northeast Brazil. To collect the data we used the interview technique and the technique for the analysis of the Collective Subject Discourse. This study was approved by the Ethics Committee in Research Protocol nº. 093/10. **Results:** five central ideas emerged which revealed strengths related to educational practices, such as the satisfaction of working with this clientele, and negative points, such as materials and operational difficulties. **Conclusion:** it became apparent how difficult and challenging is the work of professionals who use health education, but even with all the challenges, these professionals seek to overcome daily. **Descriptors:** Health Education; Primary Health Care; Health of the Elderly.

RESUMO

Objetivo: avaliar os impasses, desafios e possibilidades pelos profissionais de saúde perante as ações educativas voltadas aos idosos. **Método:** pesquisa qualitativa, exploratória, descritiva, com doze profissionais das Unidades Básicas de Saúde da Família que trabalham ou já trabalharam com Educação em Saúde voltada para os idosos, na Cidade de Campina Grande, Paraíba/Nordeste do Brasil. Para a coleta de dados utilizou-se da técnica de entrevista e para a análise a técnica do Discurso do Sujeito Coletivo. Este estudo foi aprovado no Comitê de Ética em Pesquisa, sob protocolo nº. 093/10. **Resultados:** emergiram cinco ideias centrais que revelaram pontos positivos relacionados às práticas educativas, como a satisfação de trabalhar com esta clientela, e pontos negativos, como as dificuldades materiais e operacionais. **Conclusão:** tornou-se evidente o quão árduo e desafiador é o trabalho dos profissionais que utilizam a educação em saúde, mas, mesmo perante todos os desafios, estes profissionais buscam superar-se diariamente. **Descritores:** Educação em Saúde; Atenção Primária à Saúde; Saúde do Idoso.

RESUMEN

Objetivo: evaluar los obstáculos, desafíos y oportunidades para los profesionales de la salud con respecto a las intervenciones educativas para las personas mayores. **Método:** estudio cualitativo, exploratorio y descriptivo, con doce profesionales de salud de la familia primaria que trabajan o han trabajado con Educación para la Salud enfrentan los adultos mayores en la ciudad de Campina Grande, Paraíba / Noreste de Brasil. Para recolectar los datos se utilizó la técnica de la entrevista y la técnica para el análisis del Discurso del Sujeto Colectivo. Este estudio fue aprobado por el Comité de Ética en Investigación del Protocolo nº. 093/10. **Resultados:** cinco ideas centrales que surgieron revelado fortalezas relacionadas con las prácticas educativas, como la satisfacción de trabajar con esta clientela, y los puntos negativos, como los materiales y las dificultades operacionales. **Conclusión:** se puso de manifiesto lo difícil y desafiante es el trabajo de los profesionales que utilizan la educación para la salud, pero a pesar de todos los desafíos, estos profesionales tratan de superar todos los días. **Descritores:** Educación Salud; Atención Primaria de la Salud; Salud de las Personas Mayores.

¹Nurse, PhD, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: verbena.bio.enf@hotmail.com; ²Nurse, Master, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: camilla_sena@hotmail.com; ³Nurse, Master, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: ninamoraes@hotmail.com; ⁴Nurse, Master, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: luanna_braga@hotmail.com; ⁵Student, Graduate Nursing, Federal University of Campina Grande. João Pessoa (PB), Brazil. E-mail: jefersonbarbosa@hotmail.com; ⁶Nurse, PhD Professor, Graduate/Post-Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: mariadjair@yahoo.com.br

INTRODUCTION

Aiming to strengthen the idea of the unified health system, a relevant strategy was launched the Family Health Program, which encompasses actions that prioritize attention to family with access to the health system more accessible.¹ Such actions involve promotion practices prevention and community health, and therefore encompass health education. This in turn goes beyond healing relationship established for the care of individuals affected by some disease, but opens up a range of joints at the political and assistance for recovery and potential quality of human life, family and community.¹

The educational activities when considered priorities, especially in the FHS, present themselves as valuable tool in the prevention, early diagnosis and treatment of diseases, allowing it allows people in developing a critical awareness of the cause and effects of their problems.²

Based on these assumptions, the aging process has been currently viewed as a phenomenon that deserves looks different, with biological and psychosocial changes, it is necessary to maintain favorable conditions for this age group, for actions that enable independence and quality of life as the limitations arising from the old age.³

The problems resulting from age are primary care focus of attention, the elderly are seen as priority issues in their routine service and government programs related to health maintenance, and is exactly the health education that is directed to the proper understanding of active aging and healthy.³

The aging when seen clearly and becomes a positive response to the teaching-learning partnership established by the practices of health and elderly community:

The educational activity for health is a dynamic process that aims at empowering individuals and/or groups seeking the improvement of population health. It is noteworthy that in this process the population has the option to accept or reject the new information, and may also adopt new behaviors or not facing health problems. It is not enough just to follow recommended standards of how to have better health and prevent disease, but to make health education a process that encourages dialogue, inquiry, reflection, questioning and shared action.^{4:256}

The transformation of the practice of care before old age and sharing lessons exchanged

between professionals and patients assisted reflect the scope of an educational basis that health education can achieve.⁵

Based on the reality of age, promotion of educational joints between the various spheres aimed at promoting free dialogue between the elderly and the facilitators of learning, for a quality of life as well as the mutuality of reinterpretation of the concepts of health. Through the establishment of this bridge is that you can build in terms of reliability and professional services, and enhance the self-empowerment subjects.⁵

Given this reality, in order to ensure that these individuals establish with the service means reassertion of its independence and exercise their role as social beings were created national policies for specific attention to the elderly, but for this to take effect on care practice, some difficulties and challenges are encountered by these professionals for effective educational practices.

In attempting to answer these questions, this paper aims to: assess the bottlenecks, challenges and opportunities encountered by health professionals regarding educational interventions for the elderly.

METHOD

The research was exploratory and descriptive, qualitative approach, since it shows characteristics of a given population or specific phenomenon and may also establish correlations between variables, as well as define their nature.⁶ was conducted in the Basic Family Health / UBS who work or have worked with Health Education facing the Elderly in the city of Campina Grande, Paraíba, Northeast Brazil where we selected the subjects of that research, consisting of twelve participants, all female, chosen by accessibility, two community health agents, three social workers, four nurses, a dentist, an auxiliary nurse and a doctor. The definition of the study subjects was based on qualitative criteria related to the theme proposed for the study, considering that respondents units are qualitative, not quantitative.⁷

To conduct the research, the following factors were considered in the selection of those available to work: Being a health professional; Being part of the Family Health Team in Campina Grande, Working with Health Education facing the elderly or have worked with the topic under study in the Family Health Strategy. So, all health professionals who fit this profile, were considered possible collaborators, and those

willing to participate were included in the study.

Knowing that the determinant of the methodology is the object of study, i.e., the necessity that the object has to be worked out, empirical research has elected to its viability as a tool, the interview technique driven by a form containing open questions posed by objectives proposed in research.

The interviews were conducted from April to May 2010, being recorded by the recording system with permission of the participants. The choice of technique of the interview was made by considering an appropriate methodological tool for this work, which allowed a qualitative survey data.

For the empirical analysis we used the technique of the Collective Subject Discourse, which enables analyzing a set of individuals subjected to a condition, allowing rescue and identify the ideas, opinions and feelings to structure the ways of thinking and interpreting.

Thus, it was possible for Analysis of Collective Speeches describing the main difficulties and challenges put forward the educational interventions for older, experienced by Primary Care professionals Campina Grande-PB, seeking support in renowned authors that assist in promising strategies for a growing number of achievements and implementation of these actions within the area of Health Education

Regarding ethical considerations, the research project was submitted to the Ethics Committee in Research of the University Hospital Lauro Wanderley - CEP / HULW, Federal University of Paraíba, for which he was appreciated and duly approved under the Protocol nº. 093/10 for further execution. All

methodological steps were guided by ethical observances contemplated in the Guidelines and Standards of Research Involving Human Beings, established by Resolution No. 196/96 of the National Health Council⁸

RESULTS

It is important that the professional working in primary profile has to work with health education, assuming his position as health educator and conduct educational activities continuously as a mechanism of disease prevention and health promotion of the users, especially the elderly, without regard to whom and in any situation or adversity.

Data revealed five central ideas based on the Collective Subject Discourse of Primary Care professionals, research participants, in response to the following questions: What are the strengths found in educational practices with the elderly? What are the difficulties encountered in educational practices geared to the elderly in Primary Care?

The Collective Subject Discourse of Primary Care professionals, enrolled in the study will be presented in Tables 02 to 01e below for better understanding. The figure below describes the synthesis, in its central ideas, the placement of health professionals who participated in the study, when asked about the strengths found in educational practices with older people, revealing their satisfaction in working with this segment of the population that grows spontaneously.

Central Idea - 1	Collective Subject Discourse -1
The professionals report satisfaction with the work with the elderly.	<i>I have great pleasure in performing actions in health education at young age because older people participate and contribute significantly to this kind of work [...]. I feel happy to work with the elderly group, because they talk coming out of educational meetings filled with peace, joy demonstrating through actions of love, and it rewards us [...]. Elderly people are more than the population share participates in the waiting room, are those who give more attention to educational moments [...]. Working with groups is very good, they are always very participatory relationship with their health [...]</i>
Central Idea - 2	Collective Subject Discourse -2
The elderly are collaborative and educational activities to help happen.	<i>What is good for the elderly is that they learn and pass on important information to children [...]. When one realizes that the elderly are a "feedback" to us it is very important that communication, the exchange of experiences in life, where they help us a lot in the process of working [...], they listen and value what is said, managing change also the environment where they live [...], as it is going to offer this kind of work for that portion of the population, they begin to assume different postures [...]. When the elderly acquire the necessary knowledge and can better identify certain pathologies, just preventing disease and improving their quality of life [...].</i>

Figure 1. Speaking of collective subject of study participants in response to the question: What are the strengths found in educational practices with the elderly?

Regarding the difficulties encountered by professionals for implementation of educational activities for older people in

primary care, the summary table reveals three main ideas, namely:

Central Idea - 1	Collective Subject Discourse -1
Materials and operational difficulties encountered in the implementation of actions in Health Education	<i>Membership is low [...] and much of the population is not interested in being a participant, thinking it's something that can be overlooked [...] the educational level of the people there is not as good as desirable [...] often do not like these activities, do not have the culture to it and has no interest. The physical area of our office is small, and professionals do not have an area to accommodate the population with educational as it deserves [...] the room unit is small, hot, stuffy and hinders the implementation of these activities, the visual appeal is very difficult, if not have a TV, nor a DVD, then scarcity is great [...]. The lack of material for the team did not allow them to do what they want with the users [...] does not even have chairs and our conditions are very poor [...] lack for professional, educational materials and supplies to give perspective to this work. The number of families for family health team is very large [...], and the charge is high for goals, you have to display numbers, achieve goals, no time to engage in this activity more routine drive, then the overhead families disrupts the very issue of health education [...].</i>
Central Idea - 2	Collective Subject Discourse -2
Discredibility or lack of support / interest of the multidisciplinary team	<i>There is a devaluation of health education [...], has faced some difficulty of some of the professionals involved, there is resistance by most of them confined to routine and do not have much valued health education [...] there are some professionals who are not attracted by the issue of health education [...]. It is true that some professionals have less ability for various reasons [...], not everyone who works in the unit contributes to these educational activities in the same way [...] have some professionals do not feel attracted to this question . Some colleagues did not give the necessary importance to the educational activity [...], lack the effective collaboration of other professionals. Some here still have resistance group, some, unfortunately, are saying it's bullshit [...] there is a distrust by some professionals [...].</i>
Central Idea - 3	Collective Subject Discourse -3
Difficulties imposed by management, from collection of targets by the lack of support in relation to health education and lack of encouragement and training of professionals.	<i>You must also have the support of management, because it charges the matter of the educational activity, but does not give us the necessary support [...] seeks to justify the need for health education talking about the importance of these educational activities, but professionals are interpreted negatively [...] see it as "are winding" know? then the secretary thinks this and that in my view is that politics [...]. I know that the City is now the largest manager of actions, but in this context we can not meet the planning, we have no support, we have nothing [...]. The actions that management has made are off and this lack of support is causing also have activities that are very specific failures, including [...]. The management must have the same reasoning that professionals in relation to health education in order to flow the thing, and it does not [...]. Do not have the incentive to education and training of professionals to work these issues [...] the Ministry itself, I think it neglects much [...]. There is no kind of contribution of management and it is very stressful, upsetting professionals and discourages [...], when looking at the secretariat requesting something necessary for these actions, everything is on paper and never get anything [. ..]. Thus, working with the management in this perspective is very complicated [...].</i>

Figure 2. Speaking of collective subject of study participants in response to the question: What are the difficulties encountered in educational practices geared to the elderly in Primary Care?

DISCUSSION

The central idea one related to the positioning of health professionals who participated in the study, when asked about the strengths found in the educational practices of the elderly, revealed the personal satisfaction of each professional in working with health education geared to the elderly, a Since they feel useful and part of the process.

The educational offer healthcare professionals a place of discovery, sharing of experiences, dialogue and listening, which strengthens the bond between them and the elderly and cause a positive feedback mechanism in addition to facilitating the teaching-learning.

The actions of health education should be experienced so opposite to deposit content and transmission of knowledge, being

advocated incentives for pipelines active and participative, valuing the dialogical relationship and exchange of ideas and experiences, to share moments when educating both as educators learn and teach each other, resulting in the reconstruction of gaze health.¹⁰⁻¹

For educational practices take effect, it is necessary to health professionals assume their role as mediators and facilitators, believing in the generation of individual and collective changes. Above all, this proposal needs to be recognized as essential in the process of work, a fact quite evident in the speeches of the professionals interviewed.

Regarding the collaboration of the elderly on educational proposals, professionals report an immense satisfaction once they become partners in the process, as suggested by the central idea 2: "The elderly are collaborative and educational help to happen." Thus,

community participation in the processes of health promotion assumes significant importance because it can be considered as a significant psychosocial factor to improve interpersonal trust, satisfaction with life and ability to cope.

Health education is classified as a potential decisive intervention in health promotion, as is done by analyzing, questioning and proposing their own team and community, to act as subjects of the process. Therefore it is important to set aside the hygienist and biological vision, breaking with the verticality of the professional-user.¹⁰

The health education is essentially a liberating education to strengthen the individual's consciousness about themselves and the reality in which it operates, valuing and encouraging them to find ways of managing their own health and their community.¹⁰⁻²

Education and health, when articulated, demonstrate possibilities for comprehensive health care to people, especially if they are made through collective actions, at all times and spaces, focusing on the interaction between different knowledge and emphasizing the importance of the link with the community.

Since the central idea exposes various difficulties that are encountered by professionals, to perform the actions in Health Education from the frequency of people to the lack of space and materials and time depending on demand. One difficulty of great relevance given by professionals is the lack of participation of the population and lack of interest due to other priorities as the search for curative care only. Therefore needs more incentives to participation, seeking disclosures thus higher frequencies activities.

The lack of time for implementation of educational activities at the expense of recovery by numbers, greatly compromises goals by implementing these proposals, since there is space available in the calendars for incorporating these activities, leaving every day more distant population in general, especially the elderly, which calls for a humanized and facing their most immediate needs.

Besides the lack of time, other noteworthy challenges encountered by health professionals to conduct educational activities with their seniors, as the lack of appropriate physical space for the execution of activities in the community and lack of chairs and qualified material, highlighting the need for investments infrastructure, to make the

environment more pleasant reception, attractive and appropriate for the activities in the community.

The lack of educational support material for the operationalization of educational activities is another impasse that limited group activities because the inputs are important for achieving the actions of health education, given the need to streamline and illustrate these actions.

Given this reality, it is extremely important to consider that the need for more support regarding the availability of didactic-pedagogic inputs, visual mechanisms, and specialized training for health educators, finally, the minimum conditions for conducting a satisfactory work effectively, along with poor information, generating transformations.

Agreeing with the ideas mentioned above, the authors bring their work in health education as one of the essential actions in the work process of the ESF teams, but for that to take effect must overcome difficulties in working together in the population.¹³

In teams they studied, it is observed that nurses, along with the multidisciplinary teams, to conduct educational work also face difficulties such as lack of profiles of professionals to work towards the ESF, the shortage of human resources due to overloads the all work and lack of, or poor distribution of resources, whether physical, material or financial.¹³

In central idea, yet the difficulties regarding operationalization of the health education component geared to seniors, identifies the concern of professionals over discredibility waived by the team working towards the educational and suggest the need to incorporate all professionals this flag of struggle and conquest, it aims to improve health services and improvement of social relationships that develop day-to-day services, a critical perspective of view, naturally, the problems resulting from human coexistence, in any situations in which it occurs.

The health professionals who deal and work with health issues for the elderly, while fitness for educators who are, or at least should be, need to take on this role from the development of new educational practices to create effective links with the community, from the perspective of humanization, ensuring equity, accessibility and comprehensive care to the elderly. In this context, the interdisciplinary team work is very important and must qualify the relationship between professionals and users

of solidarity and humane manner.¹⁴

Given the above, in relation to the operation of the component health education in primary care, it appears that there is an immense need for training and / or training of individuals involved in this practice, to enable them to adopt the active methodologies applied to education, according to the peculiarities of the environment and the target population.

Another very relevant issue was highlighted in Idea Central, this same perspective of operational difficulties, discredit and lack of contribution of management in the educational process, where professionals revealed an immense dissatisfaction, since there is no support and / or encouragement to the process occurs, quite the contrary, the barriers are discouraging, since permeate various situations, from the collection of targets by the lack of incentive and training of professionals.

Regarding this issue there is a need for greater integration between professionals working in the Family Health Strategy and management, which often remains distant and silent operation relevant to the needs of health education. The separation of management is noticeable in the speech of the collaborators who expose their concern regarding discredit given to educational activities and lack of support to implement actions more effective.

The lack of support is really a limiting factor for the implementation of educational activities, since it discourages health professionals in carrying out their proposals, because the difficulties before the competent bodies and bureaucracies that pervade the process, triggers a series of dissatisfactions by professionals, reflecting the misguided practice of educational activities.

Although the idea 3, despite being explicit lack of management support, we can see the desire and need for improvements in the training of professionals to become more pedagogically qualified educational practices. So it is up to management agencies facilitate this qualification, so that professionals can take ownership of new techniques and methodologies viable implementation of educational activities.

Given this reality, it is extremely important to consider that the need for more support regarding the availability of resources and specialized training for health educators, finally, the minimum conditions to do satisfactory work effectively together for the needy information, generating

transformations.

In this sense, the discourse of professionals suggest that even in the face of difficulties or impossibilities experienced, they find satisfactory arrangements to dribble all deadlocks, creating opportunities and partnerships, without efforts to measure the performance of the educational activities in the community elderly, facing head raised all the shortcomings and difficulties they encounter political-administrative along the way.

Regarding the difficulties and challenges that circumvent the practice, it was observed that both professionals and the management need to become partners in this walk because there is an immediate need for unity so that one can perform a job effectively, efficiently and can bring positive results regarding the dynamics of labor and responses in relation to health and disease status of the elderly in our region.

CONCLUSION

By way of analysis of DSC outlined the main aspects of the operation of health education in primary care, identifying positive interesting as the satisfaction of health professionals in performing such praxis, with a compelling desire to settle and work towards the prevention and empowerment of the elderly, as well as the opening given by these users, collaboratively, ownership of the teachings and the need for a differentiated service that leads to self-care and critical awareness of their actual health needs.

In contrast, the speeches also reveal points to be evaluated and resized so you can have the effective operationalization of educational praxis, with primacy performed by healthcare professionals working in primary care. These difficulties range from the lack of educational material to support the activities, pervades the issue of discredit team work, and meet the challenges posed by the management, guided by the goals of recovery, rather than the lack of support in relation to education health and lack of encouragement and training of professionals.

Instead analyzed the results and the need for health education to become a working tool and an effective proposal for change of lifestyle, the study becomes relevant, both to improve critical thinking and praxis of education and the role of health professional that perspective, as for the Family Health Strategy as a partner and gateway to the SUS.

It is hoped that this work will lead to discussion of the role of each protagonist in

this real life, mainly professionals working in the area of health management, leading them to reflect on their role and the need to support health education, not as a hindrance but as a partner in the search for better results and future prospects, for providing closer and deeper with the theme, bringing to light new concerns and anxieties and helped to show the feelings experienced by health professionals, portraying a real situational overview regarding educational interventions for seniors and their difficulties, operationalized in their units, which should contribute significantly to improving the quality of health care, thus affecting their users directly, providing them with improved quality of life.

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Corresponding Address

Marina Nascimento de Moraes

Av. Fernando Luiz Henrique dos Santos, 451

Bairro Jardim Oceania

CEP: 58037-050 – João Pessoa (PB), Brazil