



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

HEALTH PROMOTION: INTEGRATIVE REVIEW

PROMOÇÃO DA SAÚDE: REVISÃO INTEGRATIVA

PROMOCIÓN DE LA SALUD: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyzing concepts/theoretical marks of scientific productions on Health Promotion. **Method:** an integrative review held in CAPES Portal, in order to answering the question << *What concepts/theoretical marks emerge in scientific production on Health Promotion over six years from the CAPES Journals Portal?* >> Using the descriptors "Health Promotion" and "Personal Health", between June 2007 and June 2012. **Results:** by applying the inclusion criteria there were identified 26 articles, which resulted in two thematic categories. Thus indicating a growing construction process on the subject, but the literature shows contradictions in the conceptualization about Health Promotion. **Conclusion:** it resumes the importance of the theme for the qualification of health professionals and consolidation of a model of social and participatory health, for the development of the Brazilian health system. **Descriptors:** Health Promotion; Public Health; Primary Care; Quality of Life; Health Personnel.

RESUMO

Objetivo: analisar conceitos/marcos teóricos das produções científicas sobre Promoção da Saúde. **Método:** revisão integrativa realizada no Portal CAPES, com vistas a responder a questão << *Quais conceitos/marcos teóricos emergem nas produções científicas sobre PS ao longo de seis anos, a partir do Portal de Periódicos da CAPES?* >> utilizando os descritores "Promoção da Saúde" e "Pessoal de Saúde", entre junho de 2007 e junho de 2012. **Resultados:** A partir da aplicação dos critérios de inclusão identificaram-se 26 artigos, os quais resultaram em duas categorias temáticas. Evidenciou-se um processo construtivo crescente sobre a temática, porém a literatura mostra contradições na conceituação sobre Promoção da Saúde. **Conclusão:** retoma-se a importância da temática para qualificação dos profissionais de saúde e consolidação de um modelo de saúde social e participativo, para o desenvolvimento do sistema de saúde brasileiro. **Descritores:** Promoção da Saúde; Saúde Pública; Atenção Primária; Qualidade de Vida; Pessoal de Saúde.

RESUMEN

Objetivo: analizar los conceptos/marcos teóricos de la producción científica acerca de la Promoción de la Salud. **Método:** revisión integrativa celebrada en el Portal CAPES, con el fin de responder a la pregunta << *¿Qué conceptos/marcos teóricos emergen en la producción científica acerca del PS más de seis años a partir del Portal Periódicos CAPES?* >> utilizando los descriptores "Promoción de la Salud" y "Salud Personal", entre junio de 2007 y junio de 2012. **Resultados:** mediante la aplicación de los criterios de inclusión, se identificaron 26 artículos, lo que resultó en dos categorías temáticas. Así, lo que indica un proceso de construcción cada vez mayor sobre el tema, pero la literatura muestra contradicciones en la conceptualización de Promoción de la Salud. **Conclusión:** reanuda la importancia del tema para la cualificación de los profesionales de la salud y la consolidación de un modelo de salud social y participativo, para el desarrollo del sistema de salud brasileño. **Descriptores:** Promoción de la Salud; Salud Pública; Cuidados Primarios; Calidad de Vida; Personal de Salud.

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INTRODUCTION

In Brazil, the innovative conceptions about health that originated proposals coordinating the actions of promotion, prevention, recovery and rehabilitation, in individual and collective spheres, were born with the Brazilian Health Reform. This movement was consolidated with the VIII National Health Conference (1986), which resulted in the creation of the Unified Health System (SUS), and the First International Conference on Health Promotion (PS), the latter promoted by the World Health Organization (WHO), in 1986, in Ottawa.¹

At the heart of the debate fostered by these movements, the proposal emerges from a broader public health model, which suggests the environmental, social, political, economic, behavioral and biological factors as determinants of the health-disease-care. The deliberations of the Conference on PS resulted in the Ottawa Charter for PS, considered as a new axis of the Brazilian Public Health. The Charter reinforces the influence of the social on the health of individuals and communities by setting the PS as a possibility of change in reality implies that the role of the community as a (co) responsible for improving their quality of life and health.¹ In 1988 were incorporated into the Ottawa Charter, five fields of action for the PS: healthy public policies; supportive environments; reorientation of health services; strengthening community action (empowerment) and development of personal skills.¹

However, often a simplified view of the prevailing concept of PS sometimes confused with disease prevention, especially in the perceptions of health professionals. It hegemonic behavioral approach to lifestyle changes, since even health is still understood as the absence of disease.²

To cope with this scenario of multiple understandings and interpretations of the PS, there is a growing movement toward the adoption of new concepts, strategies and proposals to overhaul the health model, including, in addition to health professionals, the population, as active and critical subject in this construction process.

OBJECTIVE

- Analyzing concepts/theoretical marks of scientific production about Health Promotion.

METHOD

An exploratory-descriptive study based on documentary, based on the assumptions of

integrative literature review proposed by Ganong.³ This type of revision emerges as a methodology that provides a synthesis of knowledge about the state of the art regarding a particular topic and the application of results of significant practical studies and to conduct further investigations.⁴

To guiding this research it was formulated the following question << ***What concepts/theoretical marks emerge in scientific production on Health Promotion over six years from the CAPES Journals Portal?*** >>

This survey was conducted in seven distinct steps: identification of the subject and selection of research question for the elaboration of the integrative review; establishment of criteria for inclusion and exclusion of studies; sample selection; defining the information to be extracted from studies and disposition thereof in a matrix (database); assessment of studies included in the integrative review; interpretation of results and presentation of the review/synthesis of knowledge.³

All these stages were based on a formal and rigid mark that allowed showing and discussing the concepts and theoretical marks of PS in studies indexed in the base period and interest. The review was guided from a research protocol, validated by a researcher with experience of the subject.

Were established as inclusion criteria: published in scientific papers (original, systematic reviews, experience reports, theoretical essays, reflections) format; available online in its complete form and reviewed by peers; languages: English, Portuguese or Spanish; period: June 2007 to June 2012 were excluded studies off topic, languages and established period; published in other media that are not published; unsystematic literature reviews, letters, reviews, editorials; books; book chapters; government publications; newsletters; theses; dissertations; monographs and completion of course work; studies not available online in full format and duplicate studies.

To survey articles, we used the database of Journal Portal Coordination of Improvement of Higher Education Personnel (CAPES) and the following keywords were used: "Health Promotion" and "Personal Health", selected in Descriptors Health Sciences (DECS) and separated by the Boolean operator and.

A selection of articles occurred between June and July 2012 months, resulting in 2,850 jobs, which are reduced to the total of 297 pre-selected papers by forming themselves in peer-reviewed journals. After reading the

titles and abstracts and application of inclusion and exclusion criteria, 107 were considered of interest and passed to the second stage, in which we proceeded to capture the full texts.

Reading the work was carried out in full, again applied the criteria and also excluded 81 studies, with the most significant criterion for exclusion was not adhering to the objective of this review (43), addressing the issue, but without defining a specific concept

The methodological approach is illustrated in Figure 1.

of PS. Papers excluded for not match the time frame of this study (08), were published before June 2007 There was duplication of 07 papers, 09 articles were excluded because they treat is not scientific publications in journals, 06 other papers were not available in electronic media, plus 08 texts excluded because they correspond to theses, dissertations and course completion. Thus constituted the final sample of this review 26 scientific articles.

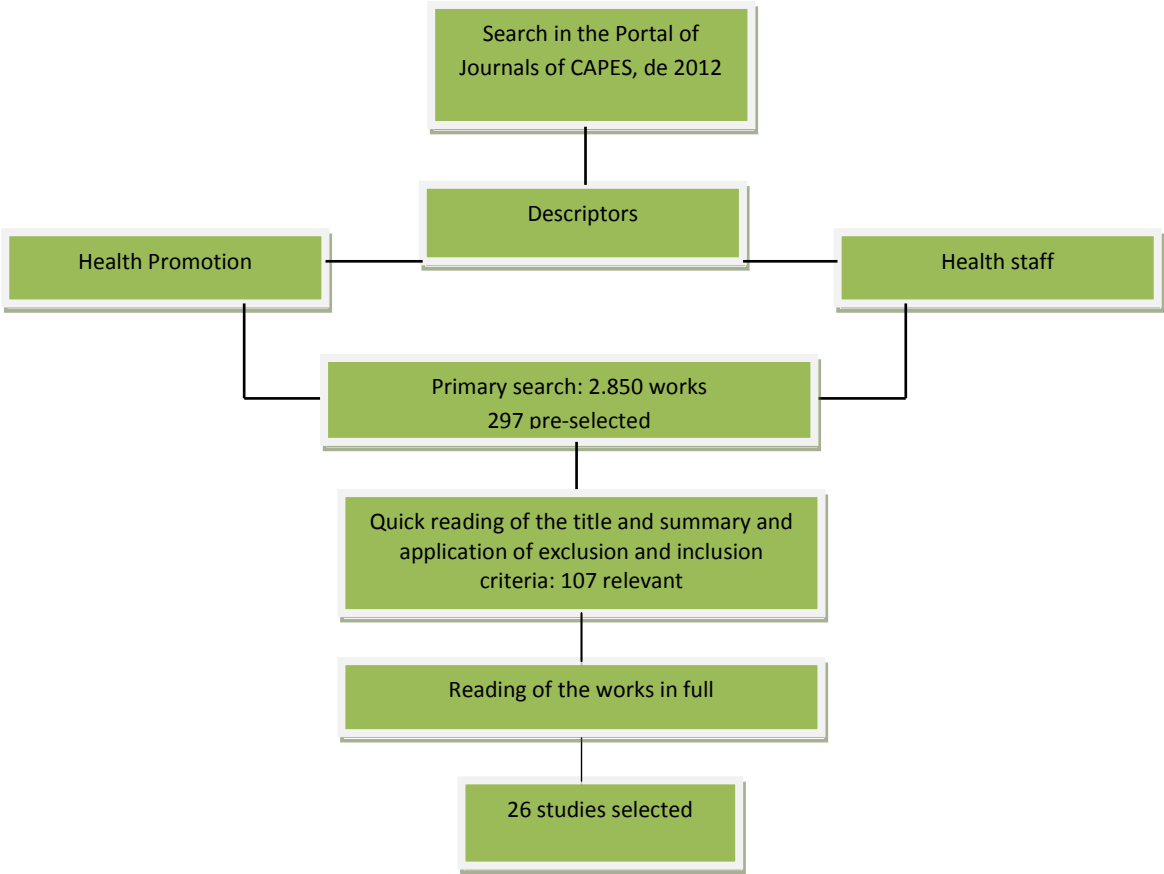


Figure 1. Study selection flowchart that composed the integrative review.

The information extracted from each of the articles was arranged in a matrix with the following information: title; year of publication; author (s); journal; country; descriptors and / or keywords; category of research; goals; method of data analysis; PS concept. The analysis of the work followed the methodological mark adopted in the study³ as well as selected manuscripts were analyzed by double blind.

The articles were analyzed by Analysis of Content⁵, following times: pre-analysis, material exploration, processing and interpretation of results.

RESULTS

To illustrate and discuss 26 studies resulting from this research, an overview of the articles analyzed will present themselves, allowing knowing the milestones / concepts covered in the scientific literature on the topic PS.

In Figure 2, we present the synthesis of the articles included in the review according to type of study, journal and year of publication.

also be explained by the time the search or limit search bases was performed.

It was also observed that most of the studies (13) was published in the journal Science and Public Health.

Most articles (E5, E7, E9, E10, E11, E12, E14, E17, E18, E20, E21, E23) selected appears as studies of qualitative approach, followed by literature reviews (E1, E3, E4, E19, E22, E24, E25) and other works are divided theoretical reflections (E2, E6, E8), quantitative studies (E15, E16) and experience reports (E13, E26).

After complete and thorough reading of the articles, it was possible identifying two themes related to the most current approaches on the subject: Historical evolution of the concept of PS and PS Applicability on health services.

DISCUSSION

♦ Historical Evolution of the Concept of Health Promotion

PS has exerted a growing influence on the organization of the health system of many countries and regions worldwide. From the realization of international and regional conferences, it has been observed a progressive evolution of the discussion on the topic. In this context, the category one six studies (E1, E2, E3, E4, E5, E6) which present an historical overview of the milestones of the evolution of the concept at the international level were classified.

The study E1 presents the initial framework of the concept of PS, I International Conference on PS. From this March, according to the authors, the concepts and practices of PS became disseminated and implemented at the national and international levels. The article analyzes the trajectory of PS as a national policy, examines its practices within the health system and in other instances and addresses the building of institutional capacity to exercise it through research and training of human resources. Concludes with a critique of the main constraints to its theoretical and practical development and the indication of possibilities for such development.⁶

The authors highlight the actions of PS in Brazil as very diverse. Consider these in terms of "focus", may be directed to individuals, groups of specific populations or whole population. As for the "object" may encompass a single health issue, sensitive to promotion, or be comprehensive, suggesting, for example, to address the social determinants of health in a general context. Regarding the "playing field", can mobilize a single of

proposed fields in the Ottawa Charter or simultaneously include several of them. With respect to the "emphasis" given the actions of PS can be identified only at educational actions or actions with broader health, quality of life and development.⁶

The study E2 discusses the need to define the Work of Public Health (Public Health Work - PHW) and what is required of a PHW to overcome the challenges of PS and global changes. Currently, much has been discussed and addressed on the PS as a strategy for improving the quality of life and health of people. However, the challenge in the face of global changes, still resides with limited resources to perform such public health promotion programs as well as in the evaluation of complex interventions, related to long-time appeal and the multidimensional context.⁷

The study E3 finds the prevalence of publications on PS-level course in academic master among Brazilian regions. It stood out the Southeast, in the category of knowledge area of Public Health. It signals that the mapping of research becomes important because it helps to identify the themes that explore the area, identifies gaps in knowledge, provides an improvement in the pursuit of research and identifies the needs of future work. The authors conclude that the national scientific production in the theme-PS is progressing, because in Brazil, the National Policy for the Promotion of Health, regularized in 2004, reaffirms the PS as an area where evidence for interdisciplinary action and discovery of new practices and actions in health.⁸

The study E4 presents the PS from the perspective of a health education program, coupled with a committed social practice, which takes as a guideline to strengthen the capacity of choice of subjects. Health information need to be explored in a simple and contextualized, equipping people to make healthier life choices. Vocational training should enhance the health promoting collective action and trigger a process of critical reflection on the subjects involved in the teaching-learning relationship.⁹

The paper presents E5 aimed at discussing the integration process in South America in the area of health, from the constitution of the Union of South American Nations (UNASUR) until the appearance of the Health Council of UNASUR. Unasur is a space of integration and unity of its 12 constituent countries, in the field of dialogue on social policy, health, education, finance, environment, among others.¹⁰

The five-year health plan Unasur takes into account the health status of South America, based on the axis: PS and action on social determinants of health. Highlights the importance of developing methodologies for monitoring and evaluation of intersectoral policies and social participation, PS and reduction of inequities, as well as the incorporation of PS issues and determinants in the curricula of health professions.¹⁰

The theoretical reflection study performed at E6 makes you think about the discursive formulations and the reality of practice as a complex web of interdependencies, of tangled wires that determine different forms of intervention, according to the paradigm of PS. In this sense, health actions, including the actions of PS, are understood as not reflective processes, which sometimes justifies the conceptual confusion regarding the boundaries between PS and disease prevention. The study confirms the huge dichotomy between the health of Brazil prevention (the hegemonic biomedical logic) and promotion (in a more holistic paradigm).¹¹

In general, the conceptions of PS in different studies, confirms the PS as an important milestone in the reorientation of health care models, is a key concept in the current production of health strategies, from its historical development in the world.

♦ Applicability of Health Promotion in Health Services

PS is within the context of national policy with the expansion and qualification of primary care, the period of reorientation of care model through the current Family-Health Program Family Health Strategy (FHS) - This Year 1992 emerges with the establishment of multidisciplinary teams in primary healthcare units, acting in the actions of PS, prevention, recovery, rehabilitation and maintenance of community health. In this context, the PS is configured as one of the foundations of the work of the healthcare team, especially with the emergence of FHS.⁶

This category of analysis of articles demonstrates the selection of studies on reflections about the PS, before its applicability in health services. The following are the main results found in twenty articles in that category (E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, E17, E18, E19, E20, E21, E22, E23, E24, E25, E26).

The study E7 discusses in the context of family health teams, if and how the analysis of the social and health is considered and how it contributes to the proposition of PS actions and continuing education. It was observed

that continuing education does not exist in these teams and that the PS, in most cases, is mistaken for disease prevention. Continuing education is intertwined with continuing education, both being (PS and continuing education), barely present in the work of professional.²

The study E8 considers the PS as a positive reaction of health professionals, which leads to an expanded, integrated, complex and inter perception: articulates environment, education, people, style and quality of life. Presents a debate on a health education program developed with joy, making use of the concept of "Dialogic Laughter" as interaction tool and knowledge generation. Understands that the practice of PS can happen in any social space, in addition, promote health with joy strengthens citizenship, knowledge sharing, playing and harmonizing with the similar.¹²

In study E9 the authors state that the daily practice of health services should prioritize light technology as a tool to achieve completeness and humanization of care, and the care relationships function as effective devices for the promotion of mental health and the development of comprehensive practices.²

The paper E10 presents the complexity and challenges of research and production of knowledge in assessing actions of PS. At present part of an evaluation performed on a PS Project developed at the Center for the Elderly, University of the State of Rio de Janeiro, aiming to contribute to the theoretical and methodological resources evaluation in PS and provide parameters to other experiences.¹⁴

It is observed that PS programs are open systems, then their valuation models, considering the complex, should consider using multiple methods, the combination of quantitative and qualitative methods, the integration of assessment processes and results, and the valuation participatory approaches to evaluation, because the enhancement of self-esteem and expansion of social contacts to the project participants, contributes a health practice toward comprehensive care, based on humanization and strengthening the participation of the subjects on issues affecting the health and well-being at the individual and collective levels.¹⁴

The article E11 aimed to verify the adequacy of the FHS teams in accordance with the quality standards established by the Brazilian Ministry of Health (MOH). The instrument proposed by MOH brings, among its

various sub dimensions of evaluation of the model and consolidation of health care, the PS. Points revealed by the association investigated population, between PS and health care for children, adults and elderly. It signals that most professional teams that integrate family health, acts in a curative logic of care focused on illness rather than on PS. Therefore, it is necessary that the existing team members assimilate the FHS as an innovative and practical restructurer of health, with redemption of a broader view of the health-disease process and the relations among the subjects of the team, translating their actions in good indicators health for the population.¹⁵

The study E12 investigates work situations experienced by the FHT professionals and highlights the divergence in health practices between a clinical knowledge and actions of a preventive-promotional character, which here are based by the hegemonic health care model. Affirms the commitment of the ESF teams, as promoters of health, with the traditional practices of care, integrating historical, political, social, economic and cultural factors.¹⁶

The study E13 discusses the PS in the context of occupational health, using as reference a device-training intervention research. The paper seeks to show that this kind of experimentation can be an important tool in PS. The authors conclude that the adoption of actions aimed at PS linked to the workplace, it is essential to incorporate and develop the experience and thought of the protagonists (individual and collective actors) work activity.¹⁷

The study E14 aimed to analyze the factors associated with quality of completion of Child Health Handbook MS factors. The authors consider this essential document for PS child health. The results show poor use of the Handbook, reinforcing the need for investment in training of professionals and services organization for it to fulfill its role as an instrument of communication, education, surveillance and promotion of child health. In addition, the authors emphasize, in addition to the correct and complete record, the importance of dialogue with the family on the annotations made.¹⁸

The research E15 aimed to identify the needs of health education of the elderly who attend elderly groups. The study points to the PS as a fundamental work in the field of nursing, surpassing the focus of care to elderly with diseases, it is essential that health professionals have this awareness and understand the complexity and magnitude of

the integral attention to the elderly, acting on behalf of PS.¹⁹

E16 is a study that brings the school environment as an area of primary care, characterized as privileged to share the interdisciplinary work place, favoring the actions of PS. The study addresses the concept of PS based of the Ottawa Charter. The objective was to evaluate the strategies used by nurses in a school setting Municipal Center for Early Education. The authors consider essential to the integration of health professionals in strengthening our school health context in which the PS should be understood as a "process of contributing to the acquisition of skills of children, allowing them to confront themselves with the same positively, build a project life and be able to make individual, conscious and responsible choices".^{20:394-5}

Still in the school context, the E17 research involved a diagnosis of educational activities and organic food "Project Know" in a state school. The PS is addressed as informative actions on food, with a predominance of a conception of learning to eat. The authors consider the school feeding a pedagogical instrument for the promotion of nutritional health, contextualizing the practices of nutrition education in a broader perspective, the construction of citizenship.²¹

The study E18 sought to understand how the decision-making processes occur "empowering participation" of users of FHS. According to the authors, the empowering participation is understood as a process that leads to autonomy and emancipation user, built through an educational process, which can happen at different levels within the FHS, with a view to PS. The results indicate descent in learning about participation by the user of the FHS, but not yet configured as a process of social transformation.²²

The article E19 aims at discussing the importance of health education as a strategy to promote oral health during pregnancy. The authors cite the promotion and health protection as those aimed at reducing risk factors, which constitute a threat to people's health and may cause them illness and disability. Thus, from the work of health education, developed by health professionals during prenatal, women may act as a multiplier of preventive information and promotion of oral, if well informed and made aware of the importance of their role in the acquisition and maintaining positive health habits in the family.²³

The study E20 sought to describe the perceptions of the difficulties encountered in

performing the activities of PS among Community Health Agents (ACS) that support prenatal care. The authors acknowledge the role of ACS, along with the team of family health, as the realization of actions of PS and disease prevention. These actions can be performed by means of strategies for health education, which should involve staff and users, motivating them to exercise citizenship and development of critical thinking.²⁴

The authors state that the ACS has prior knowledge; however, insufficient to understand and evaluate the effectiveness of their actions as well, there are still major knowledge to meet the demands of the PS during the prenatal period. However, we must consider the ACS as active subjects of the process of knowledge construction and, therefore, they need to be stimulated and encouraged to assume their activities with responsibility and social conscience.²⁴

The study E21 aimed to understand the full health professionals and managers who are part of the hierarchical network of health, from the actions undertaken in their daily practices. The study addresses the comprehensive care as the foundation for achieving a better quality of actions and services for the PS, prevention, recovery and rehabilitation. PS understands the responsibility not only of the health sector, but of the various sectors of municipal, state and federal government, which articulate policies and actions that culminate with the improvement of living conditions of the population and the provision of essential services to the beings human.²⁵

The results of the study show that the practices of completeness only materialize from basic conditions often not offered by the services. The authors conclude that it is necessary to eliminate the present fragmentation, both in the form of organization of health services as the everyday practices of professionals to offer comprehensive, problem-solving assistance and humanize health practices, always seeking quality of life.²⁵

The research E22 aimed to examine national scientific production related to the thematic quality of life tied to the health of children and adolescents. The authors introduce the term PS as a strategy in the pursuit of set of best practices in health to the quality of life for children and adolescents. Mark the emergence, use and ownership of the construct quality of life as a significant advance in the inclusion of the health-disease process, in front of enlarged and situational subject to its history, culture

and health care perspective. However, there is a need for the creation and use of instruments for assessing quality of life, incorporated into clinical evaluation, which value the perspective of children and adolescents and are suitable for phase of development.²⁶

The study E23 aimed to verify the level of knowledge about the SUS Engineers dentists and oral health of the public service, municipalities in the northwestern region of São Paulo. The authors conclude that there is lack of knowledge of these professionals on specific topics, including PS, requiring continuing education, with the conceptual and philosophical basis of SUS approach, as well as changes in the curriculum of educational institutions in order to train professionals aimed at community care, able to work in disease prevention and PS.²⁷

The article E24 aimed at addressing the multifactorial nature of obesity, involving broad range of environmental and genetic factors implicated in its etiology. The paper cites obesity as the most important nutritional disorder in developed and developing countries. The review points to a consensus in the literature that the etiology of this disease is multifactorial, involving biological, historical, ecological, political, socioeconomic, psychosocial and cultural aspects of. PS approaches the theme in order to be a need to create public policies that involve multidisciplinary and intersectoral actions that promote health, well-being and quality of life through community participation, accountability and self-care.²⁸

The study E25 sought to identify in the literature, circumstances that impede or undermine the actions of prevention of accidents and diseases or PS of health workers. The results identify several barriers that affect the health of the worker, as well as their ability to work. The authors indicate that an effective employee health program, aimed at preventing accidents and disease, need to be guided by a unidirectional approach, with more immediate results and focus on the PS, and is more comprehensive, including appropriate participation of the worker.²⁹

The article E26 discusses the concept of PS and its relation to health practices aimed at teens in social and personal vulnerability. It sets out guidelines for MOH comprehensive care to the health of this population. The authors illustrate, from the account of an intervention aimed at the health of teenagers set in the street, as the principles of PS can be put into practice. The reality of life on the

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Submission: 2013/06/11

Accepted: 2014/10/02

Publishing: 2014/11/01

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